

Clinical Reminders

ROLLING GO-LIVE
OCTOBER

Disposable BP Cuff Conversion: GE -> ROI/Regard

NCDV go-live throughout October with rolling facility start dates

HCA is transitioning all GE disposable blood pressure cuffs to ROI/Regard disposable cuffs across the North Carolina Division. Facility conversions will occur on rolling dates throughout October.



Blood Pressure Cuffs

The Regard Blood Pressure Cuff Portfolio is highly accurate and designed with patient comfort in mind. The cuffs are color-coded for quick identification and adaptable to monitors with one or two tubes.

The Regard Blood Pressure Cuffs Portfolio includes:

- » **ComfortCheck™** Disposable Blood Pressure Cuffs offer patient comfort and reduce the risk of cross-contamination
- » **DuraCheck™** Reusable Blood Pressure Cuffs are built to last with durable nylon material
- » **NeoCheck™** Neonatal Disposable Blood Pressure Cuffs conform to the tiniest patients and are designed to last through their entire hospital stay



Connect Regard Blood Pressure Cuffs to NIBP monitors with speed and security. The new quick-connect adapter—available in single or dual-tube configurations—features a durable, streamlined design that delivers a guaranteed leak-free seal and effortless one-handed operation.



CURRENT STATE

BP monitors/hoses have distal GE BP cuff connections.

FUTURE STATE

Current hose connections will be changed/converted to accommodate ROI/Regard cuffs. GE and ROI cuffs are not interchangeable; both use proprietary connectors.



What staff and leaders should know

- Airlife/ROI will support each facility conversion and change the BP cuff adaptors on affected monitors on the scheduled go-live day.
- Supply Chain will implement PAR-location changes as monitors are converted.
- Stock ROI cuffs are available through the NCD warehouse for go-live staging.
- Non-stock cuffs should be ordered directly through ROI/Regard as needed.

BEDSIDE TAKEAWAY: GE and ROI/Regard cuffs are not interchangeable. Use the cuff/connector appropriate for your facility after conversion.

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EDUCATION BOOST
SUICIDE RISK

NCDV RN C-SSRS Safety

SCREEN > PROTECT > NOTIFY | C-SSRS nursing algorithm | Non-behavioral health settings

01 RN COMPLETES C-SSRS

Age 6+ | Record result in EHR | Under age 6: provider evaluates risk

NO RISK	LOW RISK	MODERATE	HIGH RISK
Routine care. Reassess with change in condition.	Notify provider. Provider DRA + ORL. Safety checklist and reassessment.	Start line-of-sight / virtual PSA now. If unavailable, physical 1:1 PSA.	Start PHYSICAL 1:1 PSA immediately. Notify provider. High-risk precautions.

02 FOR ANY POSITIVE SCREEN (LOW / MODERATE / HIGH)

- Notify licensed provider; provider completes Suicide Detailed Risk Assessment (DRA).
- Provider assigns Overall Risk Level (ORL), which directs ongoing observation.
- For moderate/high: secure environment, observation checklist, safe clothing and escort.

SAFETY RULE

Do not wait for provider reassessment to initiate observation when a new moderate/high C-SSRS result identifies increased risk.

Nursing initiates precautions; provider reassesses and assigns updated ORL.

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EDUCATION BOOST

SUICIDE RISK

NCDV RN C-SSRS Safety

CASE STUDY: ESCALATION & DE-RISKING | Moderate provider ORL followed by a new high-risk RN C-SSRS

1 PROVIDER DRA	2 RN RE-SCREENS	3 ACT NOW
Provider documents ORL: MODERATE RISK. Moderate precautions are in place.	New C-SSRS result: HIGH RISK. Treat as change in patient condition.	Immediate physical 1:1 PSA + high-risk precautions. Notify provider immediately.
4 PROVIDER MUST REASSESS BEFORE DE-RISKING Provider completes NEW DRA after the change in condition and documents updated ORL. Maintain physical 1:1 while awaiting the updated assessment and observation decision. UPDATED ORL: HIGH Continue physical 1:1 PSA and high-risk safety precautions. UPDATED ORL: LOWER RN verifies DRA/ORL and coordinates observation change with provider. Moderate still needs LOS/virtual PSA*		

BEFORE DOWNGRADING PHYSICAL 1:1

- New DRA complete
- Updated ORL documented
- Provider/RN coordination
- Change charted

*If line-of-sight/virtual PSA unavailable, escalate to physical PSA. No-risk/low-risk follow indicated precautions.

Independent Double Check Documentation

- Additional medications will be added to the High Alert Medication Independent Double Check (IDC) documentation requirements.
- ***In addition to the current IDC requirements, medications that will prompt a co-sign in the MAR will now include:***
 - IV insulin
 - IV opioid infusions
 - Neuromuscular blocking agents
 - Hypertonic solutions (>0.9% NaCl)
 - IV push sedative agents (Ketamine, Phenobarbital)
 - Argatroban
 - TPN
 - Population Specific Requirements Remain
 - Mannitol (Pediatrics only)
 - Concentrated electrolytes (Potassium Chloride) – Pediatrics and NICU only
 - All controlled substances (NICU only)
 - Antiarrhythmics (NICU only)

Follow required IDC process and obtain a second RN co-sign in the EMR:

*Performed date / time : 10/02/2026 1446 EDT

*Performed by : Administering RN «No Matches»

*Witnessed by : Documenting RN «No Matches»

*Performed date / time : 10/06/2026 2249 EDT

*Performed by : Tran, Nursing-RN 1

*Witnessed by : Authorizing Signature - DLUS498

Cerner Millennium

Username: DLUS498

Password: [Redacted]

Domain: T230

OK Cancel

Refer to 1MM.MED.0001 “High Alert Medications and Independent Double Check (IDC) – Adults and Pediatrics” policy

Additional Adult and Pediatric Code Cart Changes

ADULT

- Dopamine Premix - Remove
- D50W Syringe - Add 1 additional syringe

PEDIATRIC

- 4.2% Infant Bicarb - remove from Peds Code Cart Tray
- 8.4% bicarb - Add 1, 50 mEq syringe
- Calcium gluconate - remove from Peds Code Cart Tray
- Calcium chloride - Add 2, 1 gm syringes
- Pediatric Code Sheet - Add
- Dopamine Premix - remove from Peds Code Cart Tray
- D50W Syringe - Add 1 additional syringe

Clinical Reminders

EDUCATION BOOST WOUND & SKIN

Wound & Skin Update

Three practice reminders from the Mission Inpatient WOC Team

Pressure Injury Prevention: The Fewer the Better



What's Under Your Patient?

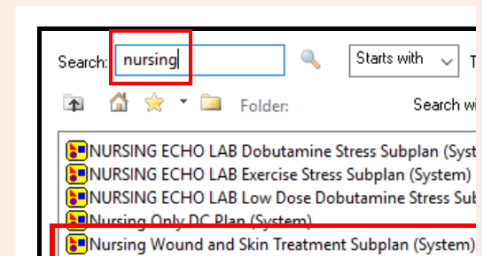
- 2 layers: fitted sheet and breathable pad
- Extra linen = wrinkles, heat, and moisture
- Extra linen = risk of pressure injury

Nursing Wound and Skin Treatment Subplan

The Nursing Wound and Skin Treatment Subplan continues to be underutilized. Increase awareness and use the subplan when indicated.

In Cerner: Search for and initiate the Nursing Wound and Skin Treatment Subplan.

- Dressing change orders are placed directly from the plan
- Wound Care consults can be placed directly from the plan based on wound characteristics
- Patients' wounds are treated as soon as possible, according to evidence
- based practices and on a cadence that is appropriate for the wound and the
- dressing type.



Wound of the Week (WOW): Lower Leg(s) Suggestive of Cellulitis

Redness, warmth, swelling, tenderness

Initiate the Nursing Wound and Skin Treatment Subplan.



Lower Legs Suggestive of Cellulitis (erythema, warmth, tenderness, swelling):	
☒ Dressing, Change	Daily, see order comments
☒ Notify Physician/Provider	Lower Legs Suggestive of Cellulitis (erythema, warmth, tenderness, swelling): 1. Wash daily with soap and T.N. Notify PROVIDER, of THE SYMPTOMS of Lower Legs Suggestive of Cellulitis (erythema, warmth, tenderness, swelling)
☒ Miscellaneous Nursing Order/Communication	see comments
☒ Wound Care Consult Eval and Recommend	Lower Legs Suggestive of Cellulitis (erythema, warmth, tenderness, swelling): If blisters are present refer to Other, Lower Legs Suggestive of Cellulitis (erythema, warmth, tenderness, swelling)
	If purulent drainage or erythema develops, notify provider and place wound care consult