HUDDLE CARD

Post-Cardiac Catheterization Patient Management

When caring for a patient who has undergone a Cardiac Catheterization, follow all post-procedure orders.

- Orders include:
  - Vital Signs: typically monitored at a minimum of **q15min ×4, q30min ×2, q1h ×4**
  - Post Cardiac Cath: check sheath insertion site, bilateral distal pulses, color and temperature of extremity, including assessment of bruit.
    - **Femoral/Radial**: Q15M X 4, Q30M X 2 then Q1hr X 4, then per unit routine or as provider orders.
    - **For Brachial Site**: Q15M X 4, Q30M X 2, Q1hr X 8, (due to increased risk of vascular complications) then per unit routine or as provider orders.
  - Femoral Site Bedrest Times
    - **Diagnostic Procedure:**
      - Manual pressure: Maintain bedrest for 2 hours
      - Perclose: Maintain bedrest for 1 hour
      - Other closure devices: Maintain bedrest for 2 hours
    - **Percutaneous Coronary Intervention:**
      - Angioplasty and/or stent: Maintain bedrest for 4 hours or as ordered.
- See next huddle card for TR Band Considerations.

HUDDLE CARD

Post-Cardiac Catheterization Patient Management: Radial Compression Band (TR) Band

❑TR Band considerations:

- For **Diagnostic procedures** (without Percutaneous Coronary Intervention: Angioplasty and/or stent), the TR band should be left on with appropriate compression for 1.5 hours post procedure or as ordered by Physician.
- For **Interventional procedures** (with Percutaneous Coronary Intervention: Angioplasty and/or stent), the TR band should be left on with appropriate compression for 3 hours post procedure (given the additional anticoagulation use) or as ordered by Physician.
- Assess and document **vital signs, site condition, pulse, color, temperature, sensation, capillary refill q 15 M x4, q 30 M x2, q 1 hr x4**.
- NOTE* While the TR band is in place, an oxygen saturation probe must be placed on the patient's thumb/pointer finger to monitor adequate hand perfusion. Unacceptable waveforms may indicate vascular compromise, notify provider.

❑In the event of hematoma/re-bleed:

- Remove the TR band.
- Apply direct manual pressure immediately proximal, distal, and directly over insertion site for a minimum of 5 minutes or until hemostasis is achieved.
- Call provider.

HUDDLE CARD

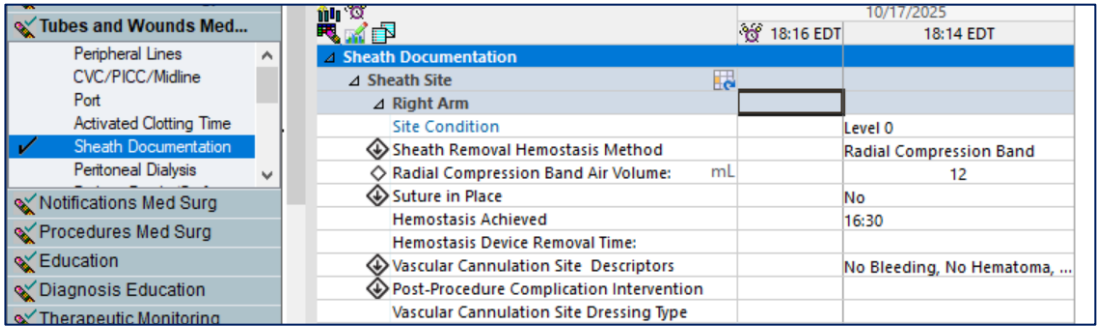
Post-Cardiac Catheterization Patient Management: Radial Compression Band (TR) Band continued

❑ Removal Process:

- Once it is time to remove the TR band, **withdraw 3 ml of air over 1 minute observing for bleeding**.
- Observe for additional **1 minute** for bleeding after each 3ml of air removed.
- Repeat every **10 minutes** until band is fully deflated.
- Perform site condition, pulse, color, temperature sensation and capillary refill checks q15x2. (In addition to post procedural vital signs)
- **If bleeding occurs**, re-inject 3ml of air at a time until bleeding stops or original inflation volume is reached.
- 30 minutes post re-inflation, reattempt removal of air following procedure above.

❑ Once TR band is completely deflated and hemostasis is maintained:

- Leave deflated band in place for 1 hour and continue to perform post procedure vital signs and site checks.
- Remove and discard TR band after 1 hour and place a **protective covering (tegaderm)** over the radial percutaneous site.
- Inpatients: continue to evaluate the site for bleeding/hematoma q15Mx4, then per unit routine.



HUDDLE CARD

Change in Patient Condition: Documentation

Step 1: Recognize and Document the Change

- Promptly recognize and document any significant change in patient status (e.g., variance in vital signs, altered level of consciousness, new-onset chest pain).
- The primary documentation must be completed within the relevant **I-View Band** of the Electronic Health Record (EHR).

Step 2: Escalation to Appropriate Provider

- Immediately escalate the patient's critical change to the appropriate provider.
- This notification must be documented in the PowerChart Notifications Band. Documentation is essential to demonstrate clinical compliance regarding timely interdisciplinary communication.

Step 3: Document All Interventions

- Accurately record all subsequent clinical actions taken in response to the change.
- This includes, but is not limited to, the activation and notification of specialized teams, such as the Rapid Response Team (RRT).

Introcan Safety® 2 IV Catheter with Multi-Access Blood Control

INSERTION GUIDE:

1 | Preparation

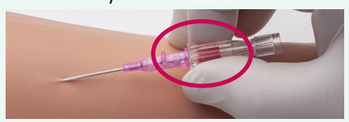
- Select and prepare site according to institutional protocol.
- Completely remove the paper from the packaging.

- Remove protective cover by holding at each end, then pull straight apart.

- DO NOT ROTATE CATHETER PRIOR TO INSERTION
- Verify push-off plate and needle bevel are in the "up" position.
- Confirm catheter hub is seated tightly against flashback chamber.

2 | Perform insertion

- Hold skin taut, insert catheter at optimal insertion angle.
- Visualize first flashback in flashback chamber to confirm needle entry in the vessel.



- Upon first flashback visualization, LOWER and advance the needle and catheter together approx 3mm or 1/8in.

3 | Thread catheter

- Holding needle still, advance the catheter off needle and visualize second flash within the catheter to confirm catheter entry in the vessel.

- After confirmation, continue advancing catheter off the needle into the vessel.
- Release tourniquet.

4 | Stabilize catheter hub and remove needle

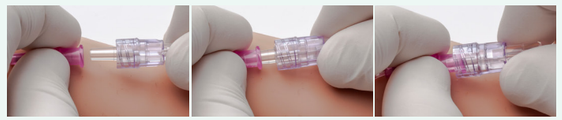
- With catheter hub stabilized, withdraw the needle straight out with a controlled and continuous motion (minimize rotation or bending of the needle).

- The metal passive safety shield will automatically attach to and cover needle tip as needle tip exits catheter hub.

- Properly discard needle into sharps container.

5 | Connect and secure catheter

- Immediately CONNECT and TIGHTEN the accessory device to the catheter hub.



- Stabilize and dress the site per institutional protocol.

PRIOR TO USE AND FOR COMPLETE PRODUCT INFORMATION, INCLUDING WARNINGS AND PRECAUTIONS, REFER TO "INSTRUCTIONS FOR USE" AT www.bbraunusa.com.

Scan for eIFU and more information

ALWAYS REMEMBER

Never reinsert needle into catheter; catheter shearing may occur and may cause embolism.

In the case of an unsuccessful IV start, remove the needle first to activate safety mechanism, then remove catheter from patient and discard both.

If clinical support is needed, please contact Medical Affairs at 800-854-6851 or visit www.introcansafety.bbraunusa.com for more information.

B|BRAUN
SHARING EXPERTISE

PRACTICE SUGGESTIONS:

1 | Needle feels dull

a. Catheter tip advanced over needle bevel, preventing exposure of full cutting surface of bevel.
- Completely remove the paper from the package and then remove catheter.
- Grasp product by flashback chamber in a manner to be able to visualize blood flash.

- Confirm catheter hub is seated tightly against flashback chamber.

b. Catheter or needle bevel design may be different from your previous IV catheter.
- Hold skin taut, insert catheter at optimal insertion angle.

2 | Blowing vessels

a. Not seeing initial flash.
- Upon insertion hold the clear flashback chamber so that you can easily visualize first flash in clear flashback chamber.

b. Insertion angle too high.
- Lower angle of insertion.

c. Catheter not in vessel.
- Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in. prior to threading catheter.

d. Insertion speed too fast; needle and catheter exited vessel.
- Reduce speed of insertion to allow flash visualization.

3 | Flashback of blood too slow

a. May be due to patient condition (eg. hypovolemia; hypotension).
- Ensure tourniquet is properly applied.
- Observe first flash in clear flashback chamber.
- Loosen vented flash plug.

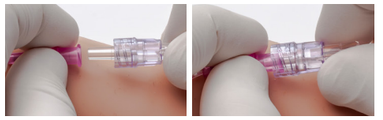
4 | Difficult to thread catheter

a. Catheter not in vessel (only needle bevel has entered vessel).
- Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in.; thread catheter and visualize second flash in catheter.

b. Pulling back on needle before catheter is fully threaded.
- Hold needle still and thread catheter off the needle into the vessel. Do not simultaneously withdraw needle when threading catheter.

5 | Flow restriction

a. Improper opening of blood control septum.
- Ensure all luer connections are fully engaged and completely tightened to catheter hub.



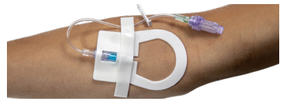
b. Catheter kinking at insertion site.
- Dress and secure the catheter to maintain proper hub angle.

c. Ensure site patency.

6 | Catheter dislodged during needle removal

a. Catheter hub not properly stabilized.
- Stabilize catheter hub while pulling the needle straight out.

Dressing and securement tip



Dress and secure catheter to maintain proper angle to avoid kinking.

Special Nursing PowerChart Update
Continuous Pulse Oximetry Orders and Workflow

Due to current device and workflow limitations, the Continuous Pulse Oximetry order configurations are being updated.

Effective October 21, 2025, Continuous Pulse Oximetry will only be orderable within the **Telemetry Monitoring – 48 Hour** order. A rule will fire a separate **Continuous Pulse Oximetry Monitoring x 48 Hours** when Continuous Pulse Oximetry is ordered within this format.

This will **not apply** to the ED or Peds/NICU/PICU units/locations. These locations will have their own continuous pulse oximetry orders as indicated below.

These changes will involve four orders:

- **Continuous Pulse Ox Monitoring, ED** order updated to **ED Pulse Oximetry Monitoring, Continuous**
- Creation of a new order: **Peds/NICU/PICU Pulse Oximetry, Continuous Monitoring**
- **Telemetry Monitoring – 48 Hour** order is updated to include a field for providers to order Continuous Pulse Oximetry.
- **Continuous Pulse Oximetry Monitoring x 48 Hour**
  - This order is hidden in the order catalog but available for Nursing review if selected within the Telemetry Monitoring – 48 Hour order by the provider.

NOTE:

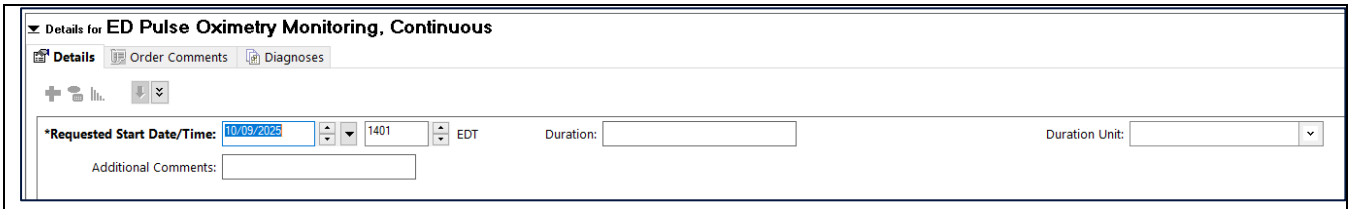
If a spot check pulse oximetry is needed, providers will continue to use the **Pulse Oximetry (Nsg)** order to request this.

ED Pulse Oximetry Monitoring, Continuous

Patients presenting to the Emergency Department are monitored via a bedside monitor. This order should be placed for patients needing continuous pulse oximetry in the ED.

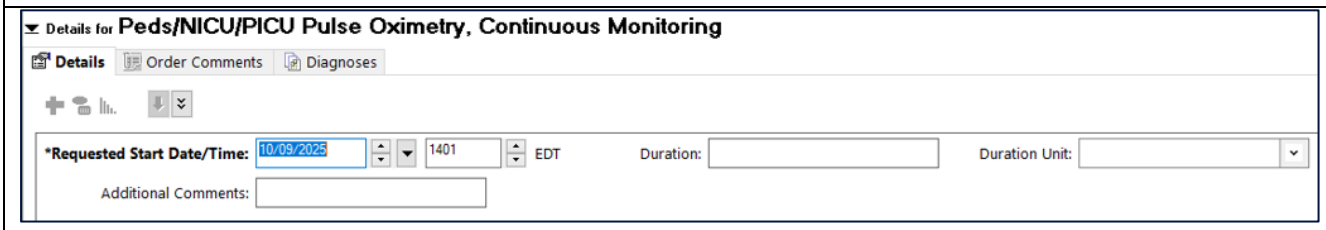
The order entry format for this order has been updated; the following fields have been removed:

- Frequency
- Priority
- PRN Order



Peds/NICU/PICU Pulse Oximetry, Continuous Monitoring

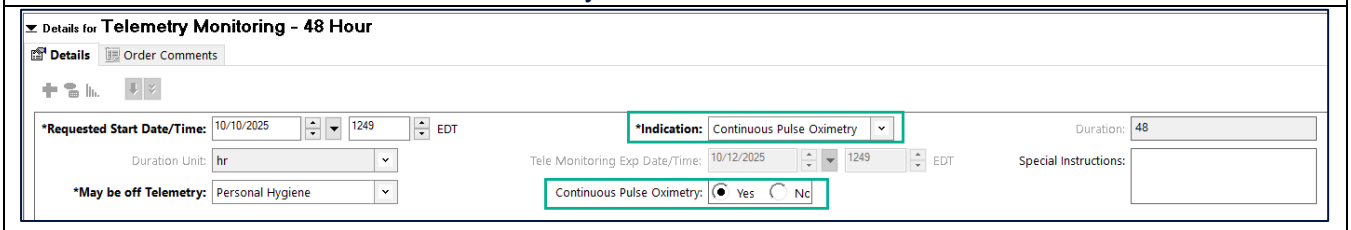
Patients admitted to Pediatrics, NICU or PICU are monitored via a bedside monitor. An order for **Peds/NICU/PICU Pulse Oximetry, Continuous Monitoring** should be placed by the provider.



Telemetry Monitoring – 48 Hour

New field: Continuous Pulse Oximetry

New Indication: Continuous Pulse Oximetry

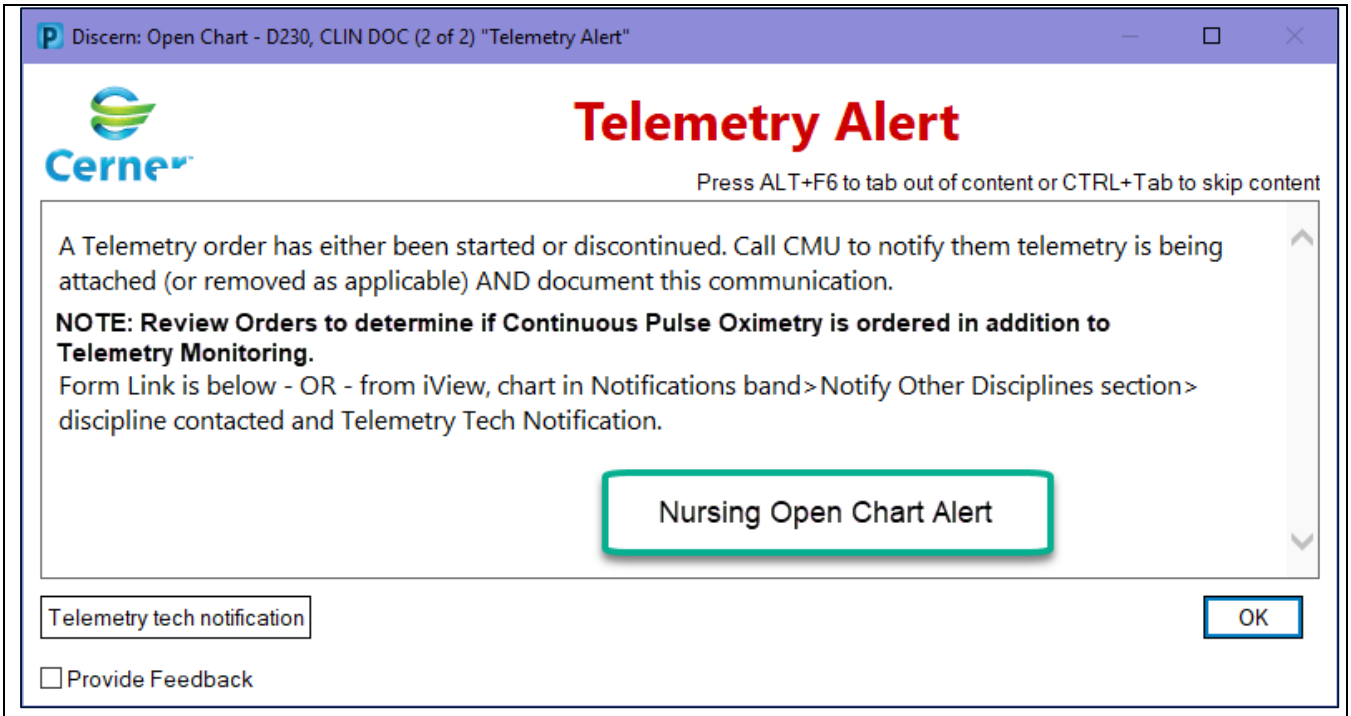


Telemetry Alerts Updates

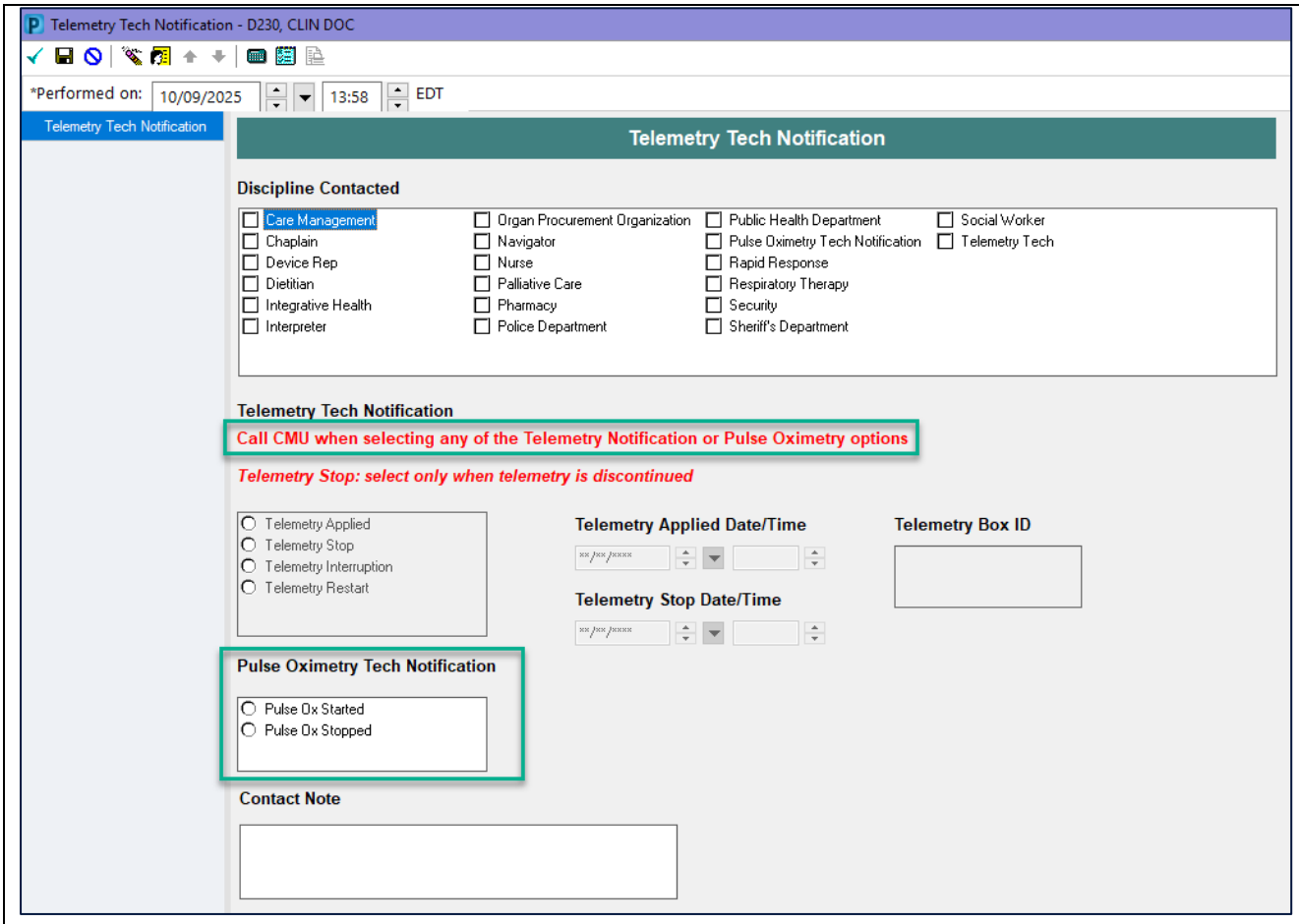
Nursing will continue to receive alerts when the telemetry has been started or discontinued. Nurses should still access the Telementry Tech Notification PowerForm via the link in the alert to document telemetry start/continue/discontinue.

NOTE:

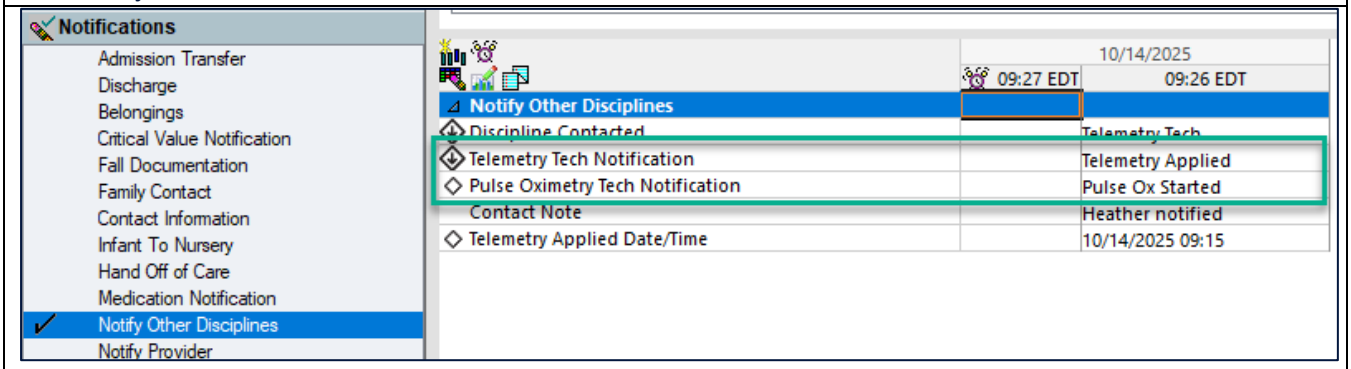
Review Orders to determine if Continuous Pulse Oximetry is ordered in addition to Telemetry Monitoring.



A new field has been added to the PowerForm for Pulse Oximetry Tech Notification documentation for continuous pulse oximetry.



Pulse Oximetry documentation performed within the form will integrate with IView similar to the Telemetry documentation.



BEST PRACTICE:

Access the Telemetry Tech Notification PowerForm via the link in the alert to document telemetry actions and notifications.

HUDDLE CARD

Patient Rights

- All patients have the right to be free from physical or mental abuse, and corporal punishment.
- All patients have the right to be free from restraint, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff.
- When the use of restraint is necessary, the least restrictive method must be used to ensure a patient's safety
- Restraint may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.
    - The use of restraint for the management of patient behavior should not be considered a routine part of care.
    - Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).

A violation of any of these patients' rights constitutes an inappropriate use of restraint.

Mission Health

Policy: Patient Restraint/Seclusion,COG.COG.001

Updated:10/20/25

HCA Healthcare®
Center for Clinical Advancement
NC Division

HUDDLE CARD

Chemical Restraints (Drugs as Restraint)

- Medication used with the intent to control patient behavior or that impairs their ability to move, when used outside of standard treatment, is considered a restraint.
- Medication not medically necessary cannot be used for patient discipline or staff convenience.
- Whether or not an order for a drug or medication is PRN/standing-order does not determine whether or not the use of that drug or medication is considered a restraint.
- A medication that is not being used as a standard treatment or in a dosage for the patient's medical or psychiatric condition and that results *in controlling the patient's behavior and/or in restricting his or her freedom is a chemical restraint (drug used as a restraint)*.
- "Standard treatment" for a medication to be used includes:
  - Medication is used for the indication and dosing as approved for by the manufacturer and the FDA.
  - Use of the medication to treat a specific clinical condition is based on the patient's symptom, overall clinical situation and LPs knowledge of that patient's expected and actual response to the medication.

Automatically Generated iReferral Consults for LifeShare Carolinas

Go-Live: 10/28/2025

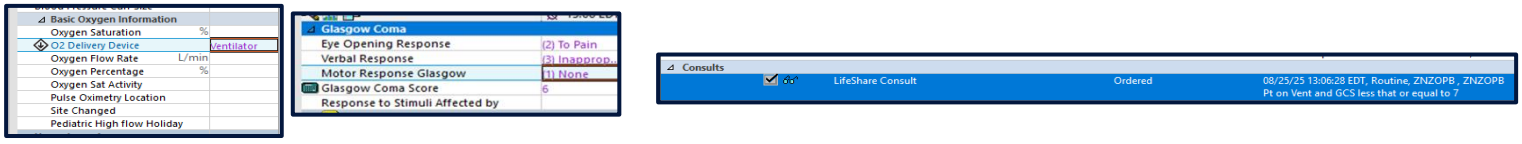
To streamline patient care, consults will now be auto-generated based on nursing documentation. This change eliminates the need for manual ordering, allowing our clinical staff to focus more on patient care.Staff will still have the ability to manually order a consult for patients who do not meet the automatic generation criteria.

This change will impact: **Mission Hospital, Angel Medical Center, Highlands-Cashiers Hospital, Transylvania Regional Hospital**.

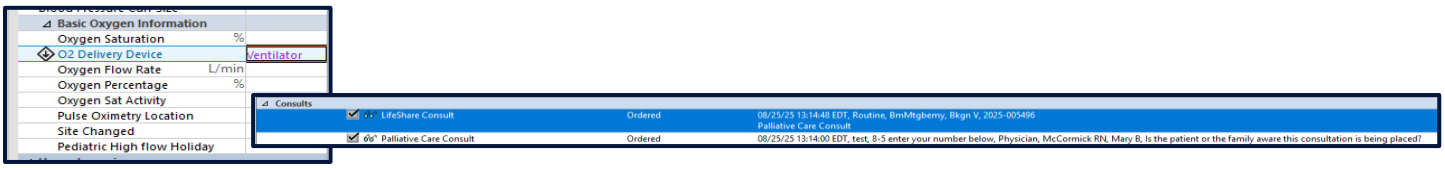
Documentation that Triggers Alerts

The following documentation within a patient's chart will automatically generate an alert.

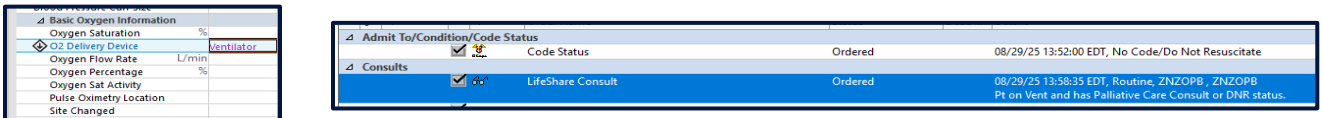
1. On Ventilator with a Glasgow Coma Scale (GCS) score of less than or equal to 7



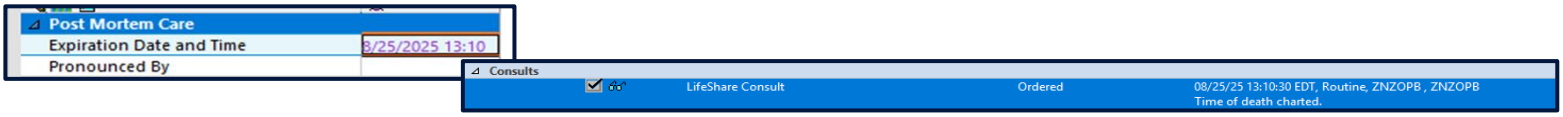
2. On Ventilator with an active Palliative Care consult



3. On Ventilator with a documented plan to withdraw care or a Do-Not-Resuscitate (DNR) order



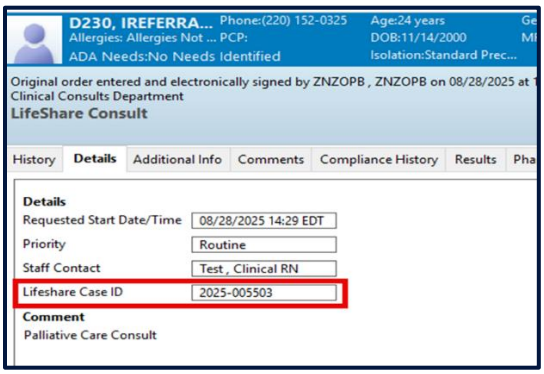
4. Not on a ventilator with a documented time of death



*If the automated system does not trigger an alert for a patient meeting the specified criteria, please manually order a consult.

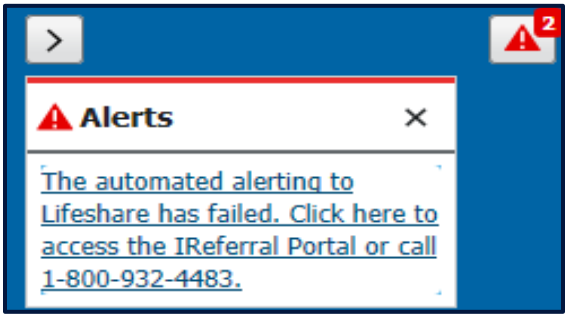
See back for additional guidance

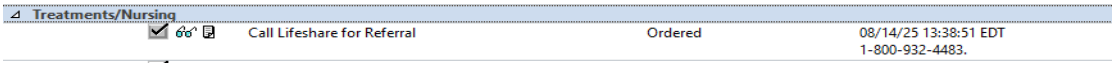
Automated LifeShare Case ID Generation



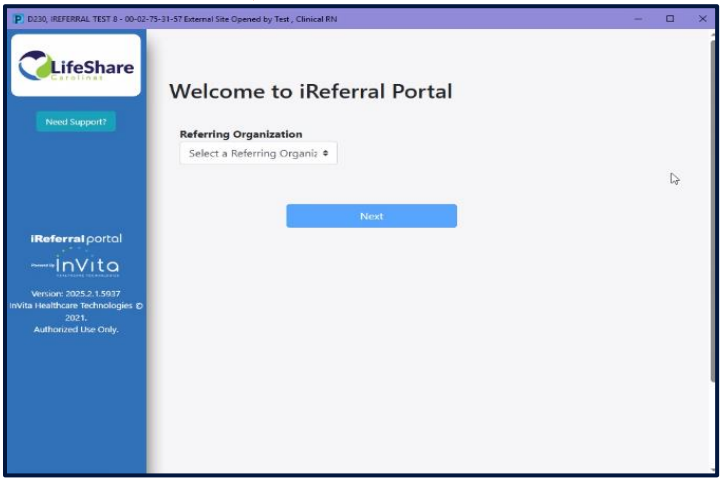
System Safeguards and Manual iReferral Process

In the event of an automated system failure, a **smart alert** will be generated with a hyperlink to the iReferral Portal. Concurrently, a nursing order will automatically populate to notify staff to manually complete the referral process. This built-in safegaurd ensures that patient care and referrals are never delayed.





OR



HUDDLE CARD

Mission Hospital: Nightshift Crash Cart restocking process

Go-Live: 10/27/2025

To ensure immediate readiness, all units will maintain a minimum of two crash carts, with a new night shift process implemented for locking and restocking used carts after 0600.

- ❑ **Each unit will be provided a minimum of 2 Crash Carts.**
- ❑ **Supply Chain Techs** will be added to the **Code Blue broadcast** for awareness on night shifts.
  - The **Equipment Team** will review broadcasts each morning to locate and replace used crash carts/drawers.

Staff Action (Night Shift)

- ❑ After a code, the **used crash cart must be locked** immediately.
- ❑ **Numbered locking tags** are found in the top drawer of the cart.
- ❑ Keep the locked, used crash cart at the **front of the nursing unit**.
- ❑ Crash cart exchange and restocking will be handled by the Equipment Team **after 0600**.
- ❑ If a unit requires a third crash cart on the night shift, immediately notify the House Supervisor to coordinate retrieval.

Hazardous Handling Category – A

Low Risk: Primarily Oral Solids

Administration Instructions:

Wear one pair of chemo gloves to administer

Cutting/crushing/opening tablets/capsules: treat as **Category B →**

Hazardous Handling Category – B

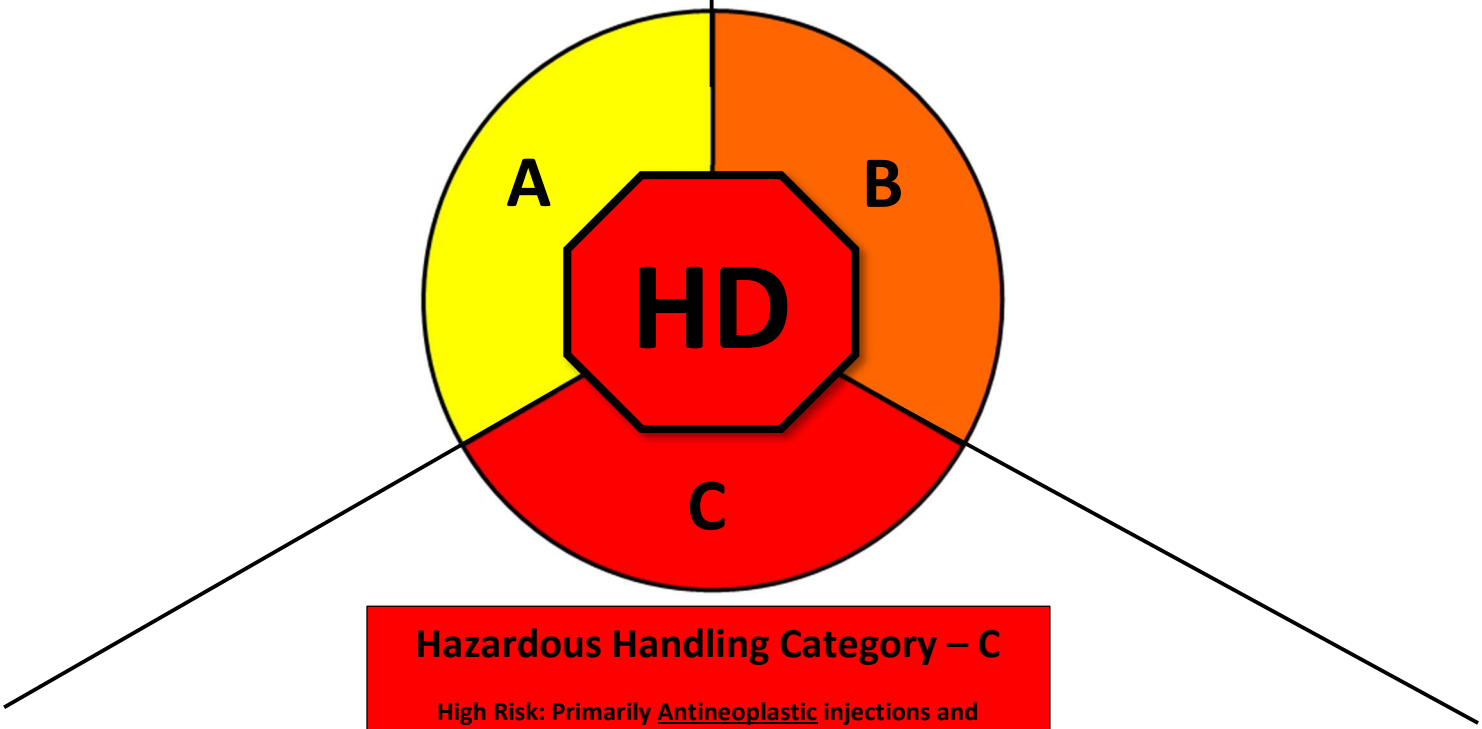
Medium Risk: Primarily liquid dosage forms, topicals, and crushed or manipulated oral solids

Administration Instructions:

Wear two pairs of chemo gloves to administer

Cutting/crushing/opening tablets/capsules is allowed. Use two pouches or bags to contain and wear two pairs of gloves. Clean thoroughly afterwards wearing two pairs of chemo gloves.

Wear an N95 mask if inhalation is likely



Hazardous Handling Category – C

High Risk: Primarily Antineoplastic injections and infusions

Administration Instructions:

Wear two pairs of chemo gloves and a chemo gown to administer

Wear an N95 mask if inhalation is likely

All Hazardous Drugs

Always wear goggles or face shield if splashing is likely

Wash hands after removing gloves

Use an Orange Top Wipe (Bleach)* to clean any area that may have become contaminated

Category A: Single pair gloves

Category B: Double pair gloves

Consider wearing an N95 mask if dust/inhalation is likely

Refer to HD Spill Management Policy for spills

You may choose to wear more PPE[1] than the minimum required

If you have any questions or concerns, contact your supervisor or pharmacy

*Clean Phenol spills with 70% Isopropyl Alcohol

[1]PPE: Personal Protective Equipment

HAZARDOUS DRUG LIST & HANDLING CATEGORIES

HD	Dosage Form	Rx / RN
ABACAVIR	ORAL LIQUID	B
	TAB/CAP	A
ABACAVIR/DOLUTEGRAVIR/LAMIVUDINE	TAB/CAP	A
ABACAVIR/LAMIVUDINE/ZIDOVUDINE	TAB/CAP	A
ABIRATERONE	TAB/CAP	C
ADO-TRASTUZUMAB EMTANSINE	INJECTION/INFUSION	C
AMBRISENTAN	TAB/CAP	A
ANASTROZOLE	ORAL LIQUID	B
	TAB/CAP	A
ARSENIC TRIOXIDE	INJECTION/INFUSION	C
AZACITIDINE	INJECTION/INFUSION	C
AZATHIOPRINE	TAB/CAP	A
	ORAL LIQUID	B
BCG	INJECTION/INFUSION	C
BENDAMUSTINE	INJECTION/INFUSION	C
BEXAROTENE	TAB/CAP	A
	TOPICAL	B
BICALUTAMIDE	TAB/CAP	A
BLEOMYCIN	INJECTION/INFUSION	C
BLINATUMOMAB	INJECTION/INFUSION	C
BORTEZOMIB	INJECTION/INFUSION	C
BOSENTAN	TAB/CAP	A
	ORAL LIQUID	B
BRENTUXIMAB VEDOTIN	INJECTION/INFUSION	C
BUSULFAN	TAB/CAP	A
CABAZITAXEL	INJECTION/INFUSION	C
CAPECITABINE	TAB/CAP	A
CARBAMAZEPINE	TAB/CAP	A
	ORAL LIQUID	B
CARBOPLATIN	INJECTION/INFUSION	C
CARFILZOMIB	INJECTION/INFUSION	C
CARMUSTINE	IMPLANT WAFER	B
CHLORAMBUCIL	TAB/CAP	A
CHLORAMPHENICOL	INJECTION/INFUSION	C
CHORIONIC GONADOTROPIN (HCG)	INJECTION/INFUSION	B
CIDOFOVIR	INJECTION/INFUSION	C
CISPLATIN	INJECTION/INFUSION	C
CLADRIBINE	INJECTION/INFUSION	C
CLOBAZAM	TAB/CAP	A
	ORAL LIQUID	B
CLOFARABINE	INJECTION/INFUSION	C
CLOMIPHENE	TAB/CAP	A
CLONAZEPAM	TAB/CAP	A
COLCHICINE	TAB/CAP	A
CONJUGATED ESTROGENS	INJECTION/INFUSION	B
	TAB/CAP	A
	TOPICAL	B
CYCLOPHOSPHAMIDE	TAB/CAP	A
CYCLOSPORINE	TAB/CAP	A
	OPHTHALMIC	B
	ORAL LIQUID	B
CYTARABINE	INJECTION/INFUSION	C
CYTARABINE-DAUNORUBICIN LIPOSOMAL	INJECTION/INFUSION	C
DACARBAZINE	INJECTION/INFUSION	C
DACTINOMYCIN	INJECTION/INFUSION	C
DAUNORUBICIN	INJECTION/INFUSION	C
DECITABINE	INJECTION/INFUSION	C
DEGARELIX	INJECTION/INFUSION	B / C
DESOGESTREL-ETHINYL ESTRADIOL	TAB/CAP	A
DEXRAZOXANE	INJECTION/INFUSION	C
DICLOFENAC-MISOPROSTOL	TAB/CAP	A
DIHYDROERGOTAMINE	INJECTION/INFUSION	B
DINOPROSTONE	SUPPOSITORY	B
DIVALPROEX SODIUM	TAB/CAP	A
DOCETAXEL	INJECTION/INFUSION	C
DOXORUBICIN	INJECTION/INFUSION	C
DOXORUBICIN LIPOSOMAL	INJECTION/INFUSION	C
DRONEDARONE	TAB/CAP	A
DROSPIRENONE-ETHINYL ESTRADIOL	TAB/CAP	A
DUTASTERIDE	TAB/CAP	A
ENFORTUMAB VEDOTIN	INJECTION/INFUSION	C
ENTECAVIR	TAB/CAP	A
EPIRUBICIN	INJECTION/INFUSION	C
ERIBULIN	INJECTION/INFUSION	C
ERLOTINIB	TAB/CAP	A
ESLICARBAZEPINE	TAB/CAP	A
ESTERIFIED ESTROGENS-METHYLTESTOSTERONE	TAB/CAP	A
ESTRADIOL	TAB/CAP	A
	PATCH	B
	INJECTION/INFUSION	B
ETHINYL ESTRADIOL-ETHYNODIOL	TAB/CAP	A
ETHINYL ESTRADIOL-LEVONORGESTREL	TAB/CAP	A
ETHINYL ESTRADIOL-NORETHINDRONE	TAB/CAP	A
ETHINYL ESTRADIOL-NORGESTIMATE	TAB/CAP	A
ETONOGESTREL	IMPLANT	B
ETOPOSIDE	TAB/CAP	A
	INJECTION/INFUSION	C
EVEROLIMUS	TAB/CAP	A
EXEMESTANE	TAB/CAP	A
FAM-TRASTUZUMAB DERUXTECAN	INJECTION/INFUSION	C
FINASTERIDE	TAB/CAP	A
FLOXURIDINE	INJECTION/INFUSION	C
FLUCONAZOLE	INJECTION/INFUSION	B
	ORAL LIQUID	B
	TAB/CAP	A
FLUDARABINE	INJECTION/INFUSION	C
FLUOROURACIL	INJECTION/INFUSION	C
	TOPICAL	B
FOSPHENYTOIN	INJECTION/INFUSION	B
FULVESTRANT	INJECTION/INFUSION	B / C
GANCICLOVIR	OPHTHALMIC	B
	INJECTION/INFUSION	C
GEMCITABINE	INJECTION/INFUSION	C
GEMTUZUMAB	INJECTION/INFUSION	C
GOSERELIN	IMPLANT INJECTION	B / C
HYDROCHLOROTHIAZIDE-SPIRONOLACTONE	ORAL LIQUID	B
	TAB/CAP	A
HYDROXYPROGESTERONE	INJECTION/INFUSION	B
HYDROXYUREA	ORAL LIQUID	B
	TAB/CAP	A
IDARUBICIN	INJECTION/INFUSION	C
IFOSFAMIDE	INJECTION/INFUSION	C
IMATINIB	TAB/CAP	A
INOTUZUMAB OZOGAMICIN	INJECTION/INFUSION	C
IRINOTECAN	INJECTION/INFUSION	C
IRINOTECAN LIPOSOMAL	INJECTION/INFUSION	C
IVABRADINE	TAB/CAP	A
IXABEPILONE	INJECTION/INFUSION	C
LAMIVUDINE-ZIDOVUDINE	TAB/CAP	A
LEFLUNOMIDE	TAB/CAP	A
LENALIDOMIDE	TAB/CAP	A
LETROZOLE	TAB/CAP	A
LEUPROLIDE	INJECTION/INFUSION	B / C
LEVONORGESTREL	TAB/CAP	A
	IUD	B
LOMUSTINE	TAB/CAP	A
LURBINECTEDIN	INJECTION/INFUSION	C
MACITENTAN	TAB/CAP	A
MECHLORETHAMINE	INJECTION/INFUSION	C
MEDROXYPROGESTERONE	INJECTION/INFUSION	B
	TAB/CAP	A
MEGESTROL	ORAL LIQUID	B
	TAB/CAP	A
MELPHALAN	TAB/CAP	A
MERCAPTOPURINE	TAB/CAP	A
	ORAL LIQUID	C
METHIMAZOLE	TAB/CAP	A
METHOTREXATE	TAB/CAP	A
METHYLERGONOVINE	INJECTION/INFUSION	B
	TAB/CAP	A
MIRVETUXIMAB SORAVTANSINE	INJECTION/INFUSION	C
MISOPROSTOL	TAB/CAP	A
MITOMYCIN	OPHTHALMIC	C
MITOXANTRONE	INJECTION/INFUSION	C
MYCOPHENOLATE MOFETIL	ORAL LIQUID	B
	TAB/CAP	A
MYCOPHENOLIC ACID	TAB/CAP	A
NAFARELIN	INHALATION	B
NELARABINE	INJECTION/INFUSION	C
NEVIRAPINE	TAB/CAP	A
	ORAL LIQUID	B
NILOTINIB	TAB/CAP	A
NORETHINDRONE	TAB/CAP	A
OXALIPLATIN	INJECTION/INFUSION	C
OXCARBAZEPINE	TAB/CAP	A
	ORAL LIQUID	B
OXYTOCIN	INJECTION/INFUSION	B
PACLITAXEL	INJECTION/INFUSION	C
PACLITAXEL PROTEIN-BOUND	INJECTION/INFUSION	C
PAMIDRONATE	INJECTION/INFUSION	B
PAROXETINE	TAB/CAP	A
	ORAL LIQUID	B
PEMETREXED	INJECTION/INFUSION	C
PENTOSTATIN	INJECTION/INFUSION	C
PHENOL	TOPICAL LIQ	B
PHENOXYBENZAMINE	TAB/CAP	A
PHENYTOIN	TAB/CAP	A
	INJECTION/INFUSION	B
	ORAL LIQUID	B
POLATUZUMAB VEDOTIN	INJECTION/INFUSION	C
PRALATREXATE	INJECTION/INFUSION	C
PROCARBAZINE	TAB/CAP	A
PROGESTERONE	TAB/CAP	A
PROPYLTHIOURACIL	TAB/CAP	A
RALOXIFENE	TAB/CAP	A
RASAGILINE	TAB/CAP	A
RIBAVIRIN	TAB/CAP	A
	INHALATION	B
RIOCIGUAT	TAB/CAP	A
ROMIDEPSIN	INJECTION/INFUSION	C
SACITUZUMAB GOVITECAN	INJECTION/INFUSION	C
SIROLIMUS	ORAL LIQUID	B
	TAB/CAP	A
SPIRONOLACTONE	TAB/CAP	A
	ORAL LIQUID	B
STREPTOZOCIN	INJECTION/INFUSION	C
TACROLIMUS	TAB/CAP	A
	INJECTION/INFUSION	B
	ORAL LIQUID	B
TAMOXIFEN	TAB/CAP	A
TEMAZEPAM	TAB/CAP	A
TEMOZOLOMIDE	TAB/CAP	A
TEMSIROLIMUS	INJECTION/INFUSION	C
TESTOSTERONE	INJECTION/INFUSION	B
THALIDOMIDE	TAB/CAP	A
THIOGUANINE	TAB/CAP	A
THIOTEPA	INJECTION/INFUSION	C
TISOTUMAB VEDOTIN	INJECTION/INFUSION	C
TOPIRAMATE	TAB/CAP	A
TOPOTECAN	INJECTION/INFUSION	C
TRABECTEDIN	INJECTION/INFUSION	C
TRETINOIN	TAB/CAP	A
TRIFLURIDINE	OPHTHALMIC	B / C
TRIPTORELIN	INJECTION/INFUSION	B / C
ULIPRISTAL	TAB/CAP	A
VALGANCICLOVIR	TAB/CAP	A
	ORAL LIQUID	B
VALPROIC ACID	TAB/CAP	A
	ORAL LIQUID	B
	INJECTION/INFUSION	B
VALRUBICIN	IRRIGATION	C
VINBLASTINE	INJECTION/INFUSION	C
VINCRISTINE	INJECTION/INFUSION	C
VINORELBINE	INJECTION/INFUSION	C
VORICONAZOLE	TAB/CAP	A
	OPHTHALMIC	B
	INJECTION/INFUSION	B
	ORAL LIQUID	B
VORINOSTAT	TAB/CAP	A
WARFARIN	TAB/CAP	A
ZIDOVUDINE	ORAL LIQUID	B
	INJECTION/INFUSION	B
	TAB/CAP	A
ZIPRASIDONE	TAB/CAP	A
	ORAL LIQUID	B
	INJECTION/INFUSION	B
ZIV-AFLIBERCEPT	INJECTION/INFUSION	C
ZOLEDRONIC ACID	INJECTION/INFUSION	B
ZONISAMIDE	TAB/CAP	A
	ORAL LIQUID	B

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