Clinical Reminders

Zoll Pediatric Defibrillator Pads

SUPPLY UPDATE

Temporary substitution — backorder | Return date TBD

Product transition

Current backordered product: Zoll Pediatric Defibrillator Pads, manufacturer #8900-000220-01.

Temporary substitute: Zoll Pediatric Defibrillator Pads, manufacturer #8900-000381-01.

Zoll will automatically substitute the replacement product on affected purchase orders. No estimated release date has been provided for the original product.

Visual comparison — current vs. substitute

CURRENT — BACKORDERED



TEMPORARY SUBSTITUTE



How to recognize the substitute

- Smaller pad design while maintaining the same conductive area.
- Smaller cardiopulmonary resuscitation (CPR) sensor size.
- Textured surface on the anterior sensor to help reduce slippage.
- Pink outer label for easy identification as a pediatric electrode.

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Blood Product Handling Reminders

EDUCATION BOOST

Patient Safety | Updated 10/29/26

Before requesting blood products

Personally verify the order and consent PRIOR TO requesting blood products.

If the transfusion is canceled or delayed

If transfusion canceled or delayed after dispense, IMMEDIATELY call blood bank for guidance. Blood may be salvageable.

If blood is delivered in a cooler

- Do NOT remove unless transfusion imminent.
- If removed, and transfusion canceled, call blood bank for guidance.
- Coolers are packed in a very specific manner and must be maintained as such. Do not rearrange contents.
- Blood products may only be kept in designated blood refrigerators or coolers.





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Physical Holds | Violent Restraint

EDUCATION BOOST

Nursing & Security | Patient Safety

What is a physical hold?

A physical hold is manual restriction of a patient's freedom of movement by staff. When used to restrict movement for behavioral safety, evaluate and manage it as a restraint according to the applicable restraint policy and order/documentation requirements.

When may a restraint hold be used?

- Only when needed for immediate physical safety and less restrictive measures are ineffective or inappropriate; never for coercion, discipline, convenience or retaliation.
- Use the least restrictive safe response, trained personnel and continuous attention to breathing and circulation. Stop as soon as safely possible.
- Avoid prone positioning, pressure to the chest, neck or back, or any technique that impairs airway, breathing or circulation.

Operational workflow: event to order

- Initiate the immediate safety response and call for needed assistance.
- Notify the RN/provider; assess the patient and follow facility-specific violent restraint order requirements.
- Monitor and reassess continuously as indicated by the clinical condition and policy.
- Release as soon as criteria are met; document the event, interventions, assessment, order, monitoring and response.

Role clarity

- Nursing: clinical assessment, escalation, obtaining/verifying orders, monitoring, reassessment, release and documentation.
- Security: assist only within training and policy, use the least restrictive safe contact and immediately report distress to nursing.

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HCA Healthcare
Center for Clinical Advancement

MISSION HEALTH

November 9, 2026

Clinical Reminders

Stepdown IV Infusion Changes

DELAYED

Original Go-Live: 11/4/26 | Tentative New Go-Live: 11/30/26

Implementation status

Implementation has been delayed. November 30, 2026 is a tentative date, not a confirmed activation. Continue current approved workflows until the revised go-live is formally communicated.

Ketamine + RASS — No RN titration • Assess • Score • Act

- Start at 0.1 mg/kg/hr using ideal body weight (IBW); provider may order one increase to a maximum of 0.2 mg/kg/hr.
- No bolus and no RN titration. Use the Adult low-dose PowerPlan, Guardrails Progressive/Intermediate profile, portless tubing and lock box.
- Monitor every 30 minutes for the first hour, then at least every 4 hours: pain, Richmond Agitation-Sedation Scale (RASS)/Pasero Opioid-Induced Sedation Scale (POSS), heart rate, blood pressure and respiratory rate.
- Stop/escalate for mental-status or emergence change, RASS below -2, POSS 2–3, or significant cardiovascular or respiratory change.
- If pain remains elevated at 0.1 mg/kg/hr, reassess and call the provider; do not increase independently.

Cardene — Titrate to the active patient-specific order

- Match the indication-specific PowerPlan. Confirm ordered target/limits, dose range, increment and titration interval.
- Titrate based on current blood pressure and the complete active order. Never create a target or shorten/invent an interval.
- Continuous ECG; monitor blood pressure, heart rate and neurologic status as appropriate. Reassess after every rate change.
- Avoid hand/wrist IV; rotate every 12 hours; central access for more than 24 hours or maximum concentration.
- Clarify missing titration instructions before adjusting a rate. Escalate for intolerance, neurologic worsening or order/clinical mismatch.

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Stepdown IV Infusion Changes — Continued

DELAYED

Tentative New Go-Live: 11/30/26

Precedex — Decrease/wean only on Stepdown

- Severe-agitation PowerPlan uses RASS; do not carry a Clinical Institute Withdrawal Assessment (CIWA) workflow unless separately ordered.
- Patient must be at or below 0.4 mcg/kg/hr before transfer to Stepdown.
- On Stepdown: no initiation, re-initiation or upward titration. Decrease/wean only within the active order.
- Monitor with telemetry and for hypotension/bradycardia; verify the smart-pump medication/care-area profile.
- If Precedex is 0.6 mcg/kg/hr when a Stepdown bed is ready, do not transfer; clarify level of care first.

RASS quick reference

- +4 Combative; +3 Very agitated; +2 Agitated; +1 Restless; 0 Alert and calm.
- -1 Drowsy; -2 Light sedation; -3 Moderate sedation; -4 Deep sedation; -5 Unarousable.

Seven-point go / no-go safety check

- Correct PowerPlan and care area
- Active patient-specific order, target and titration instructions
- Appropriate dose/rate for the receiving level of care
- Pump library and Guardrails profile verified
- Required tubing, access and equipment available
- Monitoring and escalation plan understood
- Transfer readiness and handoff confirmed

Resolve any gap before transfer, infusion start or titration.

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Your New SharePoint Home Page

NOW LIVE 11/9

Original North Carolina Division quick guide — preserved as supplied

