Clinical Reminders

GO LIVE
AUG 11

Nursing Education: Oral PPI (Proton pump inhibitor) Formulation Change

Lansoprazole ODT will replace the pharmacy-compounded oral formulation for eligible patients and can be prepared on the floor. Omeprazole oral solution will continue to be prepared by Pharmacy.

Lansoprazole ODT

For patients 1 year and older who cannot tolerate tablets or require per-tube administration:

- <= 30 kg = 15 mg ODT
- > 30 kg = 30 mg ODT

ORAL ADMINISTRATION

- Do not break or cut the tablet.
- Place on tongue; allow to dissolve (with or without water) and swallow pellets. Do not chew pellets.
- If the patient has difficulty swallowing pellets, follow tube dissolution instructions and administer the mixture in the patient's mouth.
- Administer 30 minutes before meal.

TUBE ADMINISTRATION

- Place tablet in an ENTERAL syringe.
- Draw up purified water: 15 mg ODT = 4 mL; 30 mg ODT = 10 mL.
- Shake gently to dissolve; administer via FEEDING TUBE.
- Administer within 15 minutes of preparation.
- Refill ENTERAL syringe with 5 mL purified water, shake gently, and administer via FEEDING TUBE.
- Hold enteral nutrition 30 minutes prior to lansoprazole administration.

WHAT IS NOT CHANGING

Omeprazole oral solution will continue to be prepared by Pharmacy. There is no change to the current omeprazole process.

Clinical Reminders

GO LIVE
AUG 17

Bridge Documentation Update: Blood Transfusion Reactions

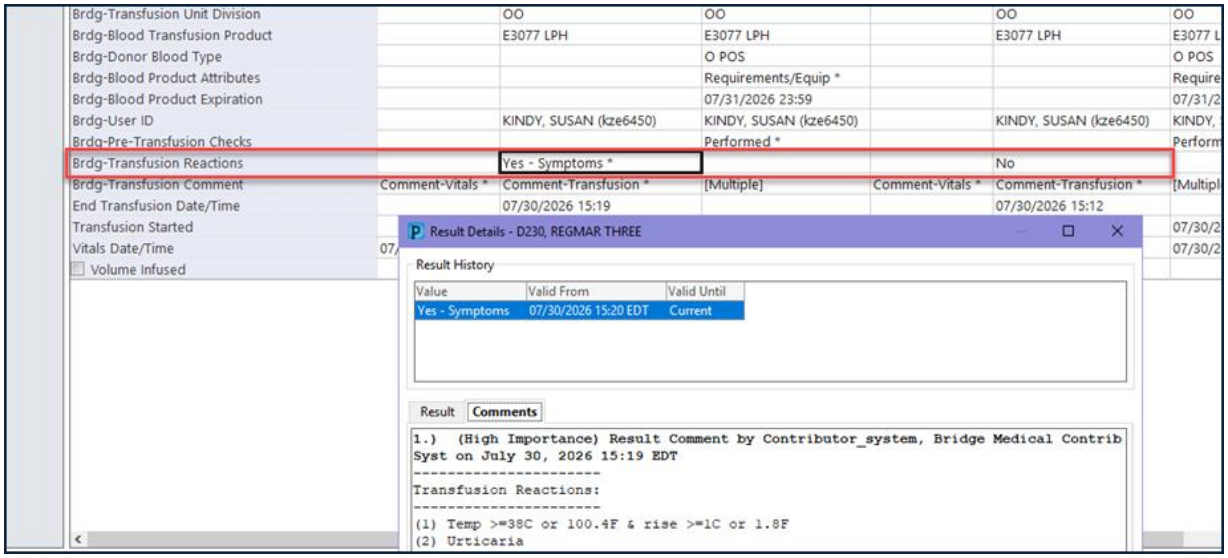
Regulatory documentation visibility update

SITUATION	ASSESSMENT	RECOMMENDATION
Blood transfusion reaction documentation does not consistently populate in Bridge documentation. Currently only "Yes" displays.	This gap creates regulatory compliance risk, contributes to variability in practice, and limits reporting capability.	Ensure transfusion reaction documentation is visible in the chart whether a reaction is documented or not.

What will change on 8/17

- Currently, "No" does not display - only "Yes" appears when a transfusion reaction has occurred.
- With this update, "No" will also display when no transfusion reaction is documented.
- If "Yes" is selected, the associated transfusion reaction symptoms will continue to be displayed.

Bridge flowsheet view



The "Brdg-Transfusion Reactions" row will display both documented outcomes. "Yes" continues to show associated symptoms; "No" will now be visible when no reaction is documented.

Clinical Reminders

GO LIVE
AUG 24

PRIMO HeelCheck 2.0 Offloading Boot

New heel offloading boot vendor replacing the current boot

PRIMO HeelCheck 2.0 will replace the current heel offloading boot. Use according to the Pressure Injury Prevention Protocol and complete skin/heel checks per facility protocol.

Application at a glance

Safety & skin checks

CAUTION: DO NOT allow the patient to walk or stand in HeelCheck.

- Completely remove the boot periodically to inspect the patient's skin.
- Report pain, swelling, changes in sensation, or unusual reactions to a clinician.
- Feel underneath to confirm the heel is floated. If not, undo the straps and re-apply.
- Route tubing through the side openings so it does not kink or contact the patient's skin.

Select the correct size

Calf measurement:

Size	Calf
Small	< 12.5 in
Standard	12.5-17 in
Bariatric	> 17 in

Color coding: Small = green; Standard = purple; Bariatric = navy.
The with-wedge option uses the same size ranges.

Clinical Reminders

GO LIVE
AUG 27

Mission Hospital Glucose Strip Supply Change

Glucose test strips and QC bottles will transition to Lab-managed supply distribution

What nurses need to know: Glucose test strips and QC bottles will no longer be stocked in unit supply rooms. The Lab will manage these supplies to improve expiration-date and labeling control.

What is changing

- Glucose test strips and QC bottles will now be managed through the Lab.
- These supplies will no longer be stocked in nursing unit supply rooms.
- QC liquid vials will have a colored sticker that changes every three months.
- Discard old supplies if they are past their date.

New supply workflow

- A par level will be delivered to each Nursing Unit once a week on Thursdays.
- If supplies run low before the next delivery, call the Lab at 828-213-5177.

WHY	WHEN	IF YOU RUN LOW
Better manage expiration dates and labeling for glucose test strips and QC bottles.	**Weekly par-level delivery to Nursing Units on Thursdays.**	**Call the Lab: 828-213-5177**

Clinical Reminders

GO LIVE SEP 1

Change in Notification to Tele-Neurology

Affects: Code Strokes • Emergent Neuro Consults • Non-emergent Neuro Consults

Use the TelehealthIR application in Citrix Storefront to initiate the notification.

1. Select service type

In TelehealthIR, select:

TeleNeurology & TeleStroke

2. Select category

- Acute Stroke — select for CODE STROKE
- Emergent TeleNeurology Consult
- Nonemergent TeleNeurology Consult

3. Complete required fields + demographics

- Fill out required fields (highlighted in yellow) plus demographics.
- If patient has not arrived, the field will populate for ETA min.
- DO NOT leave ANY demographics blank.
- For EMS CODE STROKEs, if you do not have demographics, place DOE information in the fields.

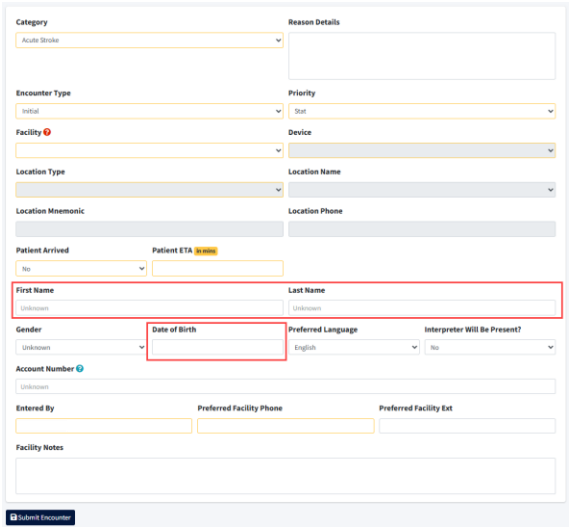
4. Submit Encounter

Submit the encounter once the form is complete.

⚠ **DO NOT submit multiple encounters for the same patient — this will cause delays.**

Code Stroke quick check

Service: TeleNeurology & TeleStroke | Category: Acute Stroke | Complete required fields + demographics | Submit once



Clinical Reminders

GO LIVE
SEP 1

Adult Creatinine Clearance (Estimated) Flowsheet Update

Adult patient Flowsheet results will align with the dose calculator and consider BMI

For adult patients: "Creatinine Clearance (Estimated)" under PATIENT GRAPHICS in the Flowsheet tab will now populate from the dose calculator, so the displayed result reflects the corporate calculation approach, including BMI consideration.

OLD WAY

- The Flowsheet "Creatinine Clearance (Estimated)" value was generated by formulas that did not reflect the corporate standards used in the dose calculator.
- Because the Flowsheet used a separate calculation approach, the displayed value could differ from the dose calculator.

NEW WAY

- The Flowsheet will populate the creatinine clearance value calculated within the dose calculator.
- The displayed result will use the corporate-recommended standards, definitions and formulas used by the dose calculator and will consider the patient's BMI.

WHERE TO FIND IT

Flowsheet tab > PATIENT GRAPHICS > Creatinine Clearance (Estimated)

WHO IS AFFECTED

Adult patients

WHY THIS IS CHANGING

To align the Flowsheet result with the corporate-recommended calculation already used by the dose calculator.

WHAT IS NOT CHANGING

The dose calculator continues to use the corporate-recommended standards, definitions and formulas.

Clinical reminder

When reviewing adult creatinine clearance in the Flowsheet after go-live, expect the displayed "Creatinine Clearance (Estimated)" result to match the value calculated by the dose calculator.

Clinical Reminders

GO LIVE
SEP 15

Adult Seizure PowerPlan Updates

Adult Seizure Treatment Plan + Phenytoin/Fosphenytoin Plan

What nurses need to know: The updated PowerPlans are designed to better align seizure care with guideline recommendations, including clearer nursing stabilization/monitoring, medication administration guidance, treatment-phase timing, and ICU continuous-sedation instructions.

AUDIENCE **Nurses caring for adult patients where these PowerPlans are used.**

WHY **Improve clarity and alignment of dose, timing, monitoring, and status-epilepticus treatment guidance.**

Adult Seizure Treatment Plan

- New nursing stabilization orders and monitoring.
- More transparency in available anti-seizure medication levels; free phenytoin levels are no longer in-house labs.
- Clear 5-, 10-, 10-, 30-, 30-, and 60-minute treatment phases.
- Updated seizure medication doses and administration instructions.
- ICU guidance for propofol, midazolam, ketamine, and pentobarbital.
- Nurse-directed re-bolus and titration instructions.
- No sedation holidays during refractory status epilepticus.
- Updated seizure treatment flowchart.

Phenytoin/Fosphenytoin Plan

- Separate loading-dose options for status and non-status seizures.
- Updated weight-based dosing and infusion rates.
- More specific blood-pressure monitoring instructions and guidance to reduce the infusion rate for low blood pressure.
- Updated phenytoin level timing.
- Reduced maintenance-dosing criteria.
- Clarified pharmacy rounding and weight calculations.
- Outdated statements removed, including prior TBI-use and cost-reference language.
- Links back to the parent Seizure PowerPlan for abortive benzodiazepine options.

Important reinforcement

Some points above reinforce existing practice rather than introduce new functionality. Prior IV push Keppra education remains applicable. Follow the updated PowerPlan instructions at go-live.

USE THE UPDATED PLAN	STATUS EPILEPTICUS	PHENYTOIN / FOSPHENYTOIN
Use the revised nursing stabilization/monitoring orders and updated seizure treatment flowchart.	**Follow the timed treatment phases and ordered re-bolus/titration guidance; no sedation holidays during refractory status.**	**Follow updated loading/maintenance dosing, BP monitoring, infusion-rate, and phenytoin-level timing guidance.**

Clinical Reminders

EDUCATION BOOST
ONGOING

Culture Pause Form

Complete the Form and Send It With the Specimen

PAUSE BEFORE COLLECTION: Complete the Culture Pause Form before collecting a C. difficile, urine culture, or blood culture to confirm testing is indicated.

Culture Pause Workflow

1	**PAUSE before collection**	Complete the Culture Pause Form before collecting C. difficile, urine, or blood specimens.
2	**CONFIRM the culture is indicated**	Use the form to confirm testing is indicated; an order alone does not mean collect automatically.
3	**CONTACT the provider when testing is not needed**	If the form indicates testing is not needed, do not collect. Contact the provider before moving forward.
4	**COLLECT when indicated**	When testing is indicated, collect the specimen.
5	**SEND the completed form WITH the specimen**	**Mission Hospital**: **the completed form for C. difficile and urine must accompany the specimen to the lab every time**, regardless of Raven Alert status.

Mission Hospital: Key Lab Submission Requirement

FORM + SPECIMEN TRAVEL TOGETHER: Send the completed Culture Pause Form for C. difficile and urine with the specimen to the lab - regardless of Raven Alert status.

If the form is missing, the lab escalates: Unit CNC -> House Supervisor -> Nurse Executive on call.

C. difficile Checklist Reminder

- Testing should only be performed when indicated by the checklist algorithm.
- The CNC reviewer is required; when criteria are not met, engage the nursing leader/provider to reconsider testing.

Bedside Takeaway

PAUSE > COMPLETE FORM > CONFIRM INDICATION > COLLECT>
SEND FORM (C. difficile and urine) + SPECIMEN TOGETHER

At Mission Hospital: No form left behind.