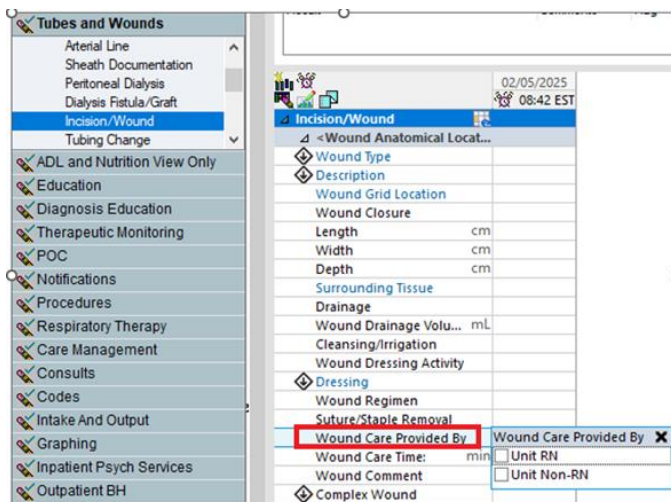




## Clinical Updates

### Removal of "Wound Care Provided By" under Tubes and Wounds: Go-live 6/9/25

- Wound care provided by is currently listed with specific providers, but it does not accurately reflect who provides the care. Additionally, this information is documented elsewhere.



### Infusion Interop – Normalized Rate PowerPlan Updates: Go-Live 6/16/25

- Normalized rates for titratable drips will be moved from the order comments to the normalized rate field to eliminate the manual entry of initial rate and dose.
- Drips bloused from the bag will be excluded from updates.
- Medications in scope:
  - alteplase
  - amiodarone
  - argatroban
  - bivalirudin
  - cisatracurium
  - clevidipine
  - deferoxamine
  - epoprostenol
  - labetalol
  - lidocaine

- milrinone
- nitroglycerin
- octreotide
- pentobarbital
- oxytocin
- rocuronium
- tirofiban
- treprostinil
- vecuronium
- verapamil

**Current State: Free Text Rate Order Entry**

Continuous Infusions

rocuronium 500 mg + Dextrose 5% in Water ... Order 5/22/2025 09:47 EDT 05/22/2025 09:47 EDT, NOW, see comments  
 Dextrose 5% in Water ... Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedatio...

▼ Details for rocuronium 500 mg + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Base Solution	Bag Volume	Rate	Infuse Over
Dextrose 5% in Water	450 mL	see comments	
Additive	Additive Dose	Normalized Rate	Delivers
rocuronium	500 mg		EB
Total Bag Volume		450 mL	

Weight:  BSA

0 Missing Required Details Orders For Nurse Review Sign

Continuous Infusions

rocuronium 500 mg + Dextrose 5% in Water ... Order 5/22/2025 09:47 EDT 05/22/2025 09:47 EDT, NOW, see comments  
 Dextrose 5% in Water ... Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedatio...

▼ Details for rocuronium 500 mg + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Order comments

Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion at 8 mcg/kg/min and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.

0 Missing Required Details Orders For Nurse Review Sign

## Future State: Normalized Rate Order Entry

Continuous Infusions

rocuronium 500 mg [8 mcg/kg/min] + Dextr... 5/22/2025 10:11 EDT 05/22/2025 10:11 EDT, NOW  
Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation...

Details for rocuronium 500 mg [8 mcg/kg/min] + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Base Solution	Bag Volume	Rate	Infuse Over
Dextrose 5% in Water	450 mL		
Additive	Additive Dose	Normalized Rate	Delivers Occurrence
rocuronium	500 mg	8 mcg/kg/min	EB
Total Bag Volume	450 mL		

Weight:  BSA

0 Missing Required Details Orders For Nurse Review Sign

Continuous Infusions

rocuronium 500 mg [8 mcg/kg/min] + Dextr... 5/22/2025 10:11 EDT 05/22/2025 10:11 EDT, NOW  
Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation...

Details for rocuronium 500 mg [8 mcg/kg/min] + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Order comments

Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. ~~Begin after initiation of sedation and analgesia~~ and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the ~~infusion bag based on the nomogram. Usual~~ infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.

0 Missing Required Details Orders For Nurse Review Sign

Current State: MAR

Medications	05/22/2025 09:50 EDT
<b>Continuous Infusions</b> 	
<b>rocuronium 500 mg</b> <b>Dextrose 5% in Water 450 mL</b> 05/22/25 9:47:00 EDT, NOW, see comments Concentration 1000 mcg/mL. Coordinate with RT before initiation ...	<b>NOW</b> Not previously given
<b>Administration Information</b>	
rocuronium	
Dextrose 5% in Water	

<b>Continuous Infusions</b> 	<b>NOW</b> Not previously
<b>rocuronium 500 mg</b> <b>Dextrose 5% in Water 450 mL</b> 05/22/25 9:47:00 EDT, NOW, see comments Concentration 1000 mcg/mL. Coordin	rocuronium 500 mg + Dextrose 5% in Water 450 mL 05/22/25 9:47:00 EDT, NOW, see comments
<b>Administration Information</b>	Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion at 8 mcg/kg/min and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.
rocuronium	
Dextrose 5% in Water	

Charting for ZTEST, DARRELL

rocuronium 500 mg + Dextrose 5% in Water 450 mL  
 05/22/25 9:47:00 EDT, NOW, see comments  
 Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiati...

05/21/25 21:50 EDT - 05/22/25 21:50 EDT

Begin Bag  
 Site Change  
 Infuse  
 Bolus  
 Rate Change  
 rocuronium [MDV, Paralytic]

Yes  No rocuronium 500 mg/50 mL  
 Yes  No Dextrose 5% in Water 450 mL

\*Performed date / time: 05/22/2025 0950 EDT

\*Performed by: Pack, Brian

Witnessed by:

\*Bag #: 1




\*Site:

\*Volume (mL): 500




\*Rate (mL/hr):

\*rocuronium [MDV, Paralytic] Dose:

Begin Bag

Medications	05/22/2025 10:14 EDT
<b>Continuous Infusions</b>	
   <b>rocuronium 500 mg [8 mcg/kg/min]</b> <b>Dextrose 5% in Water 450 mL</b> 05/22/25 10:11:00 EDT, NOW Concentration 1000 mcg/mL. Coordinate with RT before initiation ...	<b>NOW</b> Not previously given
<b>Administration Information</b>	
rocuronium	
Dextrose 5% in Water	




**Continuous Infusions**




  
**rocuronium 500 mg [8 mcg/kg/min]**  
**Dextrose 5% in Water 450 mL**  
 05/22/25 10:11:00 EDT, NOW  
 Concentration 1000 mcg/mL. Coordinat

**Administration Information**

rocuronium  
Dextrose 5% in Water

**Discontinued Continuous Infusions**




  
**rocuronium 500 mg**  
**Dextrose 5% in Water 450 mL**  
 05/22/25 9:47:00 EDT, NOW, see comm  
 Concentration 1000 mcg/mL. Coordinat

**Administrati**

rocuronium




rocuronium 500 mg [8 mcg/kg/min] - Dextrose 5% in Water 450 mL

05/22/25 10:11:00 EDT, NOW

Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion and titrate to clinical goals and Train of four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.







Charting for: ZTEST, DARRELL

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**rocuronium 500 mg [8 mcg/kg/min] + Dextrose 5% in Water 450 mL**
Change Order Version

05/22/25 10:11:00 EDT, NOW  
Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiati...

05/21/25 22:15 EDT - 05/22/25 22:15 EDT

 Begin Bag  
 Site Change  
 Infuse  
 Bolus  
 Rate Change  
 rocuronium

No results found

Yes  No rocuronium 500 mg Change  
 Yes  No Dextrose 5% in Water 450 mL

\*Performed date / time: 05/22/2025 1015 EDT Comment  
 \*Performed by: Pack, Brian Clear  
 Witnessed by: Apply  
 \*Bag #: 1  
 \*Site:                       
 \*Volume (mL): 450  
 \*Rate (mL/hr): 37.15  
 \*rocuronium Dose: 8 mcg/kg/min  
 \*Weight: 86 kg

**Begin Bag**

In Progress

## Current State: Order Verification

Verify Continuous Order

Drug:

Vol	Drug	Dose	Normalized Rate	Concentration	Frequency	Ordered As
500	rocuronium [MDV, Paralyt...	500 mg / 50 mL			EB	rocuronium
450	Zemuron inj 100 mg/10 mL [MDV, Paralyt...					
	D5W	450 mL			EB	Dextrose ...
	Dext 5% 500 mL					

\* Route: IV Weight: [Manually Entered 5/22/2025] 86 kg BSA(m2): 1.71  
 Rate: (None) Free text rate: see comments Infuse over: 0 (None)  
 Duration: 14 day Start date: 05/22/2025 Time: EDT 11:05 Stop date: 06/05/2025 Time: EDT 11:04  
 \* Physician: ZTest MD, ED Physician  
 \* Replace every: hr  
 \* Stop type: Soft Stop

Order comments: Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion at 8 mcg/kg/min and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's

Product notes: <<< PARALYTIC >>> High alert Medication. For intubated patients or intubation initiation.]

Dosage form: Inj \* Communication type: No Cosign Required  
 \* Dispense category: xINJ continuous - COA \* Dispense from location: TRH Main Pharmacy  
 \* Billing formula: Injectable Price: \$340.15 Cost: \$33.49  
 Order priority: NOW Initial doses: 1 Initial quantity:

Patient's own med  
 Auto calculate initial dose

Reject OK Cancel

## Future State: Order Verification

Verify Continuous Order

Drug:

Vol	Drug	Dose	Normalized Rate	Concentration	Frequency	Ordered As
500	rocuronium [MDV, Paralyt...	500 mg / 50 mL	8 mcg/kg/min	1000 mg/mL	EB	rocuronium
450	Zemuron inj 100 mg/10 mL [MDV, Paralyt...					
	D5W	450 mL			EB	Dextrose ...
	Dext 5% 500 mL					

\* Route: IV Weight: [Manually Entered 5/22/2025] 86 kg BSA(m2): 1.71  
 Rate: 41.28 mL/hr Free text rate: Infuse over: 12.1 hr  
 Duration: 14 day Start date: 05/22/2025 Time: EDT 10:11 Stop date: 06/05/2025 Time: EDT 10:10  
 \* Physician: ZTest MD, ED Physician  
 \* Replace every: 12.1 hr  
 \* Stop type: Soft Stop

Order comments: Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's

Product notes: <<< PARALYTIC >>> High alert Medication. For intubated patients or intubation initiation.]

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 \* Billing formula: Injectable Price: \$340.15 Cost: \$33.49  
 Order priority: NOW Initial doses: 1 Initial quantity:

Patient's own med  
 Auto calculate initial dose

Reject OK Cancel

## Surgical Antibiotic Prophylaxis Changes: Go-Live 6/25/25

Changes below were made based on evidence-based guideline recommendations.

### Orthopedic, Neurosurgery, & Hand Perioperative Antibiotic Prophylaxis Updates:

- Created "Ortho Antibiotic Prophylaxis Subplan" that includes cefazolin, clindamycin, and vancomycin. This will replace current antibiotic prophylaxis sections in ortho, NS, and Hand plans.
- Doses were updated to remove cefazolin 1g (only 2g and 3g now) and increase clindamycin to 900mg
- Vancomycin may be added to cefazolin for patients colonized with MRSA
- Post-operative antibiotic prophylaxis was removed
- Routine pre-op urinalysis with culture reflex removed. Urine cultures only indicated in patients with urinary symptoms.
- Reminder that cefazolin may be safely given to most patients with a history of penicillin allergy [excludes conditions like (Stevens-Johnson Syndrome)]. Order comments recommend to use clindamycin in patients with cephalosporin allergies.

### OBGYN Perioperative Antibiotic Prophylaxis Updates:

- Antibiotic dosing standardized as above for cefazolin (2g, 3g) and clindamycin (900mg). Gentamicin dosing updated with weight-based categories.
- Post-operative antibiotic prophylaxis was removed