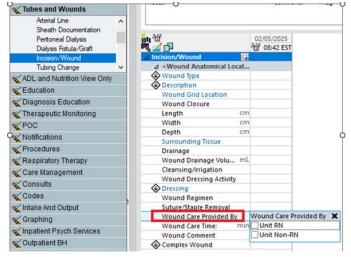
Clinical Updates

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:
 - o alteplase
 - \circ amiodarone
 - \circ argatroban
 - o bivalirudin
 - \circ cisatracurium
 - o clevidipine
 - o deferoxamine
 - o epoprostenol
 - o labetalol
 - \circ lidocaine

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- o milrinone
- \circ nitroglycerin
- \circ octreotide
- o pentobarbital
- o oxytocin
- o rocuronium
- \circ tirofiban
- \circ treprostinil
- o vecuronium
- o verapamil

Current State: Free Text Rate Order Entry

⊿ Continuous Infusions						
👘 🗈	rocuronium 500 mg + Dextrose 5% in Water	Order 5/22/2025 09:47		EDT, NOW, see comments	n RT before initiation of paralytic. Begin after initiation of	of cedatio
	bearbie 576 in Water in		Concentration to	oo meg/me. coordinate wit	The before initiation of paralytic, begin arter initiation	or sedatio
■ Details for rocuroniu	m 500 mg + De	extrose 5% in Wa	ter 450 mL			
😭 Details 🎁 Continuous D	etails 🗊 Order Comm	ents 🕐 Offset Details	_			
Base Solution	Bag Volume	Rate	Infuse Over			^
Dextrose 5% in Water	450 mL	see comments				
Additive	Additive Dose	Normalized Rate	Delivers	Occurrence		
rocuronium	500 mg	200		EB		
	1					
Total Bag Volume	450 mL					
Weight:			BSA			
						*
0 Missing Required Details Ord	ers For Nurse Review					Sign
⊿ Continuous Infusions						
👘 🗈	rocuronium 500 mg + Dextrose 5% in Water	Order 5/22/2025 09:47		EDT, NOW, see comments	RT before initiation of paralytic. Begin after initiation of	of sedatio

Dextrose 5% in Water	Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedatio
	ose 5% in Water 450 mL
😭 Details 🎁 Continuous Details 🗊 Order Comments	() Offset Details
Order comments	
initial loading dose until the infusion bag arrives from pharma text). Administer subsequent bolus doses of 600 mcg/kg from	tion of parabic. Begin after initiation of cedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the o. Then start the continuous infusion at 8 mcg/kg/min and titrate to clinical goals and Train of Four per nomogram (see reference the infusion on ago assee on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily al dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See v
0 Missing Required Details Orders For Nurse Review	Sign





Future State: Normalized Rate Order Entry

⊿ Continuous Infusions					
👘 🗈	rocuronium 500 mg [8		EDT 05/22/2025 10:		
	mcg/kg/min] + Dextr		Concentration	1000 mcg/mL. Coordinate v	with RT before initiation of paralytic. Begin after initiation
■ Details for FOCUTONIU	ım 500 mg [8 r	ncg/kg/minj + De	xtrose 5% in	Water 450 mL	
😭 Details 🎁 Continuous D	Details 🗊 Order Comr	nents 🛞 Offset Details			
Base Solution	Bag Volume	Rate	Infuse Over		^
E Dextrose 5% in Water	450 mL	1			
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 0ro	ders For Nurse Review				Sign
∠ Continuous Infusions					
👘 🗈	rocuronium 500 mg [8	Order 5/22/2025 10:11	EDT 05/22/2025 10:1		
	mcg/kg/min] + Dextr		Concentration	1000 mcg/mL. Coordinate v	vith RT before initiation of paralytic. Begin after initiation
✓ Details for rocuroniu	ım 500 mg [8 n	ncg/kg/min] + De	xtrose 5% in	Water 450 mL	
Petails Continuous L	Details Up Order Com	nents 🛞 Offset Details			
Order comments					
	Coordinate with RT befo	re initiation of paralytic Peri		detice and englancia and ac	hieved RASS goal -4 to -5. Utilize the PRN IV push
					al goals and Train of Four per nomogram (see
					e is 8-12 mcg/kg/min. Reduce the infusion rate or
temporarily discontinue the re possible, if resumed, See Refe		ate patient's minimal dose req	uirement, unless con	traindicated by clinical instal	bility. Then re-titrate to allow the lowest dose
possible, ir resumed. See Kere	erence rext.				
					×
					×
0 Missing Required Details 0rd	lers For Nurse Review				Sian

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Center for Clinical Advancement



Current State: MAR

Medications	05/22/2025 09:50 EDT
Continuous Infusions	
🔶 📷 66° 🖑 🔁	NOW
rocuronium 500 mg	Not previously
Dextrose 5% in Water 450 mL	given
05/22/25 9:47:00 EDT, NOW, see comments	
Concentration 1000 mcg/mL. Coordinate with RT before initiation	
Administration Information	
rocuronium	
Dextrose 5% in Water	

Continuous Infusions	NOW
() () () () () () () () () ()	Not previously
Dextrose 5% in Water 450 mL 05/22/25 9:47:00 EDT, NOW, see comm Concentration 1000 mcg/mL. Coordin	rocuronium 500 mg + Dextrose 5% in Water 450 mL
Administration Information	Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic.
rocuronium	Begin after initiation of sedation and analgesia and achieved RASS goal -4
Dextrose 5% in Water	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 000 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.

•••••••••		
√ ⊘ ■		
\m66 (🖗 😒		
rocuronium 500 mg + Dextrose 5		Change Order Version
05/22/25 9:47:00 EDT, NOW, see commer	nts e with RT before initiation of paralytic. Begin after initiati	-
Concentration 1000 mcg/mL. Coordinat	e with KI before initiation of paralytic. Begin after initiati	
< >	05/21/25 21:50 EDT - 05/22/25 21:50 EDT	
🌃 Begin Bag		
Site Change	No results found	
Infuse Bolus	No results found	
Rate Change rocuronium [MDV, Paralytic]		
rocuronium [NDV, Paralytic]		
Yes No rocuronium 500	1 mg/50 mL	Change
Yes No Dextrose 5% in V	Nater 450 mL	
*Performed date / time :	05/22/2025 🔹 🗸 0950 🖨 EDT	Comment
*Performed by :	Pack , Brian	Clear
Witnessed by :	9	Apply
*Bag # :	1	
*Site :	~	
*Volume (mL) :	500	
*Rate (mL/hr) :		
*rocuronium [MDV, Paralytic] Dose :		
rocuronium (wDV, Paralytic) Dose :	Y	
L		
		Begin Bag
		In Progress

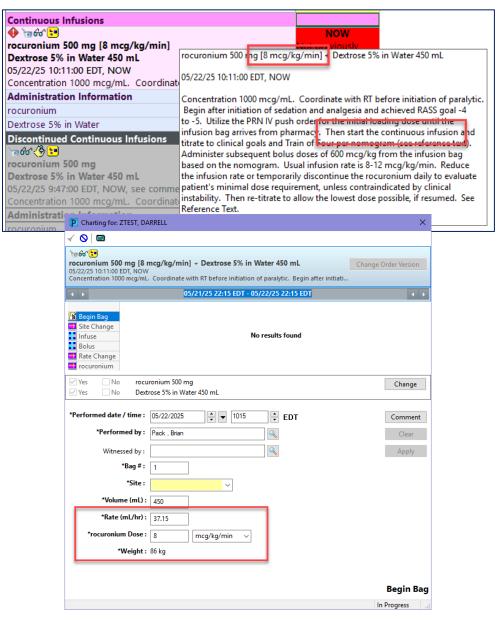
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HCA & Healthcare® Center for Clinical Advancement



Future State: MAR

Medications	05/22/2025 10:14 EDT
Continuous Infusions	
	NOW Not previously given
Concentration 1000 mcg/mL. Coordinate with RT before initiation	
Administration Information	
rocuronium	
Dextrose 5% in Water	



Page **5** of **7**

HCA & Healthcare® Center for Clinical Advancement



Current State: Order Verification

							×
Drug:							
			_				Update
∠ Vol Drug rocuronium (MDV. F	Dose	Normalized F	Rate Cond	centration	Frequency	Ordered As	1 Remove
	Paralyt 500 mg / 50 m 0 mg/10 mL (MDV, Paraly				EB	rocuronium	Modify
⊿ ☑ D5W	450 mL	licj			EB	Dextrose	Total volume mL:
60 Dext 5% 500 ml	L						500
							Ingredient volume ml
							500
* Route:	Weight: [Manually Ent	ered 5/22/2	BSA(m2);			* Physician	1:
IV ~	86	kg ~ 🕅			17		ED Physician
Rate:	Freetext rate:		Infuse over:			* Replace	every:
(None) 🗸	see comments		0	(None)	~		hr 🔻
Duration:	Start date:	Time: EDT	Stop date:		Time: EDT	* Stop type	
14 day ~	05/22/2025 🗘 🔻	11:05 🌲	06/05/2025	÷.	11:04 🌲	Soft Stop	· · · · · · · · · · · · · · · · · · ·
Order comments:		60'	Product not				60
Concentration 1000 mcg/mL. Coord paralytic. Begin after initiation of sec	dation and analgesia and	achieved		LYTIC >>> Hi	igh alert Medic	ation. For i	ntubated patients or
paralytic. Begin after initiation of sec R430 goal + to -5. Utilize the FRN dose until the infusion bag arrives for continuous infusion at 8 mcg/kg/min Train of Four pernomogram. Usual infusion rate subsequent bolus doses of 600 mcg the nomogram. Usual infusion rate infusion rate or temporarily discontin	dation and analgesia and the past order for the initia om pharmacy. Then start and titrate to clinical goal ference text). Administer g/kg from the influsion bag is 8-12 mcg/kg/min. Redi use the rocuronium daily to	achieved Hoading the s and based on uce the c evaluate	<<< PARA	LYTIC >>> Hi	igh alert Medic	ation. For i	ntubated patients or
paralytic. Begin after initiation of sec 1969 guest to 5- United the RMH dose until the infusion bag arrives for continuous infusion at 8 mcg/kg/min hair of four per nonrogram (see re- subsequent bolus doses of 600 mc the nomogram. Usual infusion rate infusion rate or temporarily discontin	lation and analgesia and W push order for the initia om pharmacy. Then start and titrate to clinical goal ference text). Addiminister J/kg from the infusion bag is 8-12 mcg/kg/min. Red mue the rocuronium daily to	achieved Hoading the s and based on uce the p evaluate	<<< PARAI	LYTIC >>> Hi initiation.	igh alert Medic	ation. For i	
paralytic. Begin after initiation of sec R430 goal + to -5. Utilize the FRN dose until the infusion bag arrives for continuous infusion at 8 mcg/kg/min Train of Four pernomogram. Usual infusion rate subsequent bolus doses of 600 mcg the nomogram. Usual infusion rate infusion rate or temporarily discontin	Jation and analgesia and My push order. for the limits on pharmacy. Then start and titrate to clinical goal ference text). Administer J/kg from the infusion bag is 8-12 mcg/kg/min. Reduue the rocuronium daily to <u>Communication ty</u>	achieved hoading the s and based on uce the o evaluate pe:	<<< PARA	LYTIC >>> Hi initiation.	igh alert Medic	ation. For i	Product
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Future State: Order Verification

Verify Cor															
Drug:					_			_						P	Update
⊿ Vol	Drug			Dose	-	Normalize	ed Rate	Concer	ntration	Freque	ency	Ordere	d As		Remove
⊿ ⊻	rocuronium	n [MDV, Pa	aralyt	500 mg /	50 ml	8 mcg/kg	/min	1 mg/r	nL	EB		rocuro	nium		
		on inj 100	mg/10 r	nL [MDV, F	aralytic	1								*	Modify
⊿ ⊠	D5W	% 500 mL		450 mL						EB		Dextro	se		olume mL:
00	Uext 5	% 500 mL											_	500	
															ient volume
														500	
Route:			Weigl	ht [Manual	lly Entere	d 5/22/2	B	SA(m2):				* Pł	nysician:		
V		~	86		k	kg 🗸	177				17	ZTe	est MD, E	D Physic	ian
Rate:			Freet	ext rate:			Inf	use over:				*Re	eplace e	very:	
41.28	mL/hr	\sim					12	2.1 h	r		\sim	12	.1	hr	
Duration:			Start	date:		Time: EDT	St	op date:		Time: E	EDT	* SI	top type:		
14	day	~	05/22	10005				/05/2025	÷.	10:10		So	ft Stop		
Concentratio	nents: on 1000 mcg/m egin after initiati 4 to 5. Utilize	ion of seda	nate with	h RT before d analgesia	e initiation a and ach	hieved	Pro	oduct notes << PARALY tubation init	TIC >>> I		rt Medicat	ion.	For in	itubated	patients or
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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

