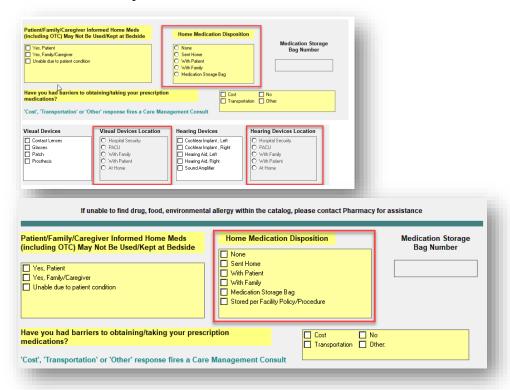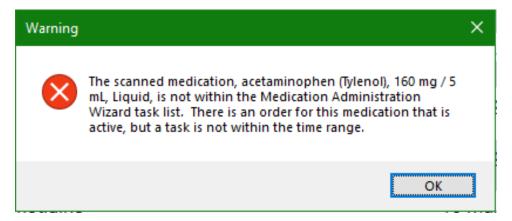## New Valuables/Medication Stored Pop-Up

➢ If the admission history includes documentation that valuables or medications were stored and/or home medications were sent to pharmacy or stored per facility procedure/policy, nursing will receive a pop-up message within the discharge instructions workflow to provide awareness that there may be items to return to the patient.

MAR Task Change

➢ As of **8/27/25**, pharmacists are now able to modify start date/time of orders that were scheduled to start before pharmacist's verification is completed.

➢ What this means for barcode scanning:
  o Previously orders with mg/kg or free-text doses and MAR tasks due before a pharmacist verified the order would not allow a nurse to barcode scan the medication for the initial task even after verification.
  o With this change, tasks for these orders that previously would not scan will **<u>now</u>** scan once the order is verified.

➢ The following alert will no longer fire in the above situation:

Warning

❌ The scanned medication, acetaminophen (Tylenol), 160 mg / 5 mL, Liquid, is not within the Medication Administration Wizard task list. There is an order for this medication that is active, but a task is not within the time range.

OK

Powerplan Medication Updates: Go-Live 9/23/25

➢ The following powerplans have been updated to reflect the use of dolutegravir (Tivicay) instead of raltegravir (Isentress) in exposure treatment regimens:
  o Exposure Plan
  o Standing Orders for Reported Sexual Assault Plan (Family Justice Center)
  o Forensic-Sexual Assault Nurse Examiner Medication Plan (System)
➢ Pyxis stock of necessary Rx Packs will be replaced with the new dolutegravir Rx Packs

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Pharmacy Cheat Sheet - Whom to Contact
(Mission Campus specific)

Floor Pharmacist (iMobile)

- 0730-2130 (7 days a week)
- <u>ALL CLINICAL</u> or patient specific questions
- Texting - preferred method
- Acute verification needs
- Rejected medication clarification
- Assistance with retiming of antibiotics
- IV compatibility
- IV to PO requests

Main Pharmacy (*213-0082)

- <u>NO CLINICAL</u> questions
  - except during 2130-0730
- Communication via Med Request is preferred, unless STAT, due to volume of medication processing occurring
- Utilize the Missing Med Request:
  - When product is defective or destroyed by accident
  - Dose not yet received
  - Insufficient quantity sent
  - Dose acutely changed by provider
- <u>DO NOT</u> place a missing med request for verification
- Call if Floor Pharmacist unavailable

Clinical Updates

Mission Hospital-Additional IV Piggybacks converting to Vial2Bag Delivery system

➢ Medications that will utilize the Vial2Bag:
- o Bivalirudin 250mg/250ml
- o Naloxone 4mg/250ml.

➢ When removing the medication from Pyxis, the nurse will be prompted to utilize the Vial2Bag Delivery system.
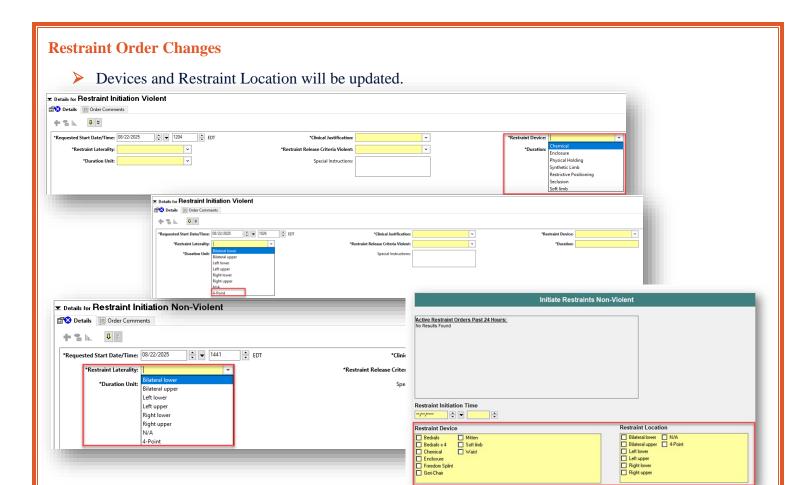
➢ The Vial2Bag adapters are stored in the Omnicell.

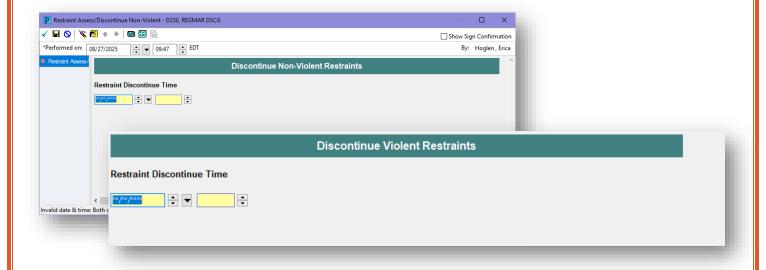# Cerner Updates: Go-Live 9/23/25

Restraint Documentation Changes

➢ Safety, Rights, and Dignity documentation options will be changing to offer more options to include:
  - o Done Now
  - o Three Times Every Hour
  - o Every 15 Minutes per Hour
➢ Reference text will also be updated

Observed restraints appropriately intact	Response to Restraint	Level of Consciousness (Restraints)	
○ Yes	○ Tolerant	☐ Awake and Alert	☐ Not following commands
○ No	○ Combative	☐ Confused	☐ Not responsive
○ Not Applicable		☐ Disoriented	☐ Responsive to voice
		☐ Drowsy	☐ Sleeping
		☐ Hyperalert	

Reviewed reason for restraints with		Reviewed Criteria for Release With		Safety/Rights/Dignity R
☐ Family	☐ Patient	☐ Family	☐ Patient	○ Done Now
☐ Guardian	☐ Significant Other	☐ Guardian	☐ Significant Other	○ Three Times Every Hour
☐ Next of Kin	☐ Unable to Reach	☐ Next of Kin	☐ Unable to Reach	○ Every 15 Minutes per Hour
☐ No designee		☐ No designee		

Safety/Rights/Dignity Maintained

Reference

○ CarePlan information ○ Chart guide ○ Nurse preparation ○ Patient education ○ Policy and procedures ○ Scheduling information

- Done NOW - Use to document each observation in real time, three times every hour.

For patients under continuous or frequent in-person observation or continuous audio/video monitoring, or if a paper checklist is used and scanned into the EMR/HPF medical record, the following may be used:
- Three times every hour
- Every 15 minutes per hour

Restraint Order Changes

➢ Devices and Restraint Location will be updated.

New Discontinue Restraints Documentation will be in a standalone PowerForm-"Discontinue Restraints"

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Telemetry 48-Hour orderable updates

➢ For Telemetry 48-Hour orderable, indication options will be updated to reflect new selections for the following:
- Acidosis
- Alkalosis
- Lactic Acidosis
- Hypokalemia
- Hyperkalemia
- Hypocalcemia
- Hypercalcemia
- Hypomagnesemia

➢ For Telemetry 48-Hour orderable, the following indication options will be revised or removed.
- Pulmonary Embolism -> Symptomatic PE
- Stroke -> Stroke/TIA
- Electrolyte Imbalance **Removed

Free Water Nursing Workflow: Go-Live 9/16/25

Free Water will be converted to a pharmacy order so it shows up on the eMAR to bring more transparency for nursing and

➢ Free Water will work like a medication order. PowerPlans will be appropriately updated – Order will not require pharmacy verification and will now fire a task based on the frequency of the order.

➢ Once ordered, it will reside in the scheduled section of the MAR.

➢ Order will be charted from Medication Administration Window. Only the patient will be scanned, not the Free Water, itself. Check the box next to the order and click "Next" and then click sign. Note: this will not count towards the BCMA report.

➢ Free Water documentation (and all orders with an "Enteral" route – ie tube feedings) will now automatically show up on I&O:

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Bowel Management Protocol for Chronic / Subacute Spinal Cord Injuries (SCI)

Go-Live 9/9/25

Bowel and Bladder Management Protocols are now available for individual ordering for subacute/chronic Spinal Cord Injury (SCI) patients. These essential protocols are no longer exclusive to the Trauma Care Order Set.

A daily nursing task will fire at 0900 for completion if Bowel Management and/or Bladder management Protocol is ordered

Identified Order:
Bladder Management Protocol Chronic vs. Subacute

Reference

Bladder Management Protocol Chronic vs. Subacute

○ CarePlan information   ○ Chart guide   ○ Nurse preparation   ○ Patient education   ○ Policy and proc

Chronic vs. Subacute Spinal Cord Injury (SCI) Urinary Management Protocol

- Resuscitation phase - Indwelling catheter for accurate I/O monitoring and to prevent overfilling of the bladder
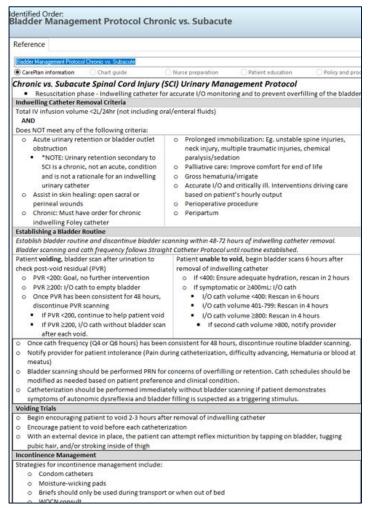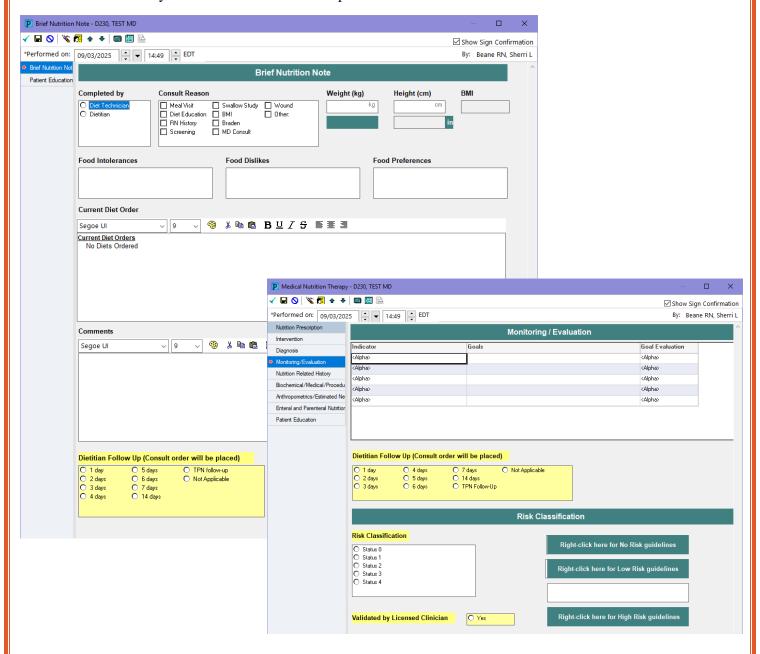
Indwelling Catheter Removal Criteria

Total IV infusion volume <2L/24hr (not including oral/enteral fluids)

AND

Does NOT meet any of the following criteria:

- Acute urinary retention or bladder outlet obstruction
  - *NOTE: Urinary retention secondary to SCI is a chronic, not an acute, condition and is not a rationale for an indwelling urinary catheter
- Assist in skin healing: open sacral or perineal wounds
- Chronic: Must have order for chronic indwelling Foley catheter
- Prolonged immobilization: Eg. unstable spine injuries, neck injury, multiple traumatic injuries, chemical paralysis/sedation
- Palliative care: Improve comfort for end of life
- Gross hematuria/irrigate
- Accurate I/O and critically ill. Interventions driving care based on patient's hourly output
- Perioperative procedure
- Peripartum

Establishing a Bladder Routine

Establish bladder routine and discontinue bladder scanning within 48-72 hours of indwelling catheter removal.
Bladder scanning and cath frequency follows Straight Catheter Protocol until routine established.

Patient **voiding**, bladder scan after urination to check post-void residual (PVR)

- PVR <200: Goal, no further intervention
- PVR ≥200: I/O cath to empty bladder
- Once PVR has been consistent for 48 hours, discontinue PVR scanning
  - If PVR <200, continue to help patient void
  - If PVR ≥200, I/O cath without bladder scan after each void.

Patient **unable to void**, begin bladder scans 6 hours after removal of indwelling catheter

- If <400: Ensure adequate hydration, rescan in 2 hours
- If symptomatic or ≥400mL: I/O cath
  - I/O cath volume <400: Rescan in 6 hours
  - I/O cath volume 401-799: Rescan in 4 hours
  - I/O cath volume ≥800: Rescan in 4 hours
    - If second cath volume >800, notify provider

- Once cath frequency (Q4 or Q6 hours) has been consistent for 48 hours, discontinue routine bladder scanning.
- Notify provider for patient intolerance (Pain during catheterization, difficulty advancing, Hematuria or blood at meatus)
- Bladder scanning should be performed PRN for concerns of overfilling or retention. Cath schedules should be modified as needed based on patient preference and clinical condition.
- Catheterization should be performed immediately without bladder scanning if patient demonstrates symptoms of autonomic dysreflexia and bladder filling is suspected as a triggering stimulus.

Voiding Trials

- Begin encouraging patient to void 2-3 hours after removal of indwelling catheter
- Encourage patient to void before each catheterization
- With an external device in place, the patient can attempt reflex micturition by tapping on bladder, tugging pubic hair, and/or stroking inside of thigh

Incontinence Management

Strategies for incontinence management include:

- Condom catheters
- Moisture-wicking pads
- Briefs should only be used during transport or when out of bed
- WOCN consult

Updated:9.9.2025

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Modifications to Brief Nutrition Note and Medical Nutrition Therapy forms: Go-Live 9/24/2025

➢ The following changes will be made to the Brief Nutrition Note and Medical Nutrition Therapy forms on 9/24/2025.

- Remove Metabolic Support Follow-Up section.
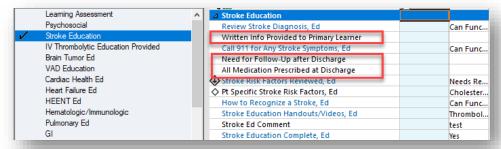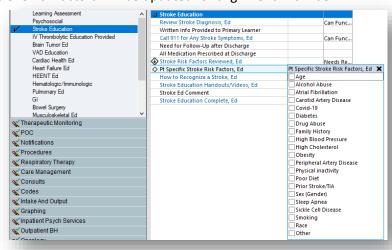- Add 14 days under Dietitian Follow Up section.

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Stoke Education Updates

➢ Three new queries will be added to Stroke Education section.

➢ Patient specific stroke risk factors will be updated for alignment with TJC.

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Consult to Nephrology

➢ New order for Consult to Nephrology, Inpatient.

➢ New order for Consult to Nephrology, ED to support custom dialysis status fields.

Syphilis Screening added to powerforms

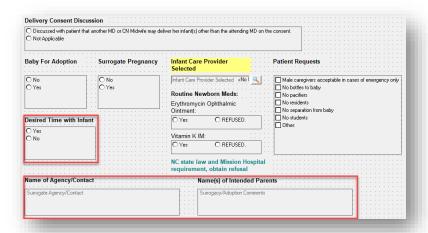➢ Screening will be added to all powerforms where sexually transmitted diseases are reported and reported prenatal screening

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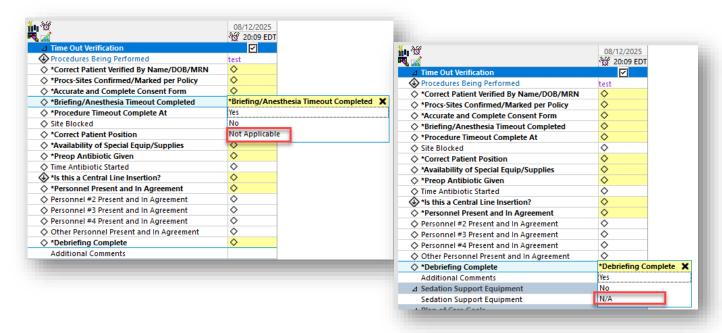**Center for Clinical Advancement**

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Intended Parents Inclusion

➢ A field for the user to document the name of the intended parents will be added within the surrogacy documentation and if there is desired time with the infant.

Universal Timeout Documentation and Reference Text Updates

➢ N/A Options added for Briefing/Debriefing completion.

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