

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.

Patient/Family/Caregiver Informed Home Meds
(including OTC) May Not Be Used/Kept at Bedside

☐ Yes, Patient
☐ Yes, Family/Caregiver
☐ Unable due to patient condition

Home Medication Disposition

☐ None
☐ Sent Home
☐ With Patient
☐ With Family
☐ Medication Storage Bag

Medication Storage Bag Number

Have you had barriers to obtaining/taking your prescription medications?

☐ Cost ☐ No
☐ Transportation ☐ Other:

'Cost', 'Transportation' or 'Other' response fires a Care Management Consult

Visual Devices

☐ Contact Lenses
☐ Glasses
☐ Patch
☐ Prosthesis

Visual Devices Location

☐ Hospital Security
☐ PACU
☐ With Family
☐ With Patient
☐ At Home

Hearing Devices

☐ Cochlear Implant, Left
☐ Cochlear Implant, Right
☐ Hearing Aid, Left
☐ Hearing Aid, Right
☐ Sound Amplifier

Hearing Devices Location

☐ Hospital Security
☐ PACU
☐ With Family
☐ With Patient
☐ At Home

If unable to find drug, food, environmental allergy within the catalog, please contact Pharmacy for assistance

Patient/Family/Caregiver Informed Home Meds
(including OTC) May Not Be Used/Kept at Bedside

☐ Yes, Patient
☐ Yes, Family/Caregiver
☐ Unable due to patient condition

Home Medication Disposition

☐ None
☐ Sent Home
☐ With Patient
☐ With Family
☐ Medication Storage Bag
☐ Stored per Facility Policy/Procedure

Medication Storage Bag Number

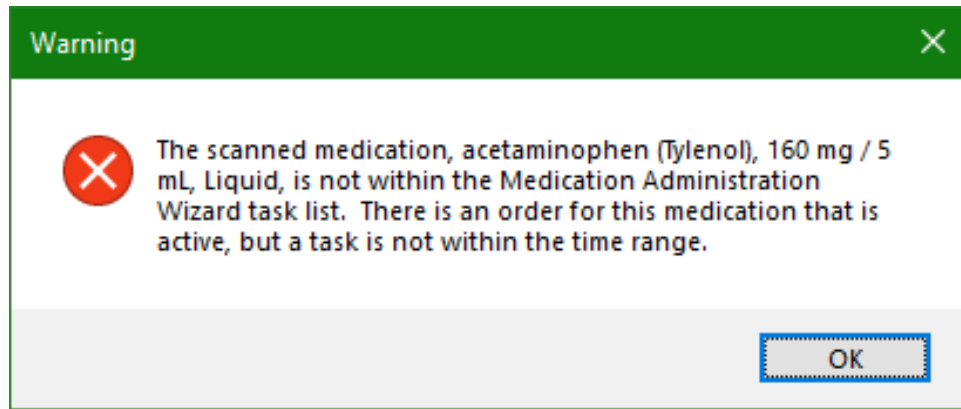
Have you had barriers to obtaining/taking your prescription medications?

☐ Cost ☐ No
☐ Transportation ☐ Other:

'Cost', 'Transportation' or 'Other' response fires a Care Management Consult

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:
 - 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.
 - With this change, tasks for these orders that previously would not scan will **now** scan once the order is verified.
- The following alert will no longer fire in the above situation:



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:
 - Exposure Plan
 - Standing Orders for Reported Sexual Assault Plan (Family Justice Center)
 - Forensic-Sexual Assault Nurse Examiner Medication Plan (System)
- Pyxis stock of necessary Rx Packs will be replaced with the new dolutegravir Rx Packs

Pharmacy Cheat Sheet - Whom to Contact

(Mission Campus specific)

Floor Pharmacist (iMobile)

- 0730-2130 (7 days a week)
- ALL CLINICAL 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)

- NO CLINICAL 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
- DO NOT 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:
 - Bivalirudin 250mg/250ml
 - 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:
 - Done Now
 - Three Times Every Hour
 - Every 15 Minutes per Hour
- Reference text will also be updated

Observed restraints appropriately intact

☐ Yes
☐ No
☐ Not Applicable

Response to Restraint

☐ Tolerant
☐ Combative

Level of Consciousness (Restraints)

☐ Awake and Alert
☐ Confused
☐ Disoriented
☐ Drowsy
☐ Hyperalert
☐ Not following commands
☐ Not responsive
☐ Responsive to voice
☐ Sleeping

Reviewed reason for restraints with

☐ Family
☐ Guardian
☐ Next of Kin
☐ No designee
☐ Patient
☐ Significant Other
☐ Unable to Reach

Reviewed Criteria for Release With

☐ Family
☐ Guardian
☐ Next of Kin
☐ No designee
☐ Patient
☐ Significant Other
☐ Unable to Reach

Safety/Rights/Dignity R

☐ Done Now
☐ Three Times Every Hour
☐ Every 15 Minutes per Hour

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.

Details for Restraint Initiation Violent

*Requested Start Date/Time: 08/22/2025 1204 EDT
 *Clinical Justification: [dropdown]
 *Restraint Release Criteria Violent: [dropdown]
 *Restraint Device: [dropdown]
 *Duration: [dropdown]
 Special Instructions: [text area]

Details for Restraint Initiation Violent

*Requested Start Date/Time: 08/22/2025 1026 EDT
 *Clinical Justification: [dropdown]
 *Restraint Release Criteria Violent: [dropdown]
 *Restraint Device: [dropdown]
 *Duration: [dropdown]
 Special Instructions: [text area]

Details for Restraint Initiation Non-Violent

*Requested Start Date/Time: 08/22/2025 1441 EDT
 *Clinical Justification: [dropdown]
 *Restraint Release Criteria Non-Violent: [dropdown]
 *Restraint Device: [dropdown]
 *Duration: [dropdown]
 Special Instructions: [text area]

Initiate Restraints Non-Violent

Active Restraint Orders Past 24 Hours:
 No Results Found

Restraint Initiation Time
 [dropdown] [dropdown] [dropdown]

Restraint Device

☐ Bedrails ☐ Mitten ☐ Soft limb
☐ Bedrails x 4 ☐ Chemical ☐ Waist
☐ Enclosure ☐ Freedom Splint
☐ Geni Chair

Restraint Location

☐ Bilateral lower ☐ N/A
☐ Bilateral upper ☐ 4-Point
☐ Left lower ☐ Left upper
☐ Right lower ☐ Right upper

New Discontinue Restraints Documentation will be in a standalone PowerForm-“Discontinue Restraints”

Restraint Assess/Discontinue Non-Violent - D230, REGMAR DSCG

*Performed on: 08/27/2025 09:47 EDT
 By: Hoglen, Erica

Discontinue Non-Violent Restraints

Restraint Discontinue Time
 [dropdown] [dropdown] [dropdown]

☐ Show Sign Confirmation

Discontinue Violent Restraints

Restraint Discontinue Time
 [dropdown] [dropdown] [dropdown]

Invalid date & time: Both c

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

Details for Telemetry Monitoring - 48 Hour

Details Order Comments

+ - III. ↓

*Requested Start Date/Time: 08/27/2025 0843 EDT

Duration: 48

Tele Monitoring Exp Date/Time: 08/29/2025 0843 EDT

*May be off Telemetry: [Yellow Box]

*Indication: [Yellow Box]

Duration Unit: hr

Special Instructions:

- Acidosis
- Acute Coronary Syndrome
- Acute decompensated HF
- Alkalosis
- Anti-arrhythmic therapy
- Arrhythmia-suspect/known
- Cardioversion
- Chest pain
- Drug overdose/toxicity
- Hypercalcemia
- Hyperkalemia
- Hypocalcemia
- Hypokalemia
- Hypomagnesemia
- Infective endocarditis
- Known CAD
- Lactic Acidosis
- Mech circulatory support
- Noncard Maj thoracic surg
- Noncardiac surgery
- Open heart surgery
- Pacer/ICD malfunction
- Post cardiac intervention
- Post Electrophys proc/abl.
- Post pacemaker/ICD implant
- Symptomatic PE
- Stroke/TIA
- Syncope-susp card origin
- Other - See Comments

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.

Medications	08/05/2025 23:00 EDT	08/05/2025 19:00 EDT	08/05/2025 15:00 EDT
Scheduled	30 mL	30 mL	30 mL
Free Water (pharmacy).	Not given within 14 days.	Not given within 14 days.	Not given within 14 days.
30 mL, Enteral, Q4HR, 08/05/25 15:00:00 EDT, Routine			
Free Water (pharmacy).			

- 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:

Intake	Output	Balance
Today's Intake: 30 mL	Output: 0 mL	Balance: 30 mL
Yesterday's Intake: 0 mL	Output: 0 mL	Balance: 0 mL
Day Total: 30 mL	Shift 2 Total: 0 mL	Day Total: 30 mL
Intake Total: 30 mL	Output Total: 0 mL	Balance: 30 mL
Medications: 30 mL		
Free Water (pharmacy): 30 mL		

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	
<input checked="" type="radio"/> CarePlan information <input type="radio"/> Chart guide <input type="radio"/> Nurse preparation <input type="radio"/> Patient education <input type="radio"/> Policy and procedure	
Chronic vs. Subacute Spinal Cord Injury (SCI) Urinary Management Protocol	
<ul style="list-style-type: none"> 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:	
<ul style="list-style-type: none"> Acute urinary retention or bladder outlet obstruction <ul style="list-style-type: none"> *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 	<ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> If <400: Ensure adequate hydration, rescan in 2 hours If symptomatic or ≥400mL: I/O cath <ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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	
<ul style="list-style-type: none"> 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:	
<ul style="list-style-type: none"> Condom catheters Moisture-wicking pads Briefs should only be used during transport or when out of bed WOCN consult 	



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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.

Brief Nutrition Note - D230, TEST MD

*Performed on: 09/03/2025 14:49 EDT By: Beane RN, Sherri L

Brief Nutrition Note

Completed by: ☐ Diet Technician ☐ Dietitian

Consult Reason: ☐ Meal Visit ☐ Swallow Study ☐ Wound ☐ Diet Education ☐ BMI ☐ Other: ☐ RN History ☐ Braden ☐ Screening ☐ MD Consult

Weight (kg): kg Height (cm): cm BMI:

Food Intolerances: Food Dislikes: Food Preferences:

Current Diet Order: Segoe UI 9

Current Diet Orders: No Diets Ordered

Comments: Segoe UI 9

Dietitian Follow Up (Consult order will be placed): ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐ 14 days ☐ TPN follow-up ☐ Not Applicable

Medical Nutrition Therapy - D230, TEST MD

*Performed on: 09/03/2025 14:49 EDT By: Beane RN, Sherri L

Monitoring / Evaluation

Indicator	Goals	Goal Evaluation
<Alpha>		<Alpha>
<Alpha>		<Alpha>
<Alpha>		<Alpha>
<Alpha>		<Alpha>
<Alpha>		<Alpha>

Dietitian Follow Up (Consult order will be placed): ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days ☐ 14 days ☐ TPN Follow-Up ☐ Not Applicable

Risk Classification

Risk Classification: ☐ Status 0 ☐ Status 1 ☐ Status 2 ☐ Status 3 ☐ Status 4

Validated by Licensed Clinician: ☐ Yes

Right-click here for No Risk guidelines

Right-click here for Low Risk guidelines

Right-click here for High Risk guidelines

Stroke Education Updates

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

Learning Assessment	Stroke Education	Stroke Education	
Psychosocial	Review Stroke Diagnosis, Ed	Can Func...	
✓ Stroke Education	Written Info Provided to Primary Learner		
IV Thrombolytic Education Provided	Call 911 for Any Stroke Symptoms, Ed	Can Func...	
Brain Tumor Ed	Need for Follow-Up after Discharge		
VAD Education	All Medication Prescribed at Discharge		
Cardiac Health Ed	Stroke Risk Factors Reviewed, Ed	Needs Re...	
Heart Failure Ed	Pt Specific Stroke Risk Factors, Ed	Cholester...	
HEENT Ed	How to Recognize a Stroke, Ed	Can Func...	
Hematologic/Immunologic	Stroke Education Handouts/Videos, Ed	Thrombol...	
Pulmonary Ed	Stroke Ed Comment	test	
GI	Stroke Education Complete, Ed	Yes	

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

Learning Assessment	Stroke Education	Stroke Education	
Psychosocial	Review Stroke Diagnosis, Ed	Can Func...	
✓ Stroke Education	Written Info Provided to Primary Learner		
IV Thrombolytic Education Provided	Call 911 for Any Stroke Symptoms, Ed	Can Func...	
Brain Tumor Ed	Need for Follow-Up after Discharge		
VAD Education	All Medication Prescribed at Discharge		
Cardiac Health Ed	Stroke Risk Factors Reviewed, Ed	Needs Re...	
Heart Failure Ed	Pt Specific Stroke Risk Factors, Ed	Pt Specific Stroke Risk Factors, Ed	
HEENT Ed	How to Recognize a Stroke, Ed	Age	
Hematologic/Immunologic	Stroke Education Handouts/Videos, Ed	Alcohol Abuse	
Pulmonary Ed	Stroke Ed Comment	Atrial Fibrillation	
GI	Stroke Education Complete, Ed	Carotid Artery Disease	
Bowel Surgery		Covid-19	
Musculoskeletal Ed		Diabetes	
Therapeutic Monitoring		Drug Abuse	
POC		Family History	
Notifications		High Blood Pressure	
Procedures		High Cholesterol	
Respiratory Therapy		Obesity	
Care Management		Peripheral Artery Disease	
Consults		Physical inactivity	
Codes		Poor Diet	
Intake And Output		Prior Stroke/TIA	
Graphing		Sex (Gender)	
Inpatient Psych Services		Sleep Apnea	
Outpatient BH		Sickle Cell Disease	
		Smoking	
		Race	
		Other	

Consult to Nephrology

- New order for Consult to Nephrology, Inpatient.

Details for Consult Nephrology, Inpatient

Details | Order Comments

*Requested Start Date/Time: 08/07/2025 1229 EDT Consulting Provider: Reason for Consult:
 Additional Comments:
 Dialysis
 Other

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

Details for Consult to Nephrology, ED

Details | Order Comments

*Requested Start Date/Time: 08/07/2025 1230 EDT *Reason for Consult (See Reference Text): *Dialysis Indicated within ~12 Hours: Yes No
 *Consulting Provider Notified: Yes No Additional Comments:
 Reason for Consult (See Reference Text):
 Additional Comments: Dialysis
 Other

Reference

Consult to Nephrology, ED

CarePlan information Chart guide Nurse preparation Patient education Policy and procedures

Dialysis Criteria:

Patient presents with life threatening finding on assessment, dialysis indicated within ~6 hours:

- Hyperkalemia (K+ >= 6.5 mEq/L).
- Hyperkalemia with K+ dependent EKG abnormalities.
- Hyponatremia (Na+ < 125 mEq/L).
- Volume overload identified on lung auscultation/check X-Ray with increased work of breathing or respiratory rate.
- BUN > 100mg/dL with associated uremic manifestations including pericardial friction rub, intractable vomiting or bleeding.

Patient presents with potentially life threatening finding on assessment, dialysis indicated within ~12 hours:

- Hyperkalemia (K+ 5.5 to 4 mEq/L).
- Volume overload identified on auscultation.
- Metabolic acidosis with CO2 < 22 mEq/L on chemistry lab panel.
- Severe metabolic acidosis CO2 < 12 mEq/L or pH < 7.3 ABG.
- Change in baseline EKG.
- Physician determines and documents other presenting symptoms or diagnostics that meet ER dialysis criteria.

Syphilis Screening added to powerforms

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

Genitourinary/Gyn

Genitourinary/Gynecological History

☐ None ☐ Stones ☐ Urinary Incontinence ☐ Urinary Tract Infection ☐ Other:
☐ Chronic Kidney Disease ☐ Intermittent Self Catheterization ☒ Sexually Transmitted Infection

LMP Date: Menstrual Status: Currently Breastfeeding?
 Urinary Catheter Present on Admission: Yes
 Sexually Transmitted Infection:
☐ Bacterial Vaginosis ☐ Pubic Lice ☐ Chlamydia ☐ Syphilis ☐ Trichomoniasis ☐ Gonorrhea ☐ Urethritis ☐ Vaginitis ☐ Herpes Simplex Virus (HSV II) ☐ HIV Disease ☐ Yeast Infection ☐ Human Papilloma Virus (HPV) ☐ Other:

Initial Prenatal Labs

Labs Date
 Reported Blood Type: A B O AB
 Reported Rh: Negative Positive
 Reported Antibody Screen (Initial)
 Reported Serology RPR (Initial)
 Reported HIV (Initial)
 Reported Hepatitis B
 Reported Hepatitis C
 Reported Varicella
 Reported Rubella
 Reported GC/Chlamydia (Initial)
 Reported Syphilis (Initial)
 Reported Maternal CF Screen
 Reported Maternal Serum Screen (15-22 weeks)

35-37 Weeks

Labs Date
 Reported GC/Chlamydia (Repeat)
 Reported Group B Strep
 Reported Syphilis (Repeat)
 Interventions
 Tdap Last Date Given

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.

Delivery Consent Discussion

☐ Discussed with patient that another MD or CN Midwife may deliver her infant(s) other than the attending MD on the consent.
☐ Not Applicable

Baby For Adoption
☐ No
☐ Yes

Surrogate Pregnancy
☐ No
☐ Yes

Infant Care Provider Selected
☐ Infant Care Provider Selected
☐ No

Routine Newborn Meds:
 Erythromycin Ophthalmic Ointment:
☐ Yes ☐ REFUSED.
 Vitamin K IM:
☐ Yes ☐ REFUSED.

Patient Requests
☐ Male caregivers acceptable in cases of emergency only
☐ No bottles to baby
☐ No pacifiers
☐ No residents
☐ No separation from baby
☐ No students
☐ Other:

Desired Time with Infant
☐ Yes
☐ No

Name of Agency/Contact
 Surrogate Agency/Contact

Name(s) of Intended Parents
 Surrogacy/Adoption Comments

NC state law and Mission Hospital requirement, obtain refusal

Universal Timeout Documentation and Reference Text Updates

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

08/12/2025 20:09 EDT

Time Out Verification

☒ Procedures Being Performed

☒ *Correct Patient Verified By Name/DOB/MRN

☒ *Procs-Sites Confirmed/Marked per Policy

☒ *Accurate and Complete Consent Form

☒ *Briefing/Anesthesia Timeout Completed

☒ *Procedure Timeout Complete At

☒ Site Blocked

☒ *Correct Patient Position

☒ *Availability of Special Equip/Supplies

☒ *Preop Antibiotic Given

☒ Time Antibiotic Started

☒ *Is this a Central Line Insertion?

☒ *Personnel Present and In Agreement

☒ Personnel #2 Present and In Agreement

☒ Personnel #3 Present and In Agreement

☒ Personnel #4 Present and In Agreement

☒ Other Personnel Present and In Agreement

☒ *Debriefing Complete

Additional Comments

***Briefing/Anesthesia Timeout Completed** X

***Correct Patient Position** Not Applicable

08/12/2025 20:09 EDT

Time Out Verification

☒ Procedures Being Performed

☒ *Correct Patient Verified By Name/DOB/MRN

☒ *Procs-Sites Confirmed/Marked per Policy

☒ *Accurate and Complete Consent Form

☒ *Briefing/Anesthesia Timeout Completed

☒ *Procedure Timeout Complete At

☒ Site Blocked

☒ *Correct Patient Position

☒ *Availability of Special Equip/Supplies

☒ *Preop Antibiotic Given

☒ Time Antibiotic Started

☒ *Is this a Central Line Insertion?

☒ *Personnel Present and In Agreement

☒ Personnel #2 Present and In Agreement

☒ Personnel #3 Present and In Agreement

☒ Personnel #4 Present and In Agreement

☒ Other Personnel Present and In Agreement

☒ *Debriefing Complete

Additional Comments

***Debriefing Complete** X

***Debriefing Complete** Yes

***Debriefing Complete** No

***Debriefing Complete** N/A