

Go Live: 6/3/2025

Yale Swallow Protocol

The Yale Swallow Protocol is a highly sensitive aspiration risk screening tool that applies to **all** adult inpatient populations and should be completed on inpatient admission. All nurses must complete a mandatory learning module

Three Steps:

Step 1: Exclusion criteria (PASS/FAIL)

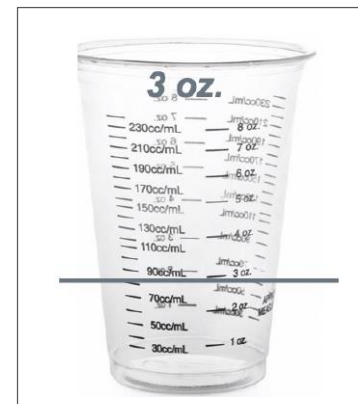
- ❑ Inability to remain alert, baseline modified diet, pre-existing tube feeding, HOB restrictions, trach, postoperative CV patient, NPO order (exclusion: potential stroke and doing initial swallow screen), **Hx of head/neck cancer or intubated >48 hours** - all indicate a pre-existing risk. Nursing screening is **deferred**, and patients should be referred to SLP

Step 2: Cognitive screen & mechanical exam (Proceed to Step 3 after assessment)

- ❑ Patient states name, location, and year
- ❑ Stick out tongue, move it side to side, Smile/pucker, Close lips tight, puff up your cheeks with air and hold

Step 3: 3-ounce water swallow challenge (PASS/FAIL)

- ❑ Sit patient upright at 80-90° (or as high as tolerated > 30°)
- ❑ Ask the patient to drink the entire 3 ounces (90mL) of water from a cup or with a straw, **in sequential swallows, and slow and steady but without stopping** (Note: Cup or straw can be held by staff or patient)
- ❑ Assess patient for coughing or choking during or immediately after drinking
- ❑ ANY signs of aspiration indicate a failure of the test (eg. Cough, throat clear, wet voice)



Pass (Successful uninterrupted drinking of water without signs of aspiration): **Diet as ordered, reassess as needed**
Fail (Inability to drink the entire 3 ounces or overt signs of aspiration): **NPO, Contact provider for SLP assessment and use Yale specific order ("SLP Consult/Referral, Failed Swallow Screening")**

Yale Swallow Protocol

Cerner Update:

****Yale Swallow Protocol will replace the current Stroke Dysphagia Tool**

Iview:

Adult inpatient units will have task triggered to Care Compass upon admission and after extubation to complete Acute Dysphagia Screen. Double clicking task will take you to Yale Swallow Protocol OR you can go directly to “Acute Dysphagia Screen” section in Iview.

Swallow screen can be documented via the task or in the Iview Band (replaces current tool)

Mental Status
Suicide Risk Reassessment
Broset Risk Type
Glasgow Coma
Acute Dysphagia Screen
RASS Assessment
CAM-ICU Assessment
Neurological
Extremity Reflex/Sensation
HEENT
COWS Clinical Opiate Withdrawal S
Cardiovascular
Pulse Check
Edema Assessment
Pulmonary
ETT
Tracheostomy
Gastrointestinal

The patient is connected to one or more devices. In 15 minute(s) ahead of the activated time. In Int

05/08/2025 10:51 EDT

Acute Dysphagia Screen

Initiate Dysphagia Screen Yes

*Unable to Remain Alert fo... *Unable to Remain Alert for Testing X

*Modified Diet d/t Preexist... Yes

*Existing ET feeding via St... No

*HOB Restricted to < 30 de... No

*Tracheotomy Tube Present No

*NPO for Medical/Surgical ... No

*History of Head or Neck C... No

*Patient Was Intubated > ... No

*Post-Op CV Surgery (This ... No

Dysphagia Screening Pass/... Fail

Acute Dysphagia Screen

Initiate Dysphagia Screen Yes

*Unable to Remain Alert fo... Yes

*Modified Diet d/t Preexist... No

*Existing ET feeding via St... No

*HOB Restricted to < 30 de... No

*Tracheotomy Tube Present No

*NPO for Medical/Surgical ... Yes

*History of Head or Neck C... No

*Patient Was Intubated > ... Yes

*Post-Op CV Surgery (This ... No

Dysphagia Screening Pass/... Fail

Complete answers to questions

Double click field to auto populate Pass/Fail

If the patient fails the swallow screen, contact provider for SLP order. After receiving order, place Yale Protocol specific SLP consult order

Search: yale

Folder:

Speech Eval, Failed Yale Swallow Screen

Reference information for how to perform the screen has been attached to the swallow screening band in Iview. Previous reference materials in ordersets (eg. Stroke) will be retired.

For Questions, contact your unit educator

Updated: 5/2025

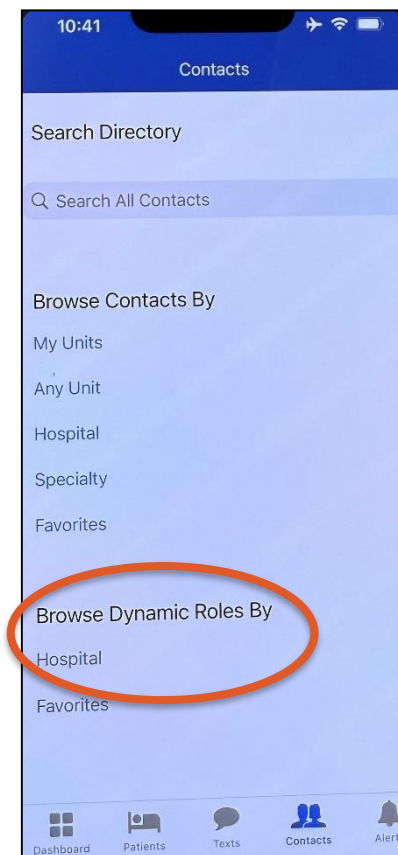
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Communicating with Imaging Departments



When communicating with Imaging Departments (CT, X-Ray, MRI, Nuc Med, Ultrasound) nurses should use iMobile.

- ❑ Do **not** call the department desk phone. Staff are not stationed at this phone.
- ❑ All imaging departments will show up in iMobile when searching imaging.
 - ❑ **Contacts- Dynamic Role Hospital- Search Imaging**
- ❑ Search Imaging Services Coordinator only for escalation needs. There is someone logged into this role 24x7.
 - ❑ **Contacts- Dynamic Role Hospital- Imaging Services Coordinator**



Updated: 5/22/25

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**Center for Clinical
Advancement
NC Division**

CHG Bathing and Deodorant Use

- ❑ CHG Bathing has been proven to reduce infections and is recommended for many hospitalized patients.
- ❑ CHG bathing applies a protective film on the skin that neutralizes the bacteria on the skin and reduces the risk of infection.
- ❑ CHG bathing is the standard for pre-surgery prep and patients with central lines.
- ❑ Deodorant was removed from Omni-cells due to incompatibility with CHG. **Deodorant will render the CHG ineffective in reducing bacteria on the skin.**
- ❑ If your patient asks for deodorant, you should offer CHG wipes to clean the underarm area. This will neutralize the odor causing bacteria and reduce smell.
- ❑ Patients not requiring CHG treatment may use their own deodorant from home.



Reminder-Wound VACs

DO NOT discharge patients with a hospital wound VAC pump

- ❑ Patients discharging to **home** will have a home pump delivered prior to d/c



Hospital Wound VAC



Home Wound VAC

- ❑ Patients discharging to **another facility**
 - Remove the wound VAC dressing, including all of the foam
 - Apply a gauze dressing moistened with normal saline or Vashe wound solution
 - Cover with ABD pad(s) and secure with medipore tape

For questions contact the wound care charge nurse: search
“acute wound” in your iMobile

Use of Sterile Ultrasound Gel

☐ ☒ Always use single-use, sterile ultrasound gel for:

○ Percutaneous Procedures:

- Central & peripheral IV line placement
- Amniocentesis
- Paracentesis
- Tissue biopsy
- Surgical procedures

○ Non-intact skin (e.g., wounds, abrasions)

○ Fresh surgical sites



☐ ☐ Do NOT Use Nonsterile Gel (bottled ultrasound gel)

- **Never** use nonsterile bottled ultrasound gel for procedures involving skin puncture or surgical sites.
- Do not use nonsterile ultrasound gel for **pre-procedure visualization**

☐ Best Practice

- Always use **single-use packets** of sterile ultrasound gel
- Use **sterile probe covers** whenever feasible
- Check expiration dates and packaging integrity

☐ Why It Matters

- Outbreak Alert: Burkholderia stabilis infections have been linked to contaminated nonsterile, multiuse ultrasound gel.
- These infections can be serious and preventable with proper gel selection and usage.



Care Experience| AIDET



Explain

“I want you to understand and feel safe.”

Colleagues • Patients • Visitors

Care Out Loud

Part of Compassionate Connected Care is recognizing healthcare can be scary for patients and their loved ones.



It is our responsibility to recognize and address all forms of suffering, not just the obvious.

Clearly and kindly explaining throughout a person's care **what we are doing and why** - from the diagnosis and care plan, down to the details of asking permission to take the patient's vitals- is the key to reducing anxiety and suffering.

A

Acknowledge

I

Introduce

D

Duration

E

Explain

T

Thank



Always check for understanding
“What questions do you have?”

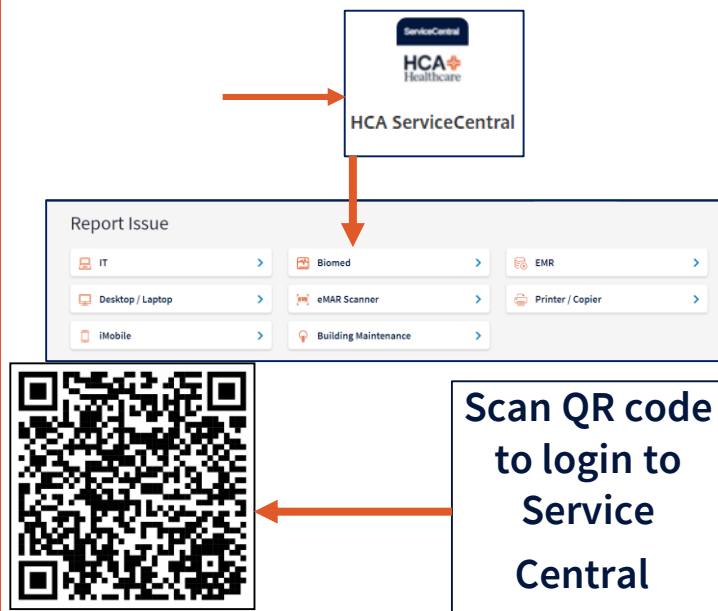


Entering a BioMed Ticket

Broken equipment should always be taken out of service, cleaned, tagged, and a Biomed Ticket should be entered in Service Central.

❑ To enter a ticket via Service Central for broken equipment follow these steps:

1. Login to Service Central
2. Select Biomed
3. Complete all the required fields
4. Add the hospital where the equipment is located
5. Add contact information: Use Main Unit #
6. **Enter the GE Healthcare control number**
 - If unknown, describe why it is not present (e.g. new equipment)
7. Describe the issue: include where the equipment is located
8. Select if the issue is impacting a patient
9. Add other pertinent information and be specific (e.g. "SPO2 not working" or error code message receive)
 - Do not just add "broken"



The screenshot shows the 'Report Issue' form in Service Central. The form is titled 'MISSION HOSPITAL'. It includes a section for 'Enter the GE Healthcare Number (Control Number)' with a note: 'This is the number located on the affected device. If "Unknown" click the box below.' Below this are three sample images of GE Healthcare control numbers: 'SAMPLE 180000000', 'SAMPLE 600000082', and 'SAMPLE 180000000'. A text box prompts the user to 'For the most prompt response, enter the correct control number. Requests route based on control number and/or facility.' There is a checkbox for 'If "Unknown" click this box.' Below this is a section for 'Describe the issue' with a text box for 'Enter details of the problem'. A question 'Did this issue impact a patient?' has two buttons: 'Yes' and 'No'. At the bottom, there is a text box for 'Additional Comments'.



Clinical Updates

Changes to Continuous Renal Replacement Therapy (CRRT) plan: Go-Live 5/27/25

Modifications to the CRRT plan will include:

- Under warming measures, adding order comment of "RN to adjust blood warmer if temperature is out of range"
- Under warming measures, adding 5 options for temperature:
 - "35 degree C"
 - "36 degree C"
 - "37 degree C"
 - "38 degree C"
 - "No, therapeutic hypothermia ongoing"
 - Default precheck item for "37 degree C"

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Strict Intake and Output	Q1H
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Filter	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Filter (CRRT/PIRRT) (Filter)	Prismax ProST150
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Filter Prime	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.9% (NS (Normal Saline))	See Comments 2 liter NS to prime dialysis filter with each new filter set-up.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Dialysis Blood Flow Rate	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Dialysis Blood Flow Rate	250 ml/min, If access pressures are elevated, decrease by 10 ml/min until access pressures acceptable. Do not drop...
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Consults	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pharmacy Consult-Medication Dosing	Routine, Renal Dosing Adjustment, Daily Renal Dose Adjustment while on CRRT/PIRRT
<input type="checkbox"/>	<input type="checkbox"/> Dietitian Consult (Adult)	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Respiratory	
<input type="checkbox"/>	<input checked="" type="checkbox"/> RC ABG/Electrolytes/Co-Oximetry, Adult (ABG/Electr...	Next Day AM, RC Arterial Bld, Daily, Nurse Collect
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Laboratory	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Routine Lab Work	
<input type="checkbox"/>	<input checked="" type="checkbox"/> RC Ionized Calcium Only (ABG) (Ionized Calcium Only (ABG))	Routine, RC Venous Bld, See Comments, Daily Daily from CVC or Peripheral site. Contact Provider for Abnormal Results
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Enter Lab Order	If hePARIN sulfate infusion for CRRT anticoagulation initiated draw baseline PTT and CBC; repeat POST FILTER PTT...
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Timed	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Renal Function Panel	Timed, Blood, Q12HR, Nurse Collect
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Magnesium (Mg), Serum	Timed, Blood, Q12HR, Nurse Collect
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Next Day AM	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> CBC w/Diff	Next Day AM, Blood, Daily, Nurse Collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Metabolic Panel Comprehensive (CMP)	Next Day AM, Blood, Daily, Nurse Collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Renal Function Panel	Next Day AM, Blood, Daily, Nurse Collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Phosphorus (PO4), Serum	Next Day AM, Blood, Daily, Nurse Collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> APTT (PTT)	Next Day AM, Blood, Daily or as directed by Heparin IV Infusion Plan
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Treatments/Nursing	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Miscellaneous Nursing Order/Communication (Nursi...	As Needed, Recirculate filter when CRRT temporarily interrupted
<input type="checkbox"/>	<input checked="" type="checkbox"/> No Venipunctures/Arterial Punctures	Right Arm, Post Room Sign
<input type="checkbox"/>	<input checked="" type="checkbox"/> Temporary Indwelling Catheter	Initiate Indwelling Urinary Management Protocol, To gravity drainage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Dressing, Change	As Directed, Dialysis Catheter; Change Dressing as directed per policy for Central Venous Access Devices.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> hePARIN Management Communication	If on Heparin infusion prior to initiation of CRRT, continue thru the central line (separate from the CRRT system) an...
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Warming Measures	Warming Blanket (Temp Goal Greater than 98.6F), Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Warming Measures	Thermax Blood Warmer (Set at 37 degree C), Temp Goal Greater than 96F RN to adjust blood warmer if temperature is out of range
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Medications	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Target hourly net fluid removal mL	Thermax Blood Warmer (Set at 37 degree C), Temp Goal Greater than 96F
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dialysate	Thermax Blood Warmer (Set at 36 degree C), Temp Goal Greater than 96F
<input type="checkbox"/>	<input checked="" type="checkbox"/> PrismaSATE with Potassium/Dextrose/Calcium...	Thermax Blood Warmer (Set at 35 degree C), Temp Goal Greater than 96F
<input type="checkbox"/>	<input checked="" type="checkbox"/> Details	Thermax Blood Warmer (Set at 38 degree C), Temp Goal Greater than 96F
<input type="checkbox"/>	<input checked="" type="checkbox"/> Details	No, therapeutic hypothermia ongoing, Other

Cerner Update: Go-Live 5/27/25

Added Option for Patient Refusal in Meal Documentation

01/15/2025 14:53 EST	
Nutrition	
Meal Provided	
Feeding Assistance	
Meal Amount Consumed	Meal Amount Consumed X
Carbohydrates Consumed	g 100%
Food Allergies Reviewed	75%
Enteral Feedings	50%
Supplements	25%
Supplements	0%
Supplements Amount Consumed	Bites
Snacks	Sips
Snack Provided	Refused
Snack Amount Consumed	NPO
Bowel Nutrition Support	
Bowel Nutrition Support Provided	
Bowel Nutrition Support Amount Consumed	
VTE Prophylaxis	
Anti-Embolus Therapy	

New Addition to NPO Diet Order to include Sips/Chips

Orders for Signature

Order Name	Status	Start	Details
ABC Pediatrics Fin#:295579394254 Admit: 9/10/2024 00:01 EDT			
Diet	NPO.	Order 3/20/2025 14:49 EDT 03/20/2025 14:49 EDT	

Details for NPO.

Details Order Comments

*Requested Start Date/Time: 03/20/2025 1449 EDT

NPO Order:

- NPO after midnight
- NPO p midnight except med
- NPO after breakfast
- NPO after lunch
- NPO after dinner
- NPO except cardiac meds
- NPO except ESR
- NPO except for ice chips
- NPO except for meds
- NPO except sips & chips
- NPO except chips & meds w/sips of water
- NPO til post swallow eval

New Field added to Vital Sign Data-Abnormal Rhythm Findings

The screenshot shows the 'Vital Sign Data' form with a date of 04/09/2025 and time of 15:05 EDT. The 'Abnormal Rhythm Findings' dropdown menu is open, showing the following options:

- ☐ P Wave Absent
- ☒ P Wave Irregular Shape
- ☐ P Wave Unrelated to QRS
- ☒ P Wave More Than QRS
- ☐ PR Interval Irregular
- ☐ PR Interval Prolonged
- ☒ QT Interval Prolonged
- ☐ ST Segment Depressed
- ☐ ST Segment Elevated
- ☐ T Wave Elevated
- ☒ T Wave Inverted
- ☐ U Wave Present
- ☐ Wide QRS
- ☒ Other

Changes to FPOC field

The screenshot shows the FPOC field form with various risk factors and screening status options. The form includes sections for:

- Risk factors for C-diff:**
 - ☐ None
 - ☐ Antibiotic last 20 days
 - ☐ Hx in last 30 months
 - ☐ Diarrhea w/ blood, fever
- Have you ever had TB or a positive TB skin test:**
 - ☐ Yes
 - ☐ No
- Recent close contact with a person who has flu like illness, COVID, or TB:**
 - ☐ Yes
 - ☐ No
- Flu like illnesses include but are not limited to COVID-19, SARS, MERS, etc**
- Fever > 100.4 F or 38.0 C:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Patient states shortness of breath:**
 - ☐ Yes
 - ☐ No
- Cough (not related to allergy or COPD):**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Persistent cough:**
 - ☐ Yes - greater than 3 weeks
 - ☐ Not greater than 3 weeks
- Cough with blood production:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Sore Throat:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Night Sweats:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Unexplained weight loss:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Fatigue:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Body Aches:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Rash:**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Nasal congestion (not r/t allergy/sinus infection):**
 - ☐ Yes - in the last 7 days
 - ☐ Not in the last 7 days
- Mask applied:**
 - ☐ Yes
 - ☐ No
 - ☐ Patient Refused
- Patient isolated and receiving unit/dept notified:**
 - ☐ Yes
 - ☐ No
- C difficile Point of Entry Screening Status:**
 - ☐ Positive C difficile Risk
 - ☐ Negative C difficile Risk
 - ☐ Unable to Assess
- TB Point of Entry Screening Status:**
 - ☐ Positive TB Risk
 - ☐ Negative TB Risk
 - ☐ Unable to Assess
- Respiratory Point of Entry Screening Status:**
 - ☐ Positive Respiratory Risk
 - ☐ Negative Respiratory Risk
 - ☐ Unable to Assess

New field added for Patient isolated and receiving unit/dept notified.

New option added to Mask applied for "Patient Refused".

Dummy Calculation FPOC updated to remove "Covid Risk" and only calculate B+C for TB/Respiratory POE Screening results.

Conditional Logic applied to both Mask Applied and Patient Isolated and Receiving unit/dept notified to look at calculation.

Suicide Assessment - TJC recommendation to change verbiage to 'Screening'

- For all interventions/assessments, update the name of the Suicide Assessment to Suicide Screening

The image shows two screenshots from a medical software interface. The top screenshot is the 'Mental Health Status' form, which includes four yellow-highlighted sections: 'Screen CSSRS?', 'Scale for Suicide Risk Screening (based on age)', 'Screen CSSRS Adult (ages 6 or older)?', and 'Screen CSSRS Pediatric (ages 3-5)?'. Each section has a radio button for 'Yes' and a text box for 'N/A'. The bottom screenshot is the 'Order Catalog Entry - MODIFY MODE' form. It shows the 'Add New Orderable' section with 'Nursing' as the Catalog Type and 'Treatment Interventions' as the Activity Type. The Description field is highlighted in red and contains 'Suicide Risk Assessment'. Below this, the 'Synonyms' table is shown with one entry: 'Suicide Risk Assessment' as the Synonym Name, with 'Primary' as the Synonym Type. The table also includes columns for Active, Order Format, Hide, Rx, and Virtual.

Changes to Diet Orders

- The following modifiers will be added to clear liquid diet orders:
 - cardiac/heart healthy, gluten free, halal, kosher, low sodium, no caffeine, vegan, vegetarian, no red dye, and wired jaw

The image shows a screenshot of the 'Clear Liquid Diet' form. The 'Diet Modifiers' dropdown menu is open, showing a list of modifiers. The modifiers listed are: 'No red dye', 'Gluten free', 'Halal', 'Kosher', 'No caffeine', 'Vegan', and 'Vegetarian'. These modifiers are highlighted with a red box. The form also includes fields for 'Requested Start Date/Time', 'Fluid Restriction', 'Swallow Precautions', and 'Nursing Comments'.

- Add Chopped Meats and Chopped foods as special services

Details for Consistent Carb/Diabetic Diet

Details | Order Comments

+ | - | [Icons]

*Requested Start Date/Time: 04/14/2025 0839 EDT

Diet Modifiers: [Dropdown]

Fluid Restriction: [Dropdown]

Swallow Precautions: [Dropdown]

Nursing Comments: [Text Area]

*Consistent Carb Modifier: [Dropdown]

Low Sodium Modifier: [Dropdown]

Safety: [Dropdown]

Adaptive Feeding: [Dropdown]

(None)
Built up utensils
Chopped foods
Chopped meats
Compartment plate
Extra gravy/sauce
Extra soup spoons
Fluids in cup with handle
Left bent utensils
Metal utensils
No straws
Nosey cup

Supply Chain Update: Portless Vented Tubing

Portless Vented Tubing is on Backorder.

- Portless vented tubing is most commonly used for Propofol in glass bottles, which requires a tubing change every 12 hrs.
- Vented Spike Connector to provide vented capability for medication in glass bottles have arrived and will be placed in supply bins with the non-vented portless tubing. The connector will be added to the tubing and spiked into the medication port



Updates to the anticoagulation reversal sections of the following plans: Go-Live 5/29/25

Neurology Intracerebral Hemorrhage (ICH) Admission Plan (MSJ)

- Changes include removing the FFP plan, adding a new KCentra plan name for warfarin, adding a new Xarelto/Eliquis plan name, and removing the vitamin K subplan.

Reversal Agents		
<input type="checkbox"/>		Enoxaparin (Lovenox) Reversal for Active Bleeding (Sys...
<input type="checkbox"/>		Dabigatran (Pradaxa) Severe or Life Threatening Bleedi...
<input type="checkbox"/>		Platelet Antagonist Bleeding Management Subplan, E...
<input type="checkbox"/>		Bleeding Reversal: rivaroxaban (Xarelto), apixaban (Eliq...
<input type="checkbox"/>		4-Factor Prothrombin Complex Concentrate (PCC) (K...
Provider: Please order Warfarin (Coumadin) Rapid Reversal for Active Bleeding separately as needed.		

Neurology Intracerebral Hemorrhage (ICH) Admission Plan

Neurology Subarachnoid Hemorrhage (SAH) Plan (MSJ)

- Changes include removing the FFP plan, adding the new KCentra plan name for warfarin, and removing the vit k subplan.

Reversal Agents		
<input type="checkbox"/>		Enoxaparin (Lovenox) Reversal for Active Bleeding (Sys...
<input type="checkbox"/>		Dabigatran (Pradaxa) Severe or Life Threatening Bleedi...
<input type="checkbox"/>		Platelet Antagonist Bleeding Management Subplan, E...
<input type="checkbox"/>		Bleeding Reversal: rivaroxaban (Xarelto), apixaban (Eliq...
<input type="checkbox"/>		4-Factor Prothrombin Complex Concentrate (PCC) (K...

Neurology Subarachnoid Hemorrhage (SAH) Plan

APA Subarachnoid Hemorrhage (MSJ):

- Changes include, removing the FFP plan, adding a new Kcentra plan for warfarin, adding a new plan name for Xarelto/Eliquis, and removing the vit K subplan.

Reversal Agents		
<input type="checkbox"/>		Enoxaparin (Lovenox) Reversal for Active Bleeding (Sys...
<input type="checkbox"/>		Dabigatran (Pradaxa) Severe or Life Threatening Bleedi...
<input type="checkbox"/>		Platelet Antagonist Bleeding Management Subplan, E...
<input type="checkbox"/>		Bleeding Reversal: rivaroxaban (Xarelto), apixaban (Eliq...
<input type="checkbox"/>		4-Factor Prothrombin Complex Concentrate (PCC) (K...

APA Subarachnoid Hemorrhage Plan

APA Intracerebral Hemorrhage (MSJ)

- Changes include removing the FFP plan, adding a new Kcentra plan for warfarin, adding a new plan name for Xarelto/Eliquis, and removing vit K subplan.

Reversal Agents		
<input type="checkbox"/>		Enoxaparin (Lovenox) Reversal for Active Bleeding (Sys...
<input type="checkbox"/>		Dabigatran (Pradaxa) Severe or Life Threatening Bleedi...
<input type="checkbox"/>		Platelet Antagonist Bleeding Management Subplan, E...
<input type="checkbox"/>		Bleeding Reversal: rivaroxaban (Xarelto), apixaban (Eliq...
<input type="checkbox"/>		4-Factor Prothrombin Complex Concentrate (PCC) (K...

APA Intracerebral Hemorrhage Plan

Time Out Verification Documentation Updates: Go-Live 6/3/25

- 4 new fields have been added to the iView documentation to future capture specifics regarding the time out verification.
 - Briefing/Anesthesia Timeout Completed
 - Procedure Timeout Complete at
 - Site Blocked
 - Debriefing Completed

****Site Blocked** is not a required field. This field contains 200 options for site selection. If NO block is used, clinicians should choose the “other” option and input “None”

View of changes in I-View

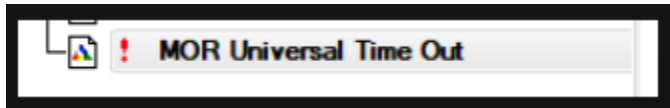
Time Out Verification <input checked="" type="checkbox"/>	
Procedure Performed	Test
*Correct Patient Verified By Name/DOB/MRN	
*Correct Procedure	
*Accurate and Complete Consent Form	
*Briefing/Anesthesia Timeout Completed	
*Procedure Timeout Complete at	
*Confirm Correct Side/Site & Site Marked	
Site Blocked	
*Correct Patient Position	
*Mark Remains Visible	
*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 Completed	
Additional Comments	

View of changes in Powerform

Time Out Verification					
<p>If there are any discrepancies during the final verification process, STOP and RESOLVE. DO NOT START THE PROCEDURE UNTIL THE TIME OUT PROCESS IS COMPLETED.</p>					
Procedure Performed <input type="text"/>	Correct Patient Verified By Name/DOB/ MRN <input type="radio"/> Yes	Correct Procedure <input type="radio"/> Yes <input type="radio"/> N/A			
Accurate and Complete Consent Form <input type="radio"/> Yes <input type="radio"/> N/A	Briefing/Anesthesia Timeout Completed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Procedure Timeout Completed at <input type="text"/> : <input type="text"/> : <input type="text"/>			
Site Blocked					
<input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen Left Lower Quad <input type="checkbox"/> Abdomen Left Upper Quad <input type="checkbox"/> Abdomen Right Lower Quad <input type="checkbox"/> Abdomen Right Upper Quad <input type="checkbox"/> Achilles Bilateral <input type="checkbox"/> Achilles right <input type="checkbox"/> Achilles Left <input type="checkbox"/> Ankle Left <input type="checkbox"/> Ankle Right <input type="checkbox"/> Ankles Bilateral <input type="checkbox"/> Anus <input type="checkbox"/> Arm Left	<input type="checkbox"/> Arm Left Lower <input type="checkbox"/> Arm Left Upper <input type="checkbox"/> Arm Right <input type="checkbox"/> Arm Right Lower <input type="checkbox"/> Arm Right Upper <input type="checkbox"/> Arms Bilateral <input type="checkbox"/> Axilla Bilateral <input type="checkbox"/> Axilla Left <input type="checkbox"/> Axilla Right <input type="checkbox"/> Back <input type="checkbox"/> Back Left Lower <input type="checkbox"/> Back Left Middle <input type="checkbox"/> Back Left Upper	<input type="checkbox"/> Back Lower <input type="checkbox"/> Back Middle <input type="checkbox"/> Back Right Lower <input type="checkbox"/> Back Right Upper <input type="checkbox"/> Back Upper <input type="checkbox"/> Breast Left <input type="checkbox"/> Breast Right <input type="checkbox"/> Breasts Bilateral <input type="checkbox"/> Buttock Bilateral <input type="checkbox"/> Buttock Left <input type="checkbox"/> Buttock Right <input type="checkbox"/> Calf Left <input type="checkbox"/> Calf Right	<input type="checkbox"/> Calves Bilateral <input type="checkbox"/> Cervix <input type="checkbox"/> Cheek Left <input type="checkbox"/> Cheek Right <input type="checkbox"/> Cheeks Bilateral <input type="checkbox"/> Chest <input type="checkbox"/> Chest Left <input type="checkbox"/> Chest Midline <input type="checkbox"/> Chest Right <input type="checkbox"/> Chin <input type="checkbox"/> Clavicle Bilateral <input type="checkbox"/> Clavicle Left <input type="checkbox"/> Clavicle Right	<input type="checkbox"/> Coccyx <input type="checkbox"/> Ear Left <input type="checkbox"/> Ear Right <input type="checkbox"/> Ears Bilateral <input type="checkbox"/> Elbow Left <input type="checkbox"/> Elbow Right <input type="checkbox"/> Elbows Bilateral <input type="checkbox"/> Eye Left <input type="checkbox"/> Eye Right <input type="checkbox"/> Eyelid Left <input type="checkbox"/> Eyelid Left Lower <input type="checkbox"/> Eyelid Left Upper <input type="checkbox"/> Eyelid Right	<input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing

Confirm Correct Side/ Site & Site Marked <input type="radio"/> Yes <input type="radio"/> Alternate <input type="radio"/> N/A	Correct Patient Position <input type="radio"/> Yes <input type="radio"/> N/A	Mark Remains Visible <input type="radio"/> Yes <input type="radio"/> N/A
Availability of Special Equip/Supplies <input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> Yes, Speech Probes/Scopes	Preop Antibiotic Given <input type="radio"/> Yes <input type="radio"/> N/A	Time Antibiotic Started <input type="text"/> : <input type="text"/> : <input type="text"/>
Is this a Central Line Insertion? <input type="radio"/> Yes, elective <input type="radio"/> No <input type="radio"/> Yes, emergent		
Personnel present during Time Out and in agreement on the procedure to be done:		
1 <input type="text"/>	2 <input type="text"/>	ENTER LAST AND FIRST NAME(S)
3 <input type="text"/>	4 <input type="text"/>	
Other Personnel present during Time Out and in agreement on the procedure to be done		ENTER FIRST AND LAST NAME(S)
Debriefing Completed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Additional Comments <input type="text"/>		

View of changes in Surginet: Timeout Verification will be updated to align to only 5 core fields



Timeout Completed | Time Out Called | Procedure | Procedure Details | Site Blocked | Other Site Blocked

Briefing/Anesthesia Timeout Completed: ☐ Yes ☐ No ☐ N/A

Procedure Time Out Completed at:

Procedure:

Procedure(s) Being Performed:

Site Blocked: >> <<

Other Site Blocked:

Add Modify Remove Clear << Prev Next>>

Comments

Microsoft Sans Ser 10

Segment Text
Pre Care Activity
Post Care Activity
Case Documentation Com
Preference Card Comments