

Mission Hospital-New NPO Signage post bedside swallow assessment

Speech Language Pathologist (SLPs) will be begin using new NPO signage on 7/1/25.

- ❑ If a patient is deemed appropriate to be NPO following the SLP bedside swallow evaluation, the SLP will place NPO signage in the patient room
- ❑ The new signage gives specific instructions for restrictions as deemed appropriate by the SLP and recommended strategies that should be utilized to promote safe swallowing.
- ❑ This new signage will enhance communication between the care team, patient, and patient family to promote a safer environment.

Patient Name: _____ Date: _____

NPO

Nothing By Mouth

Patient is allowed to have:

- Ice chips
 - o Rate: _____
- Ice chips and small sips of water only
- Crucial medications in puree
 - o All crushed
 - o Large pills crushed, small pills whole

Strategies:

- Must be fully awake/alert
- Must receive oral care first
- Sit upright
- Sips by spoon
- Slow rate
- Single sips

Supervision:

- With RN only
- With staff
- Independent
- With SLP only

SLP: _____ Speech Language Pathology



Updated:6/16/25

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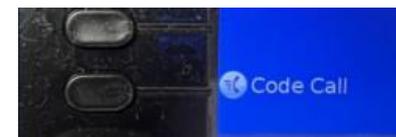


Mission Hospital Campus: Calling a Code BERT

Purpose: To ensure colleagues understand the correct process for initiating a Code BERT (Behavioral Emergency Response Team) on the Mission Campus.

❑ **Using the Code Call Quick Button (Mission Landline Phones):**

- Press the Code Call Quick Call Button on the lower left corner of the phone screen for a direct and quick alert.



❑ **Dialing 11511 from any Mission Hospital Landline:**

- Dial 11511 to immediately notify the response team.

❑ **Using an iMobile Phone:**

- Call the “MMH Code Line” from your iMobile phone to initiate a Code BERT.



❑ **When calling a Code BERT, state the following information:**

- Announce: “This is a Code BERT”
- State the location clearly (corridor letter, room number, relevant details) three times.
- The operator will confirm and page the BERT team.
- If possible, stay in a common area to guide the BERT team to the location.

Code BERTs are no longer announced via the overhead pager system. It is essential to use one of the methods outlined above to ensure a timely response.

Positive Patient Identification

All patients of Mission Health should be positively identified using two patient specific identifiers at every encounter.

- **Name and date of birth** are the two preferred identifiers for Mission Health except in the instance of the exceptions clearly noted in policy (patient is unable to respond, ect.)
- Whenever possible, the patient should be asked to state name and date of birth. The patient may also be asked to spell the last name.
- Using technology, such as scanners, supports patient identification, but does not replace the use of two patient-specific identifiers.
- The patient is positively identified at every encounter including, but no limited to:
 - **Check in for appointments**
 - **Registration**
 - **Prior to transport**
 - **Prior to testing**
 - **Prior to procedures**
 - **Prior to specimen collection**
 - **Prior to medication administration**
 - **Prior to blood product administration,**
 - **When electronic or paper documentation materials/systems are accessed or used.**



Patient Identification, 1NPSG.ADM.0003

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Clinical Updates

Home Medications for Inpatient Administration Process: Go-Live 7/1/25

Within Cerner

1. A patient’s high cost/controlled substance home medication will need to be ordered as a “Misc Rx” within Cerner (No changes to the bagged medications and stored in central pharmacy or to non-high cost / non-controlled substances loaded in patient-specific bin).
 - a. The drug name, formulation, dose, frequency, and route are entered.
 - b. The dose should be entered by how many tablets are required.
2. Fill out a chain of custody form with the patient to inventory home medications.
3. Nursing contacts pharmacy and a pharmacist identifies and verifies the order with the patient’s home supply.
4. Pharmacy is responsible for loading the drug into Pyxis.
5. In Cerner, the patient’s home medication will appear different. **Important Changes:**
 - a. The order comments/product notes will show how the medication will be listed in Pyxis (see point 7).
 - b. Nursing will be able to use BCMA for doses administered.

Time View	Medications	09/1
<input checked="" type="checkbox"/> Scheduled		
<input checked="" type="checkbox"/> Unscheduled		
<input checked="" type="checkbox"/> PRN		
<input checked="" type="checkbox"/> Continuous Infusions		
<input checked="" type="checkbox"/> Future		
<input checked="" type="checkbox"/> Discontinued Scheduled		
<input checked="" type="checkbox"/> Discontinued Unscheduled		
<input checked="" type="checkbox"/> Discontinued PRN		
<input checked="" type="checkbox"/> Discontinued Continuous Infus		
	<p>Misc Rx (drugname 500mg tab (1000mg=2 tabs dose)) drugname 500mg tab (1000mg=2 tabs dose), 2 tabs, Each, PO (by Mouth), Daily, 09/09/21 9:00:00 EDT Loaded in Pyxis as 'Home Medication for Administration A (CIII-V)-NonRefrigerated (Patient Owned Med) Each'</p>	

6. Pharmacy will enter the dose in Cerner and Pyxis by how many tabs will be required for the dose.

At the Pyxis:

1. **IMPORTANT CHANGE!** The medication will appear in the patient's profile as any other medication loaded into Pyxis would appear.
 - a. The medication will be loaded as medication name and strength/concentration.
 - b. The order comments/product notes will indicate which product the medication is loaded under (See Point 5).
 - c. The medication will only be available in the patient's profile, **it will NOT appear as an override option.**



2. The nurse will then select the medication and pull the needed quantity from Pyxis
 - a. The nurse will then be prompted by Pyxis to pull the required number of tablets for the dose.
 - b. The nurse will enter the number of tablets removed.
 - c. Only the number of tablets/capsules required for the dose from the medication container (vial, bag, box, etc.).
 - d. It is important that the cubie must remain open while removing the dose to be administered.
 - e. A separate label will print at Pyxis (similar to insulin) and the medication can be placed in a labeled bag for transport to the patient room.
 - f. An additional barcode label will print from the Pyxis for the dose and the tablets are to be placed in a bag with the label affixed for transport to the patient room.
 - g. Ensure the medication container is placed back in the cubie when the transaction is complete before closing the cubie.
 - i. If the medication container is removed from Pyxis and returned at a later time, the perpetual inventory count in Pyxis will be inaccurate.
 - ii. *FYI – Pharmacists will enter the total number of the patient's home supply as the beginning count when loading into Pyxis. It is important for the nurse to decrement the number of tablets they are administering for the dose to maintain the integrity of the perpetual inventory.*

Home Medication for Administration A (CII)-NonRefrigerated (Patient Owned Med) Each

Dose: 2 tab PO

How much do you need?

Each

Cancel OK

Home Medication for Administration A (CII)-NonRefrigerated (Patient Owned Med) Each

Dose: 2 tab PO

How much do you need?

Each

Cancel OK

Patient Discharging

1. Inventory the contents of the pocket with a witness first (do not remove any medication during this step).
2. Remove the total quantity that was inventoried to bring the Pyxis count to zero.
3. A chain of custody form is required for the nurse to hand to the patient/patient's family.
 - a. For all medications regardless of controlled or high cost status
4. Follow the return process detailed on the form to complete the process

TNKase (tenecteplase) 50mg packaging changing

- The package will no longer contain the 10ml syringe used for reconstituting the 50mg vial. The nurse will need to obtain the syringe from their supply are in order to prepare the medication.

	TNKase (tenecteplase) 50mg	
	New NDC 50242-176-01	Superseded NDC 50242-120-47
Carton contents	<ul style="list-style-type: none"> ● One vial TNKase 50 mg ● One vial Sterile Water for Injection 10 mL ● Full Prescribing Information ● No syringe 	<ul style="list-style-type: none"> ● One vial TNKase 50 mg ● One vial Sterile Water for Injection 10 mL ● Full Prescribing Information ● One 10mL syringe
	 <p>The image shows the new packaging for TNKase (tenecteplase) 50mg. It includes a white and blue carton with the text 'TNKase (tenecteplase) For Injection 50 mg per vial' and 'For intravenous use after reconstitution'. Next to the carton are two vials: one containing the white powder (TNKase) and one containing the clear liquid (Sterile Water for Injection).</p>	 <p>The image shows the superseded packaging for TNKase (tenecteplase) 50mg. It includes a white and yellow carton with the text 'Tenecteplase TNKase 50 mg For use in myocardial infarction'. Next to the carton are two vials and a 10mL syringe.</p>

Wound of the Week (wow!): What is it?



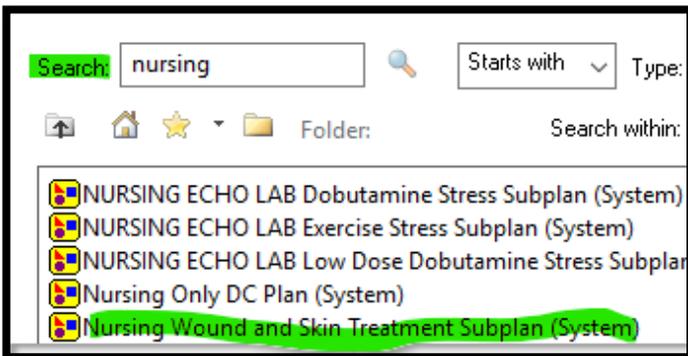
Blisters Intact-On Feet

- Avoiding open wounds on the feet
 - Because of the risk of reduced blood flow to feet we want to maintain intact skin
 - Betadine applied daily and allowed to dry creates a “biologic bandaid”



Blisters Ruptured-On Feet

- Superficial skin loss exposes nerve endings
- Xeroform is non-adherent
 - This reduces pain with dressing changes
 - It's also mildly antimicrobial
 - Change every other day (use more than 1 layer)



<input type="checkbox"/>	Blisters Intact - On Feet:	
<input checked="" type="checkbox"/>	Dressing, Change	Daily, see order comments Blisters Intact - On Feet: 1. Paint with povidone iodine; if allergy to iodine, apply skin barrier wipe. 2. Allow to dry completely. 3.
<input type="checkbox"/>	Blisters Ruptured - On Feet:	
<input checked="" type="checkbox"/>	Dressing, Change	Every other Day, see order comments Blisters Ruptured - On Feet: 1. Place Bismuth gauze (e.g. Xeroform) to areas. 2. Cover with dry gauze. 3. Secure with roll gauze.
<input type="checkbox"/>	Miscellaneous Nursing Order/Communication	see comments Blisters Ruptured - On Feet: Float heels off surfaces or initiate heel float boots while in bed and as tolerated when up to chair (do not