

Intravenous Push (IVP) Levetiracetam: Go-Live 1/20/26

- ❑ HCA Western North Carolina Division has approved IVP levetiracetam for **adults ≥ 18 yo**
- ❑ Rationale for this change:
 - ❑ Proven to be **as effective and safe as intermittent infusion**
 - Similar rates of adverse events as IV piggyback infusions over 30-60 minutes
 - ❑ **Faster time to administration** with rapid achievement of high serum levels
 - ❑ Storage in Pyxis will **decrease time to administration**
 - ❑ **Decrease amount of waste** from pharmacy compounding



Intravenous Push (IVP) Levetiracetam

Directions for Preparation

To maintain the integrity of the medication and protect our patients, every syringe preparation must maintain appropriate aseptic technique

1. Gather supplies needed (correct number of vials, appropriate syringe size, and needle)
2. Wash hands and apply gloves
3. Disinfect rubber stopper on the head of each vial with an 70% isopropyl alcohol wipe and allow to dry
4. Draw up the indicated dose/volume as a **straight draw, undiluted**
5. Medication is now ready for **IVP administration over 3-5 minutes**



Intravenous Push (IVP) Levetiracetam

Directions for Preparation

To determine the dose/volume needed, go to the MAR and right click on the order. Select 'Order info...'

☒ Show All Rate Change Docu...

Time View	Medications	01/15/2026 21:00 EST	01/15/2026 08:47 EST
<input checked="" type="checkbox"/> Scheduled	Scheduled		
<input checked="" type="checkbox"/> Unscheduled	insulin glargine (Semglee/Lantus) 2 units, Inj, SQ (Subcutaneous), QHS, 08/08/25 21:00:00 EDT, Routine Do not hold without provider order	2 units Not previously given	
<input checked="" type="checkbox"/> PRN	insulin glargine		
<input checked="" type="checkbox"/> Continuous Infusions	Informed of Med purpose/side effects		
<input checked="" type="checkbox"/> Future	AMB NDC		
<input checked="" type="checkbox"/> Discontinued Scheduled	AMB 5 units J1815 x QTY		
<input checked="" type="checkbox"/> Discontinued Unscheduled	AMB Inj Med Admin Charge		
<input checked="" type="checkbox"/> Discontinued PRN	levETIRAcetam (Keppra) 3,000 mg, Inj, IV Push, ONCE, 01/15/26 8:01:00 EST, NOW Neurology Seizure Treatment Plan, Ad		
<input checked="" type="checkbox"/> Discontinued Continuous Infus	levETIRAcetam Informed of Med purpose/side effects		
	Unscheduled		
	Dextrose 50% in Water (D50W) 1 - 50 g (see comments), Syringe, IV Push, As Directed, 08/08/25 14:53:00 EDT, Routine Per EndoTool Recommendations for h		

Order Info...
Link Info
Reference Manual...
Med Request...
Reschedule Admin Times...
Additional Dose...
View MAR Note...
Create Admin Note...
Alert History...
Infusion Billing

levETIRAcetam (Keppra)

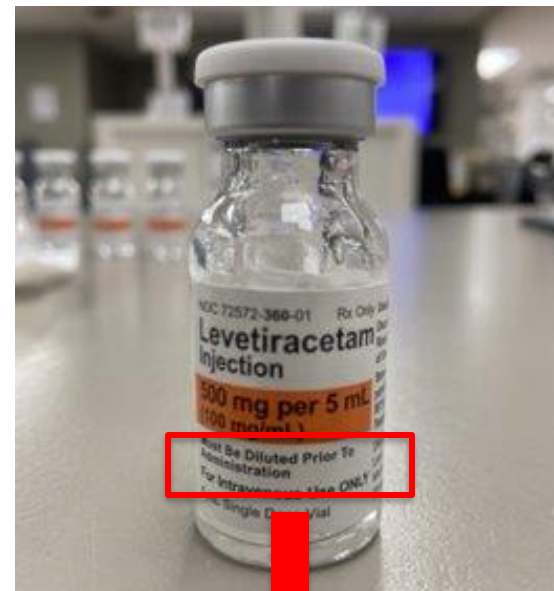
Details	Additional Info	History	Compliance History	Comments	R
Ingredients					
levETIRAcetam (Keppra)		3,000 mg, 30 mL			
Details					
Dose	3,000				
Dose Unit	mg				
Volume Dose	30				
Volume Dose Unit	mL				
Drug Form	Inj				
Route of Administration	IV Push				
Frequency	ONCE				
PRN	No				
Requested Start Date/Time	01/15/2026 08:01 EST				
Original Pharmacy Order Priority	NOW				

Intravenous Push (IVP) Levetiracetam

Directions for Preparation

- Current levetiracetam product available is **500 mg per 5 mL vial**
- All doses will be rounded in 500 mg increments on order verification by pharmacy

Dose	Dose Volume	Vials Needed	Recommended Syringe Size
500 mg	5 mL	1	5 cc or 10 cc syringe
1000 mg	10 mL	2	10 cc or 20 cc syringe
1500 mg	15 mL	3	20 cc syringe
2000 mg	20 mL	4	20 cc syringe
2500 mg	25 mL	5	30 cc syringe
3000 mg	30 mL	6	30 cc syringe
3500 mg	35 mL	7	50 cc syringe
4000 mg	40 mL	8	50 cc syringe
4500 mg	45 mL	9	50 cc syringe



Please disregard this statement, manufacturers have not updated product labelling yet. Moreover, IVP levetiracetam is as effective and safe to use compared to diluted, intermittent administration

Documenting Medication Patches

- ❑ Under the Assessment band, Navigate to the integumentary band.
- ❑ Under “Medication Patches”, document the patch type and if the patch is present.
- ❑ When documenting “no”, a conditional field will open, and a reason must be documented.

Additional Tips and Considerations

- ❑ When giving or receiving report, ensure that you have communicated the type, location, and time the patch was applied.
- ❑ Visualize that the patch is still present on the patient during bedside shift report.
- ❑ If the patch is a controlled substance, consider adding an additional comment to your documentation, such as “(type of patch) verified with (RN name)” including the date and time verified.
- ❑ Head to toe skin assessments should be preformed and documented every shift, including documenting any medication patches present
- ❑ If a patch is missing- place a vigilanz and contact pharmacy for guidance on replacement, and IF it is a controlled substance report to manager immediately

Assessment band - Surg

Mental Status
Suicide Risk Reassessment
Broset Risk Type
Glasgow Coma
Neurological
Extremity Reflex/Sensation
Nursing Delirium Scale (NuDESC)
HEENT
COWS Clinical Opiate Withdrawal S
Cardiovascular
Pulse Check
Edema Assessment
VTE Prophylaxis
Pulmonary
Tracheostomy
Gastrointestinal
PUD Prophylaxis
Urinary
Genital/Reproductive
Musculoskeletal
Integumentary
Braden Skin Assessment
Preventative Skin
Morse Fall Risk Scale

Result

06/25/2024 11:00 EDT

Integumentary

Integumentary WDL

Skin Color

Skin Characteristics

Skin Turgor

Nail Appearance

Δ Skin Abnormality

Δ Medication Patches

Patch Type

◊ Patch Present

Assessment band - Surg

Mental Status
Suicide Risk Reassessment
Broset Risk Type
Glasgow Coma
Neurological
Extremity Reflex/Sensation
Nursing Delirium Scale (NuDESC)
HEENT
COWS Clinical Opiate Withdrawal S
Cardiovascular
Pulse Check
Edema Assessment
VTE Prophylaxis
Pulmonary
Tracheostomy
Gastrointestinal
PUD Prophylaxis
Urinary
Genital/Reproductive
Musculoskeletal
Integumentary
Braden Skin Assessment
Preventative Skin
Morse Fall Risk Scale

Result

06/25/2024 11:00 EDT

Integumentary

Integumentary WDL

Skin Color

Skin Characteristics

Skin Turgor

Nail Appearance

Δ Skin Abnormality

Δ <Skin Abnormality:...

Skin Abnormality De...

Skin Abnormality Co...

Skin Abnormality Tre...

Δ Medication Patches

Patch Type

◊ Patch Present

◊ *Reason Patch Not Pres... *Reason Patch Not Present

Patch order discontinued

Patch not found (contact MD)

Medication-free interval

Mission Hospital: Meds to Beds

Meds to Beds (M2B) is a bedside prescription delivery service. The first 30 days of new discharge prescriptions are delivered to interested patients at their bedside on the day of discharge.

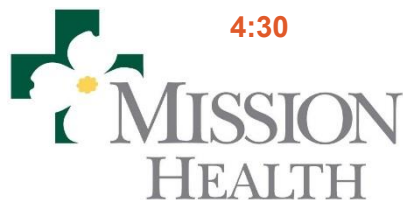
- ☐ The pharmacy will bill the patient's insurance and collect their copay at the time of delivery. The copay cannot be charged to the hospital bill.
- ☐ Patients (or family members) will need to present valid IDs for controlled substances.
- ☐ Most copays are the same as local pharmacy or competitive cash prices.
- ☐ The pharmacy will bill manufacturer coupons for brand name medications to reduce cost.
- ☐ Any maintenance medication refills will be transferred to the patient's home pharmacy.
- ☐ OTC items the patient may need can be delivered at the same time.

Patients on **A3W, A4E, A4W, A5E, A5W, A6W, A7E, A7W, C4, C5, G5, G7, E3, E4, E5, J6, K6, K7, K8, K9** are eligible to participate if they meet the following criteria:

- ☐ Being discharged home
- ☐ Have discharge medications
- ☐ Have vouchered medication
- ☐ Have Medication Assistance Pharmacy (MAP) medications: **Patients with no Rx Insurance. Courier times: 10:30, 12:30, 2:30, 4:30**

Hours of Service and Delivery

- ☐ Monday through Friday **9:00am - 4:00pm**
- ☐ Please allow 2 hours for prescriptions to be filled and delivered. Contact M2B if needed sooner or any questions or concerns with discharge plan.
- ☐ Prescriptions must be received by **3:30pm** to be delivered.
- ☐ Prescriptions received after 3:30pm may be picked up at Medical Center Pharmacy by the patient or family prior to 7:00pm.



Updated: 01/19/26

CONFIDENTIAL – Contains proprietary information.
Not intended for external distribution.

HCA  **Healthcare®**
**Center for Clinical
Advancement
NC Division**

Mission Hospital: Meds to Beds

- ☐ Interested patient's preferred pharmacy is changed to Medical Center Pharmacy in PowerChart.

Patient Preferred Search

Pharmacy Name	Address	Cross-Street	City	State	Zip Code
Medical Center Pharmacy	509 Biltmore Ave		Asheville	NC	2880140
AMERICARE PHARMACY	1185 Charlotte Hwy, Ste...		Fairview	NC	28730778

- ☐ Prescriptions are received via E-Rx and processed.
- ☐ PowerChart is updated to provide any pertinent information. This information will populate within the Discharge Workflow.

Meds to Beds

Patient agreed to participate in Meds to Beds. Please send electronic prescriptions to Medical Center Pharmacy.

Additional information: Payment and ID needed for DC Rxs. Eliquis - \$560.00 Copay. Used 30 day free trial card. Provided \$10.00 copay card to activate for refills.

- ☐ When the discharge is ordered, notify Meds to Beds via iMobile.
- ☐ Meds to Beds can deliver within one hour of notification or patient/caregiver(s) can pick up in the pharmacy.
- ☐ Contact Information
 - ☐ Meds to Beds Extension: 828-213-0113
 - ☐ iMobile: Contacts – Type Meds into Search - Staff with a green dot are currently available.
 - ☐ Medical Center Pharmacy: 828-213-0050, Option 4
 - ☐ Tube Station 712



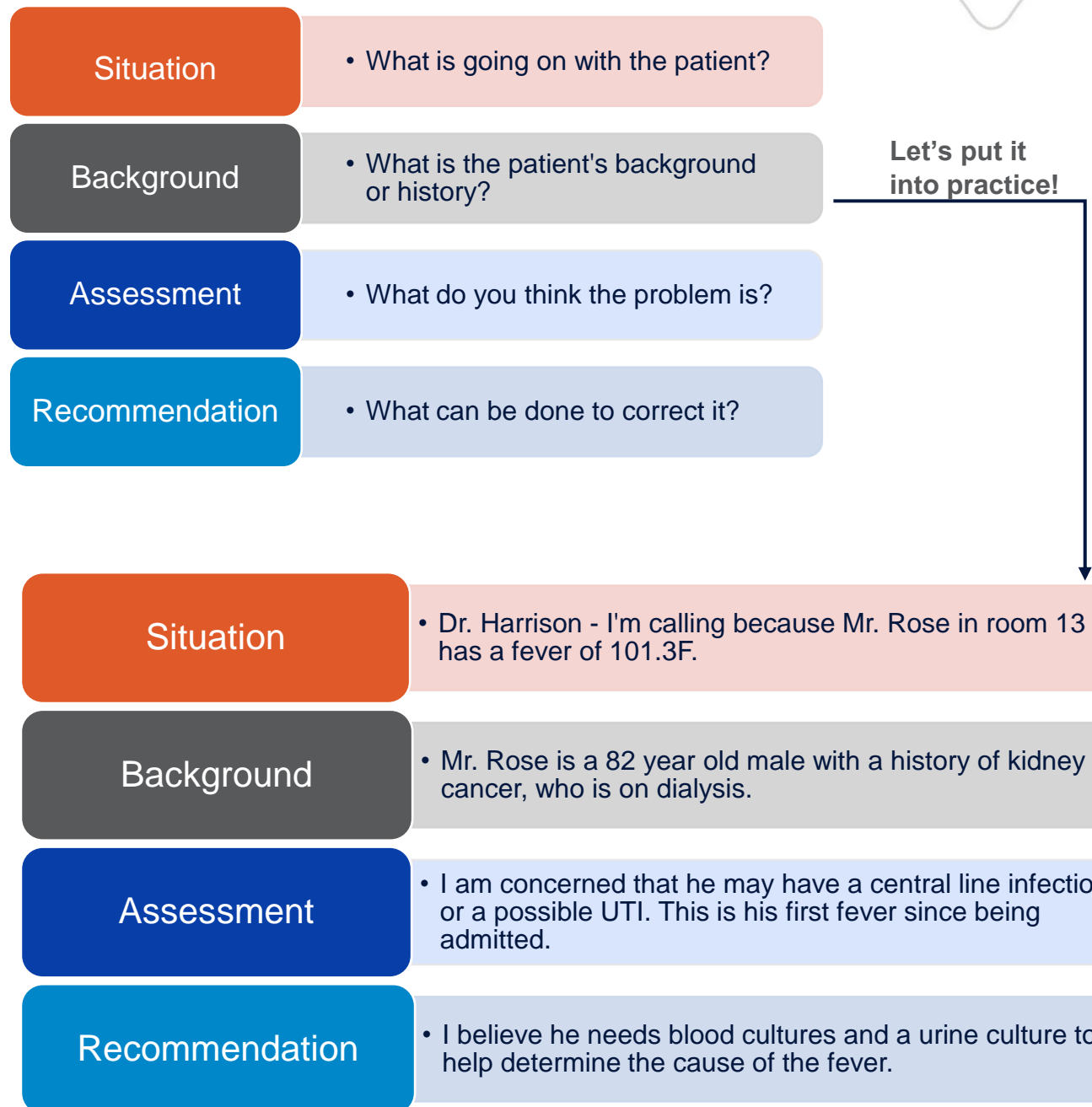
Updated: 01/19/26

CONFIDENTIAL – Contains proprietary information.
Not intended for external distribution.

HCA  **Healthcare®**
**Center for Clinical
Advancement
NC Division**

SBAR Communication

SBAR is a method of communicating to give a concise report relaying critical information. SBAR consists of the situation presently occurring, any pertinent background information, what assessment details you recognized, and what the possible recommendations include. This is a framework that can be used in a multitude of ways, including patient hand-off, patient care tech to nurse, or nurse to doctor.



Requesting Admission and Transfer Bed Placement

Once a bed request has been generated, view and modify the request within Teletracking providing as many details as possible within the Bed Attributes , Patient Attributes, and Miscellaneous Information/Comment sections of the request to assist Centralized Patient Placement (CCP) with making the most appropriate placement.

- Bed Attributes (identifies whether a special type of room or location is needed)
 - Using the drop-down function, include placement specific details, such as the patient should to be placed near the nursing station.
- Patient Attributes (identifies patient-specific information)
 - Using the drop-down function, include other patient specific details, such as the patient is on isolation or they need an interpreter.
- Miscellaneous Information/Comment Section: Include additional details that were not added to Bed and Patient Attributes.
 - Include ordered IV medication that may help determine patient placement, such as Cardene.
 - Include any special medical treatment or equipment that may be utilized, such as Left Ventricular Assist Device (LVAD).

The screenshot displays a web form for requesting admission and transfer bed placement. It is divided into three main sections: 'Bed Attributes', 'Patient Attributes', and 'Miscellaneous Information'. The 'Bed Attributes' section includes dropdown menus for Hospital Service (Medical), Level Of Care (Med Surg), Discipline (Cardiac), Accom. Needed (Private), and Bed Size Needed (Adult), each with a 'P' button. Below these is a 'Bed Custom Attributes' field with a search icon. The 'Patient Attributes' section has an 'Isolation' dropdown set to 'Standard Precautions' and a 'Patient Custom Attributes' field with a search icon. The 'Miscellaneous Information' section contains a 'Comments' field with the text 'Large family'.

CCP targets the most appropriate unit based on information populated into the request.



Updated: 1/12/2026

CONFIDENTIAL – Contains proprietary information.
Not intended for external distribution.

HCA  **Healthcare®**
**Center for Clinical
Advancement
NC Division**

TeleTracking Bed Request Validation: Use “BLIPCO”



- B Bed Attributes** Click the search icon next to Bed Custom Attributes on the bed request screen to select the appropriate bed attributes from the menu. Options include Bariatric, Dialysis, Near Nurses Station, Negative Airflow, Telemetry, Prisoner (plus many more). None Required must be selected if there are no custom bed attributes for the patient.
- L Level of Care** The ordered Level of Care will populate to the bed request from the admission order. LOC must be validated to ensure accuracy. If LOC changes prior to bed assignment, the bed request must be updated.
- I Isolation** *Standard Precautions **must be selected** as the default Isolation type if no special isolation precautions are indicated for the patient. Any changes to isolation status must be updated to reflect accurate status.
- P Patient Attributes** Click the search icon next to Patient Custom Attributes on the bed request screen to select the appropriate patient attributes from the menu. Options include PSA 1:1, BiPap/Trach/Vent, Sensory Impairment, Seizure, Fall Risk, Confidential (plus many more).
- C Comments** Use the free text Comments field to provide additional information to assist CPP in assigning the right bed.
- O Origin Unit** The Origin Unit indicates where the patient is currently located and usually populates with the physician's admit or transfer order. In certain cases, the Origin Unit may need to be revised to indicate patient's current location such as ED, Cath Lab, or PACU. Procedural areas must also validate the bed request date under Request Time as many times these requests are entered for a future date and should match the date of the procedure.

RTM: Ready to Move Click the RTM field for the patient when the bed request validation is complete and the patient is clinically ready to move to receive the bed assignment.

Note: Any incompleteness of these areas will result in delay of bed assignment and/or removal of RTM.

Isolation Guidelines for Transporting Patients

Precaution type	Patient precautions
Contact	Patient covered with clean sheet
Contact Plus	Patient covered with clean sheet
Airborne or Contact/Airborne	Patient in medical grade mask & Patient covered with clean sheet
Droplet	Patient in medical grade mask
Contact/droplet or Enhanced	Patient in medical grade mask & Patient covered with clean sheet
Airborne	Patient in medical grade mask

Per policy (Isolation: Transmission-Based Precautions, 1IC.IP.0011): Staff outside of the patient room **do not** need to wear PPE unless they anticipate providing care during transport, then wear PPE as guided by the type of isolation.

Mission Hospital: Patient Transport Guidelines



Transport CAN Transport If:

- ☐ The patient is on < 6 L / min of oxygen
- ☐ The patient has a well-established tracheostomy (patient condition is stable)
- ☐ The patient is on routine home oxygen GREATER THAN 6 L / min
- ☐ The patient is on Medical Air (yellow regulator) regardless of volume
- ☐ The patient is on a portable telemetry box and the central monitoring unit has been notified
- ☐ The patient is receiving a steady medication infusion (not titrating), e.g., cardiac meds



Transport CANNOT Transport If:

- ☐ The patient is on >6 L / min oxygen or more unless on routine home oxygen
- ☐ The patient has a new tracheostomy
- ☐ The patient is not on a portable tele box and central monitoring has not been notified (patient is on the large monitor)
- ☐ The Patient has a LVAD Device (Left Ventricular Assist Device)
- ☐ The patient is receiving blood or blood products
- ☐ The patient is in restraints (including mittens)
- ☐ The patient is on virtual safety observation or has an order for a patient safety attendant per policy 1NR.NSA.0021
- ☐ The patient is on ANY medication that is being titrated or adjusted
- ☐ The patient is on seizure precautions and is **NOT** stable
- ☐ The patient requires continuous chest tube suction
- ☐ The patient has an epidural or recent heart cath

Transporters are non-clinical staff, therefore, cannot hook/unhook a patient's oxygen.
All pediatric patient's must be accompanied by an RN or Legal Guardian.

Suspected Measles (Rubeola)

1. Identification: What to Look For

- The Three C's: **Cough**, **Coryza** (runny nose), and **Conjunctivitis** (red, watery eyes).
- High Fever: Often spikes to >104 degrees.
- Koplik Spots: Tiny white spots on the buccal mucosa (2–3 days after symptom onset).
- Rash: Maculopapular rash appearing 3–5 days after symptoms begin.

2. Immediate Isolation: Where to Put the Patient

- Measles is highly contagious via airborne transmission.
- Mask Patient: Apply a surgical mask immediately.
- Airborne Isolation: Place patient in a Negative Pressure Room.
- Primary Locations at Mission Hospital: Purple Pod-Room 37 or Room 45.
- Requirement: Keep the door closed at all times.

3. PPE Requirements

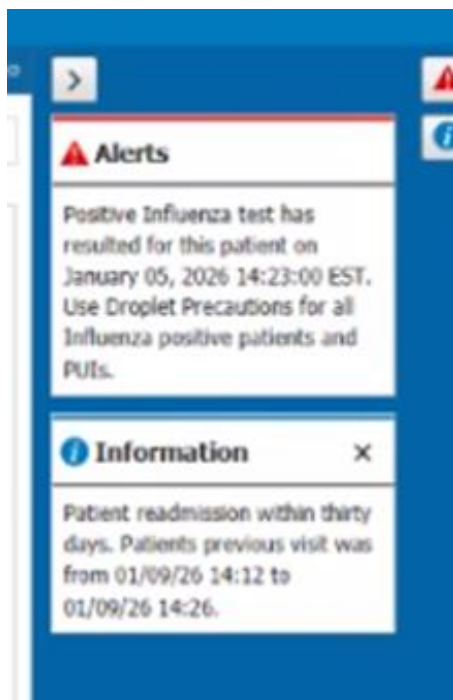
- Healthcare workers must utilize **Airborne** before entering the room, including:
 - **Fit-tested N95 respirator or PAPR.**



Clinical Updates

New Smart Zone Alerts for Positive Flu and Measles

- To promote patient and caregiver safety, a new Smart Zone alert will fire when a patient has a positive Flu or a Positive Measles result.



Mission Hospital-Meds to Beds Hours Changing

- Hours of service and delivery will now be Monday through Friday 9:00am - 4:00pm.
- Prescriptions must be received by 3:30pm to be delivered.
- Please see updated huddle card attached to Clinical Update email.