

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

- ❑ HCA Western North Carolina Division has approved IVP levetiracetam for adults  $\geq 18$  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

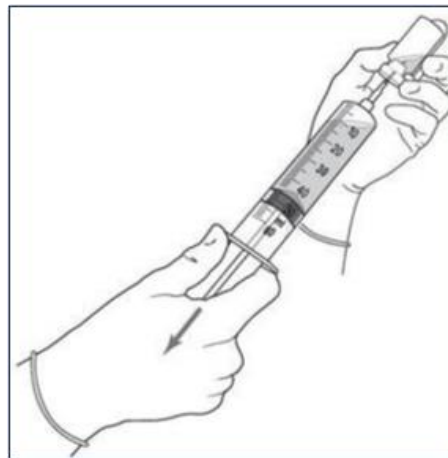


# Intravenous Push (IVP) Levetiracetam

## 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**

- ☒ Scheduled
- ☒ Unscheduled
- ☒ PRN
- ☒ Continuous Infusions
- ☒ Future
- ☒ Discontinued Scheduled
- ☒ Discontinued Unscheduled
- ☒ Discontinued PRN
- ☒ Discontinued Continuous Infus

Medications	01/15/2026 21:00 EST	01/15/2026 08:47 EST
<b>Scheduled</b>		
<b>insulin glargine (Semglee/Lantus)</b> 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	
insulin glargine		
Informed of Med purpose/side effects		
AMB NDC		
AMB 5 units J1815 x QTY		
AMB Inj Med Admin Charge		
<b>levETIRAcetam (Keppra)</b> 3,000 mg, Inj, IV Push, ONCE, 01/15/26 8:01:00 EST, NOW Neurology Seizure Treatment Plan, Ad		
levETIRAcetam		
Informed of Med purpose/side effects		
<b>Unscheduled</b>		
<b>Dextrose 50% in Water (D50W)</b> 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

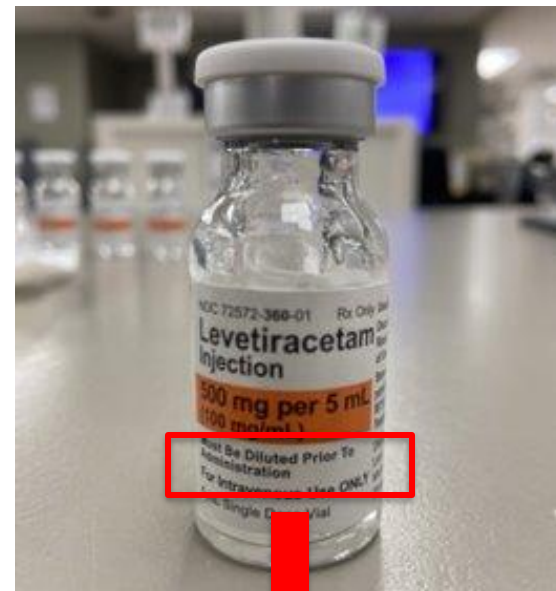
Original Pharmacy Order Priority NOW

# 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 - Integumentary WDL

Field	Value
Integumentary WDL	
Skin Color	
Skin Characteristics	
Skin Turgor	
Nail Appearance	
Δ Skin Abnormality	
Δ Medication Patches	
Patch Type	
Patch Present	

Assessment band - Integumentary WDL

Field	Value
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	Fentanyl pa...
Patch Present	No
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.**

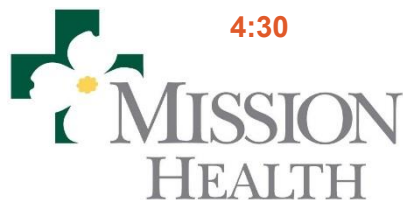
- ☐ The pharmacy will bill the patient's insurance and collect their copay at the time of delivery. The copay cannot be charged to the hospital bill.
- ☐ Patients (or family members) will need to present valid IDs for controlled substances.
- ☐ Most copays are the same as local pharmacy or competitive 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.

