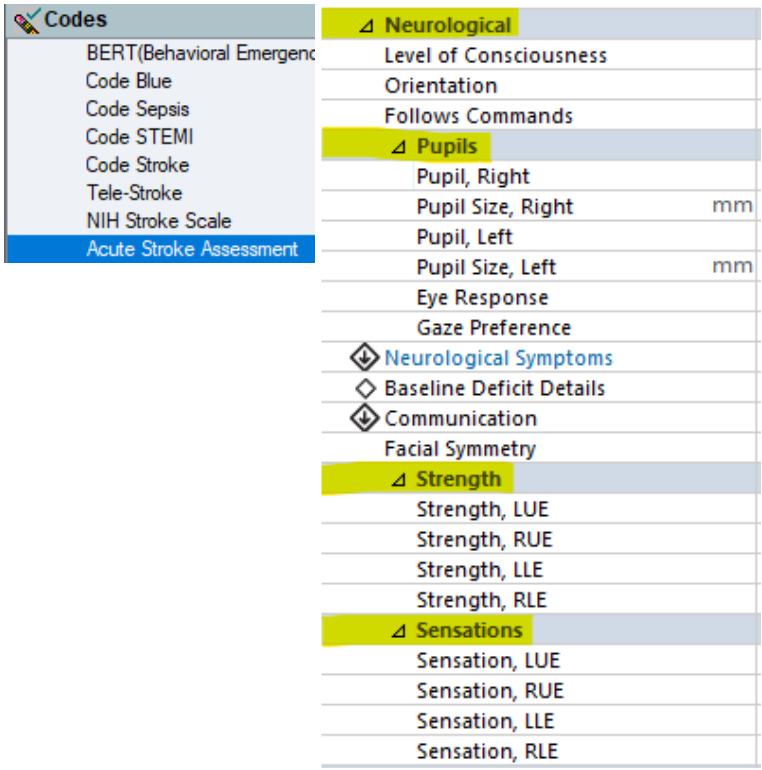
HUDDLE CARD

Documentation of Neuro Checks for all Stroke Patients

- Documentation of a **complete Neuro Check** for a Stroke Patient includes documenting in all of fields in the Neurological section of the Acute Stroke Assessment, including:
  - Neurological
  - Pupils
  - Strength
  - Sensations

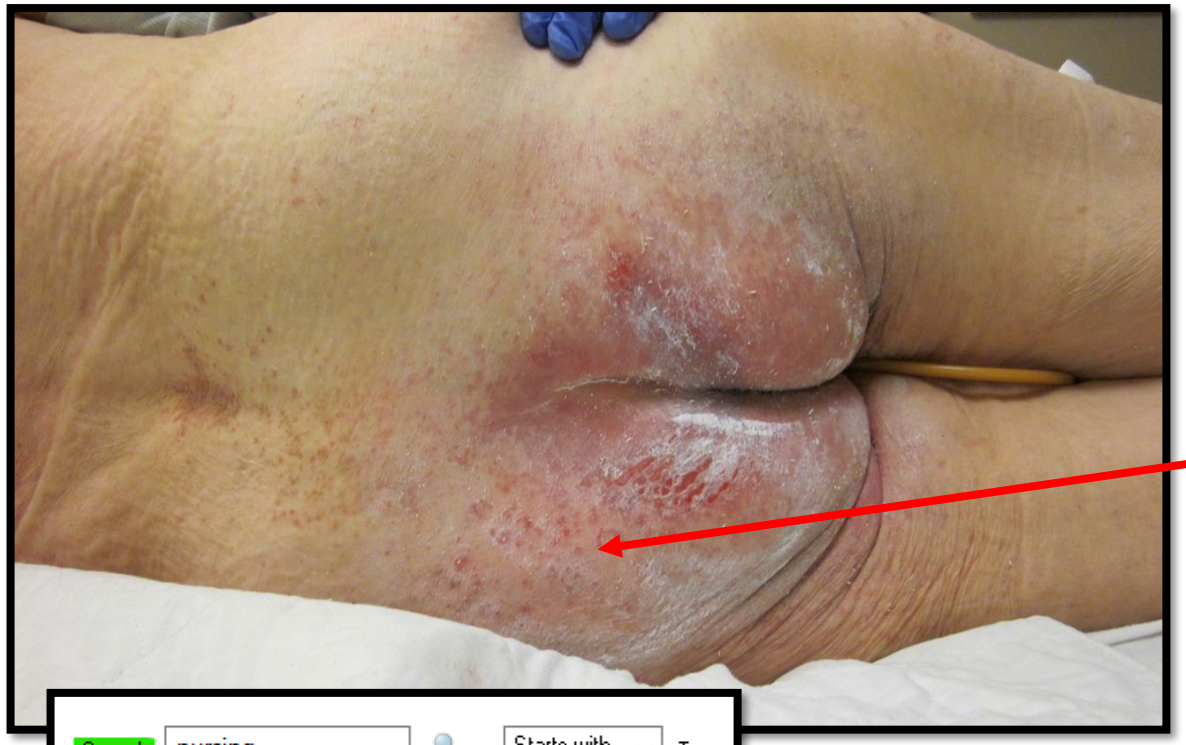
- The Acute Stroke Assessment is found in IView Codes Band.



MISSION HEALTH

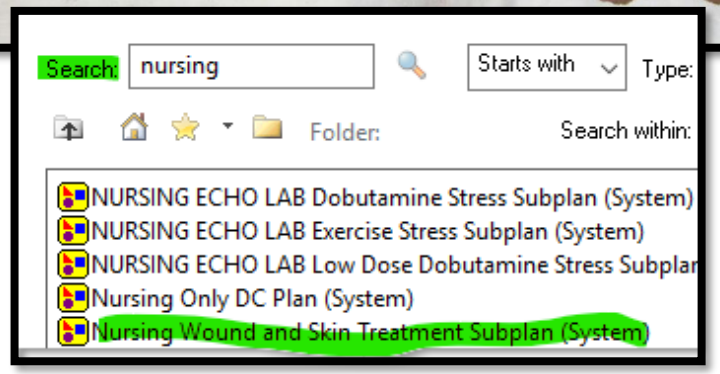
HCA Healthcare®
Center for Clinical Advancement
NC Division

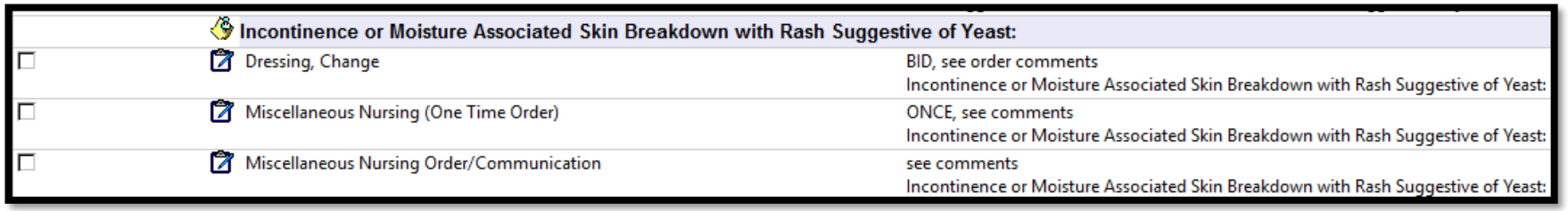
Wound of the Week (wow!): What is it?



Incontinence Associated Skin Breakdown with rash suggestive of Yeast

- Skin wants to be dry and supple
  - Moisture from urine and stool make it boggy and soft
  - Once the skin is open, the risk of PI goes up by 30%
- Yeast likes places that are hot and wet
  - Look for “satellite lesions” or the little dots around the erythema
- Use the wound and skin subplan to guide treatment
  - Request provider order for “baza” cream
  - Use Shield barrier wipes after clean up
- Make sure the patient is on an “air” mattress
- No adult briefs!





Vial2Bag Advanced® 13mm Admixture Device: Instructions for Use

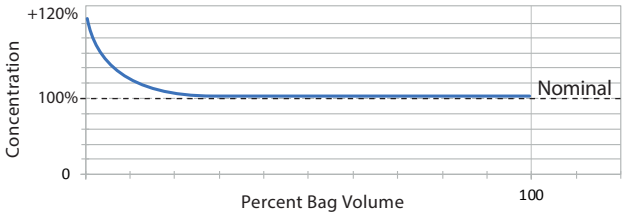
Indication for Use

- The Vial2Bag Advanced® 13mm admixture device is indicated to serve as a connection between a 50, 100 or 250mL IV bag, vial with 13mm closure, and an external IV administration set. The integrated vial adapter makes it possible to reconstitute and/or admix drugs prior to administration to the patient.
- Indicated for adolescent and adult patients only.

WARNINGS

- Do not omit dilution/mixing steps (Step 2)
- Failure to dilute and/or mix drug product may result in delivery variance of +120% of target concentration at beginning of delivery.

Improperly Mixed/Diluted Delivery Profile

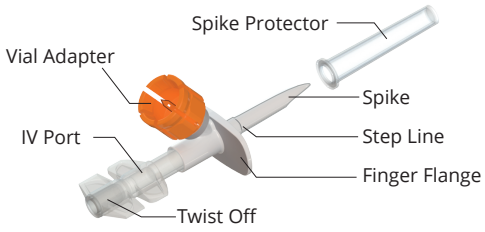


- Do not attach a Vial2Bag Advanced® 13mm admixture device to another Vial2Bag Advanced® admixture device.
- Do not use with IV bags other than those listed in the Indications for Use.
- Do not use with Lipids.

Precautions

- Federal (USA) law restricts sale of this device to physicians or on the order of a physician.
- Single-use only device.
- Do not use if device or package is damaged.
- Vial must remain attached to device to avoid leakage.
- After reconstitution, use in condition recommended by the drug manufacturer.
- Do not use in case of visible fragments in the system.
- Use by: see date on the device label.
- Reuse compromises safety and efficacy of the device and may cause contamination due to loss of sterility.
- Dispose of used device in accordance with applicable regulations.
- Re-sterilization may damage the device.
- Intended for use by Healthcare Professionals.
- Healthcare Professionals are responsible for adhering to the special consideration and Instructions of the prescribing information in preparation of the drug for administration.

Vial2Bag Advanced® 13mm Admixture Device



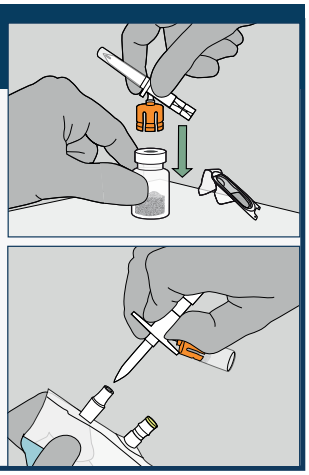
- Contents are sterile and non-pyrogenic.

Preparations

- Remove cap from vial.
- Use aseptic technique.

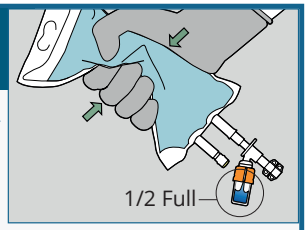
1 ATTACH VIAL2BAG ADVANCED® 13mm ADMIXTURE DEVICE TO VIAL

- Place vial on a stable, flat surface.
- Hold Vial2Bag Advanced® 13mm admixture device by the finger flange.
- Push Vial2Bag Advanced® 13mm admixture device into center of vial until it is attached.
- Remove Vial2Bag Advanced® 13mm admixture device spike protector.
- Spike Vial2Bag Advanced® 13mm admixture device into IV bag until it is up to the step line.

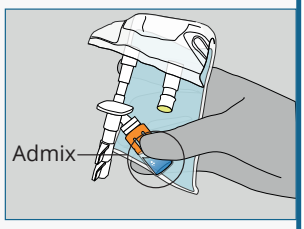


2 DISSOLVE OR DILUTE DRUG

- Hold bag with vial down.
- Fill vial until half full by squeezing bag repeatedly.

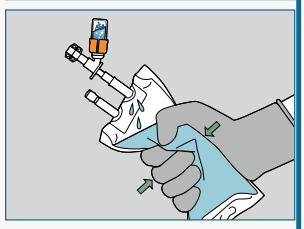


- Fold the bag behind the vial.
- Hold vial and bag together.
- Admix per drug manufacturer's prescribing information.

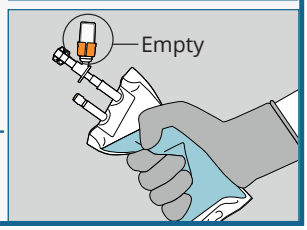


REPEAT until drug is dissolved and transferred

- Hold bag with vial up.
- Empty vial by squeezing bag to force air into vial.

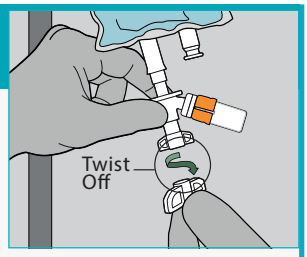


- Inspect vial for any remaining drug.
- Repeat until drug is dissolved and transferred.

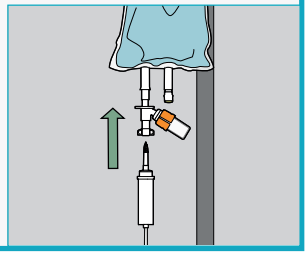


3 CONNECT IV SET TO VIAL2BAG ADVANCED® 13mm ADMIXTURE DEVICE

- Twist off end to open IV Port.
- Remove protector from IV set spike.



- Spike the IV set per its instructions to the Vial2Bag Advanced® 13mm admixture device IV port until it is tightly secured.
- Empty drug from vial, if needed by repeating Step 2.
- Leave vial in place.
- Do not rotate vial.



West®

Manufacturer: West Pharma. Services IL, Ltd.
4 Hasheizaf St. Ra'anana 4366411 Israel

℞ Only For prescription use only

Single use only

Do not use if package is damaged

STERILE EO Sterilized using Ethylene Oxide

Not made with natural rubber latex

Storage conditions:
- Storage temperature limit: 15°C - 25°C
- Keep away from sunlight

Issued on: November 28, 2023

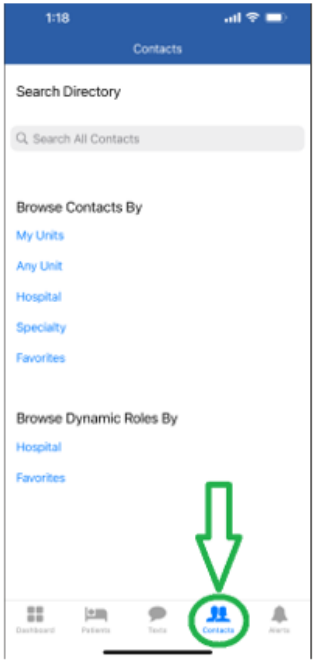
No. 1090270 | Rev. 1.0

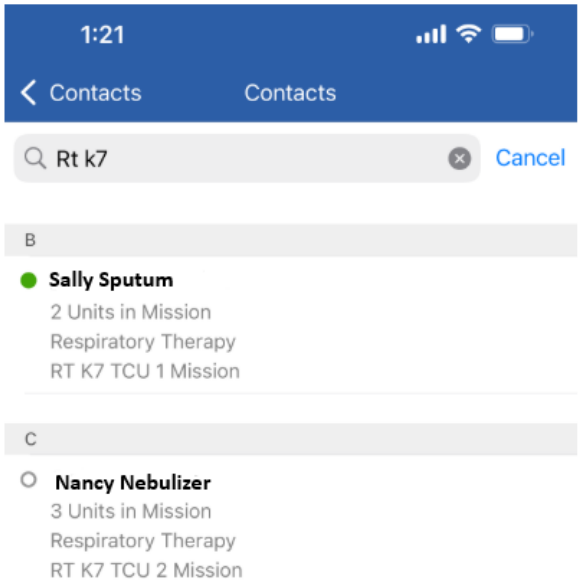
HUDDLE CARD

Locating Respiratory Therapy in I-Mobile

How to Locate the Respiratory Therapist Assigned to Your Unit in I-Mobile

- Select Contacts
- In the search bar, type “RT”, a space, and the name of your unit
- The unit assigned Respiratory Therapist should be listed
- Example: Contacting the Respiratory Therapist on K7



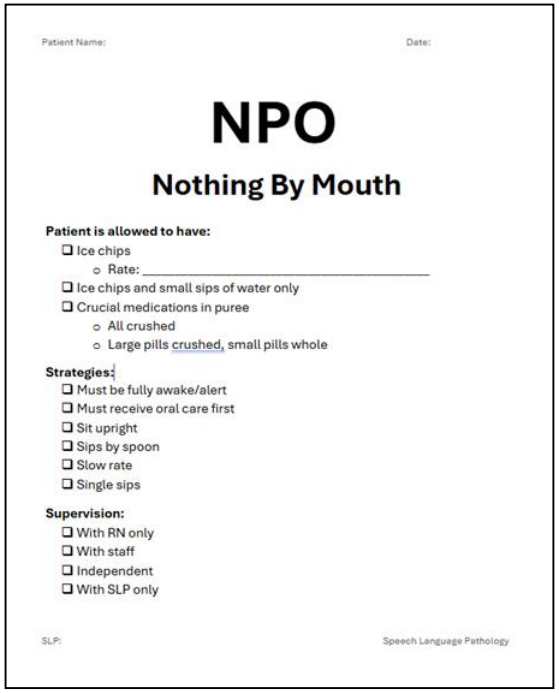


HUDDLE CARD

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
  - Rate: _____
- ❑ Ice chips and small sips of water only
- ❑ Crucial medications in puree
  - All crushed
  - 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

MISSION HEALTH

Updated:6/16/25

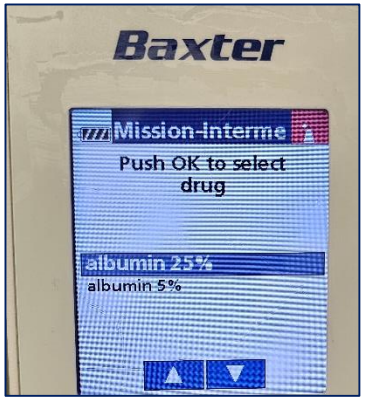
HCA Healthcare®
Center for Clinical Advancement
NC Division

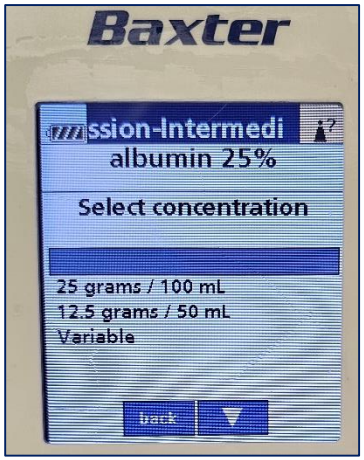
HUDDLE CARD

Reminder-Albumin Administration

- **Indications for Administration**: Expansion of plasma volume and maintenance of cardiac output in situations associated with fluid volume deficit, including shock, hemorrhage, and burns. Temporary replacement of albumin in diseases associated with low levels of plasma proteins, such as nephrotic syndrome or end-stage liver disease, resulting in relief or reduction of associated edema.
- **Implementation:** Administer through a large-gauge (at least 20-gauge) needle or catheter ***via an IV pump***. Select the appropriate concentration when programing the IV Pump.
- **Evaluation/Desired Outcomes**: Increase in BP and blood volume when used to treat shock and burns. Increased urinary output reflects the mobilization of fluid from extravascular tissues. Elevated serum plasma protein in patients with hypoproteinemia.

See Dynamic Health for More Information: albumin (human) - Dynamic Health



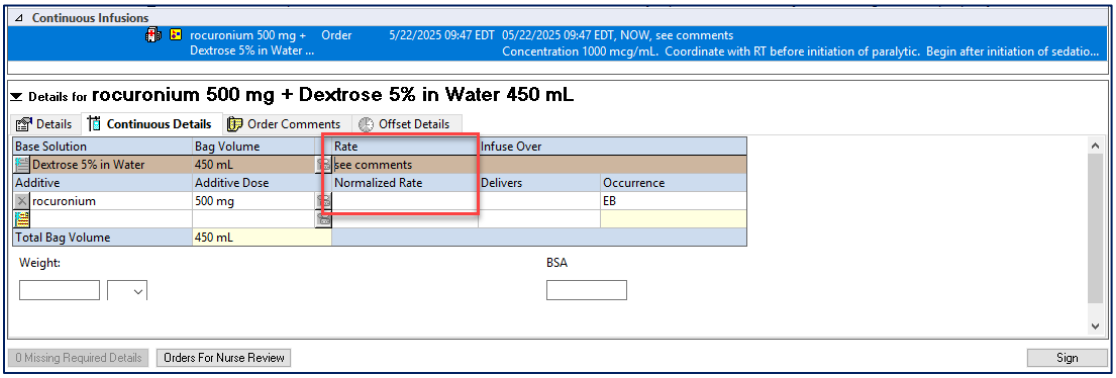


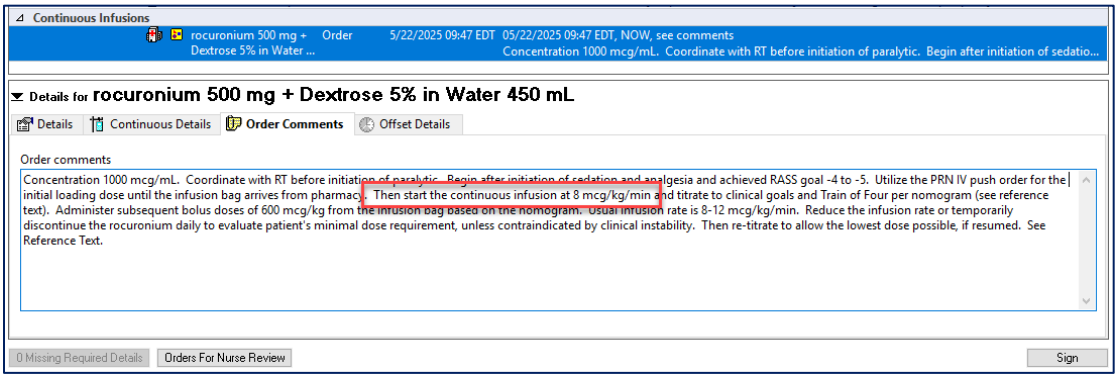
Clinical Updates

Infusion Interop – Normalized Rate PowerPlan Updates: Go-Live 6/16/25

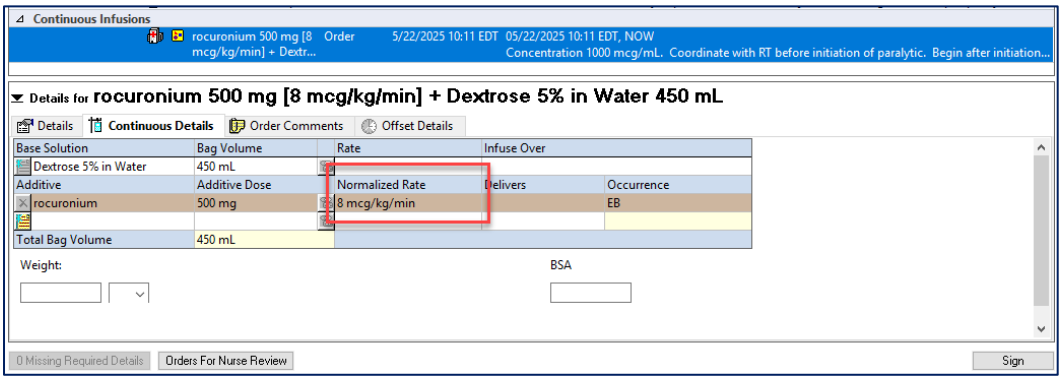
- Normalized rates for titratable drips will be moved from the order comments to the normalized rate field to eliminate the manual entry of initial rate and dose.
- Drips bloused from the bag will be excluded from updates.
- Medications in scope:
  - alteplase
  - amiodarone
  - argatroban
  - bivalirudin
  - cisatracurium
  - clevidipine
  - deferoxamine
  - epoprostenol
  - labetalol
  - lidocaine
  - milrinone
  - nitroglycerin
  - octreotide
  - pentobarbital
  - oxytocin
  - rocuronium
  - tirofiban
  - treprostinil
  - vecuronium
  - verapamil

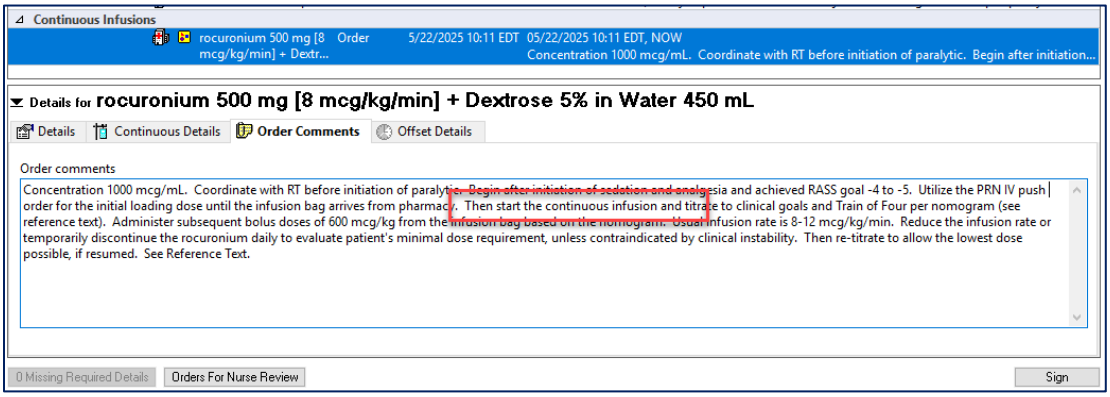
Current State: Free Text Rate Order Entry



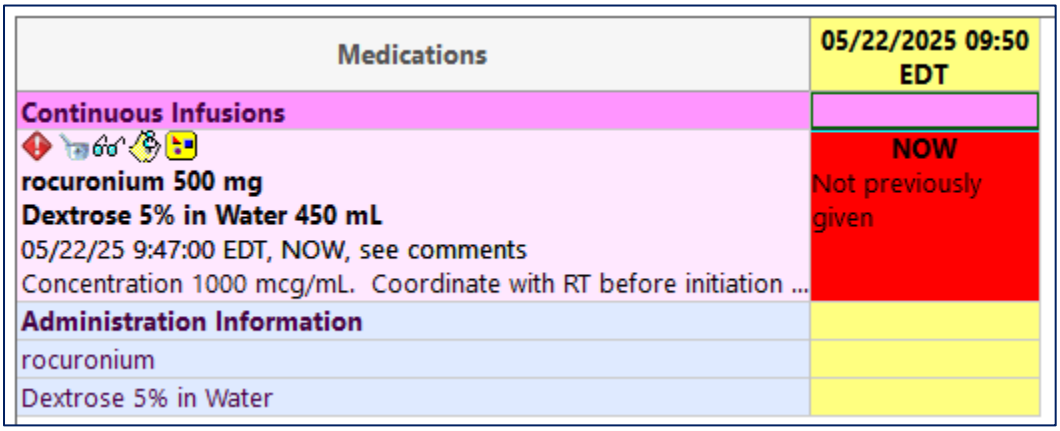


Future State: Normalized Rate Order Entry

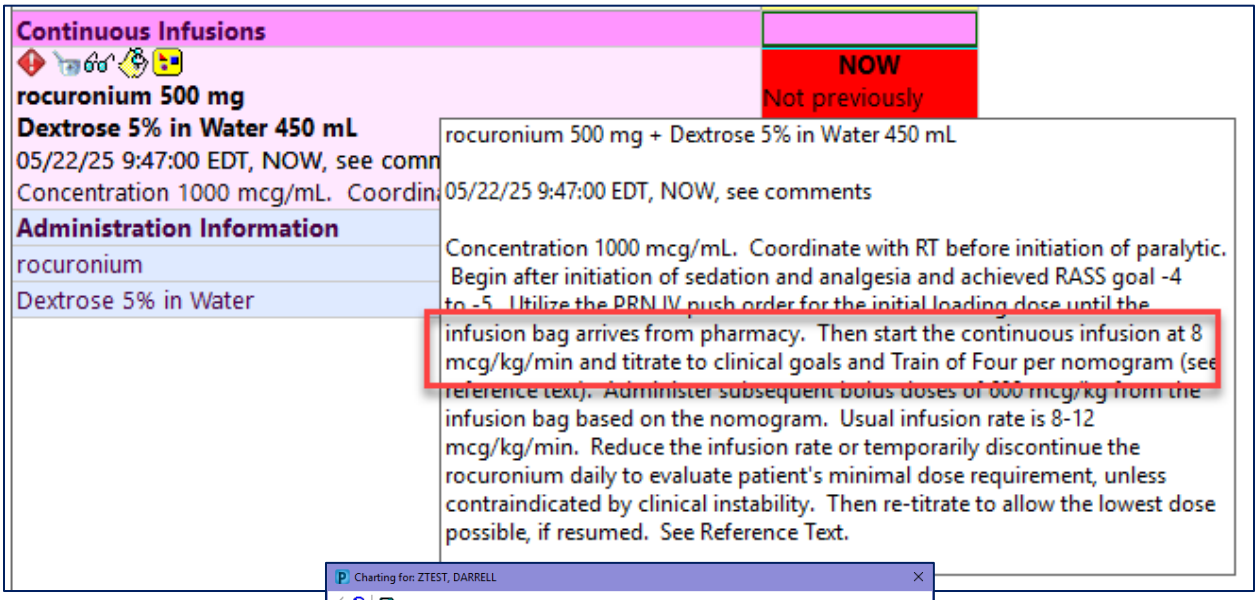


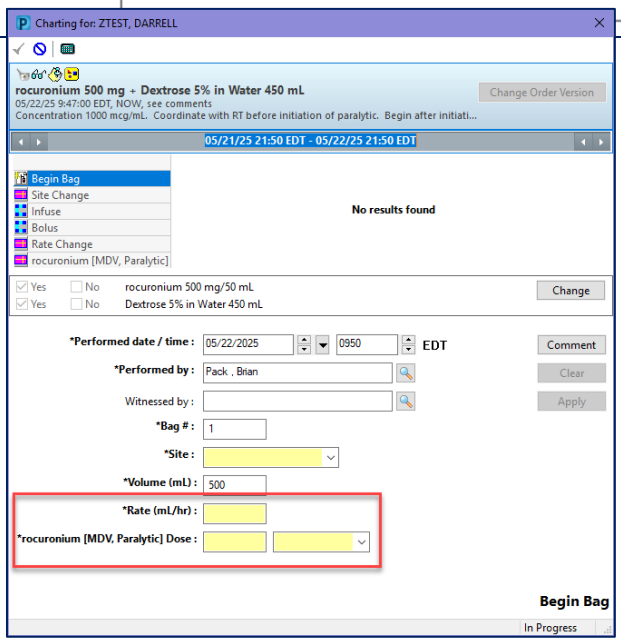


Current State: MAR

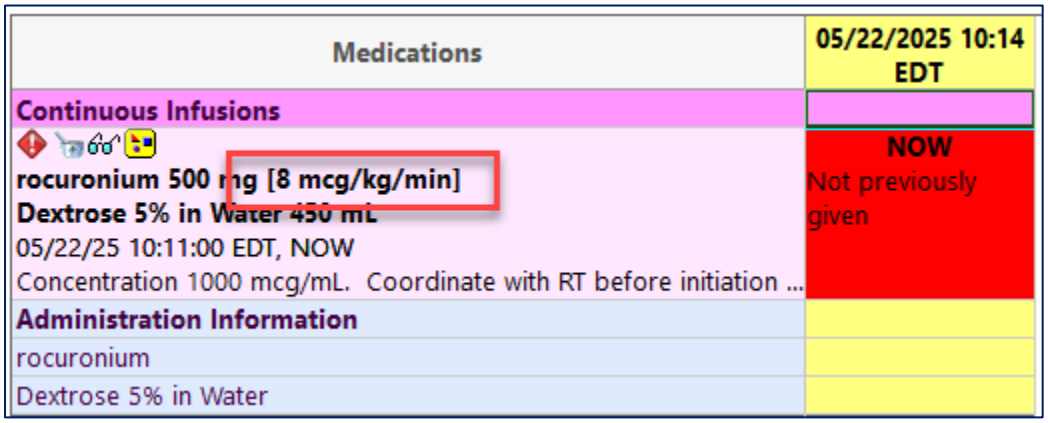


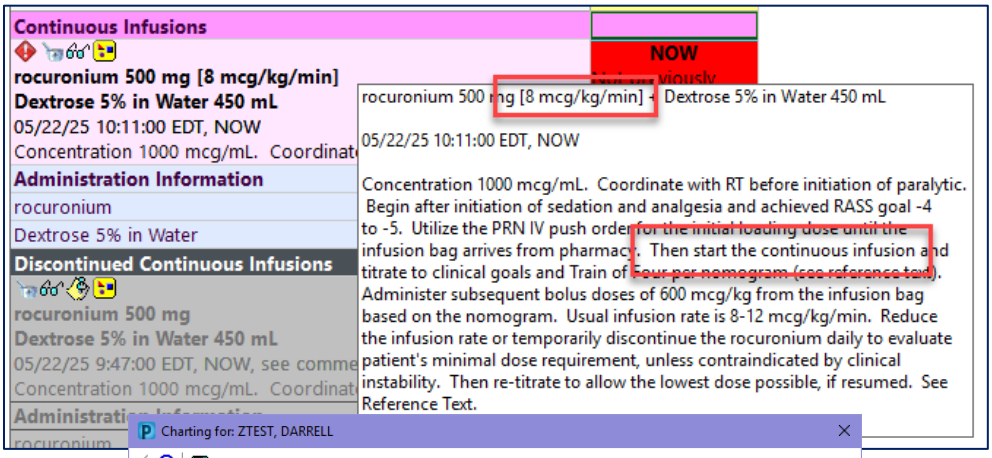
Medications	05/22/2025 09:50 EDT
Continuous Infusions	
rocuronium 500 mg **Dextrose 5% in Water 450 mL** 05/22/25 9:47:00 EDT, NOW, see comments Concentration 1000 mcg/mL. Coordinate with RT before initiation ...	**NOW** Not previously given
Administration Information	
rocuronium	
Dextrose 5% in Water	

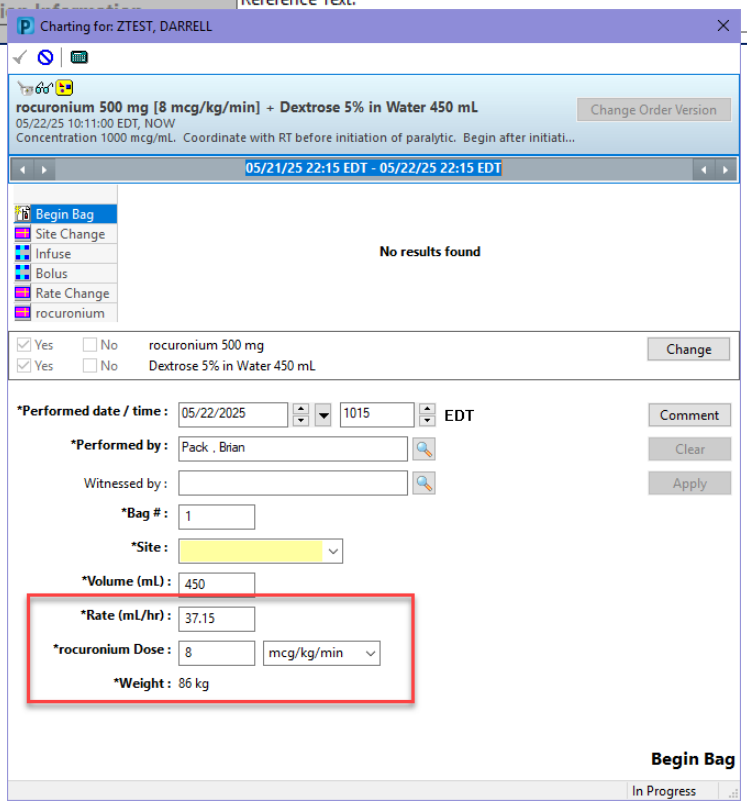




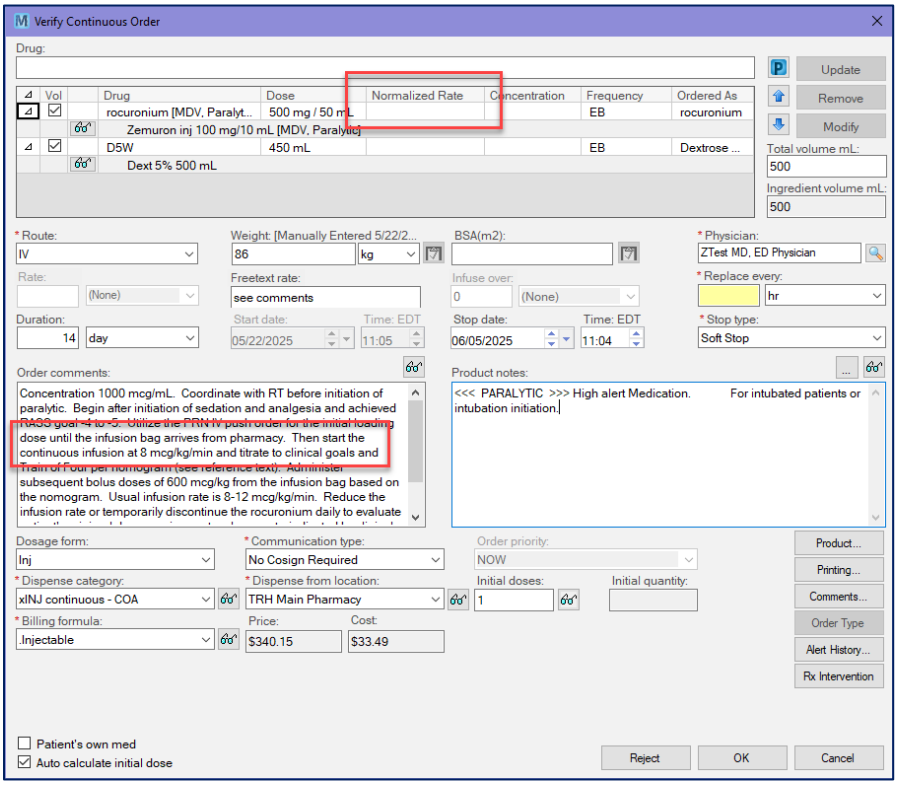
Future State: MAR



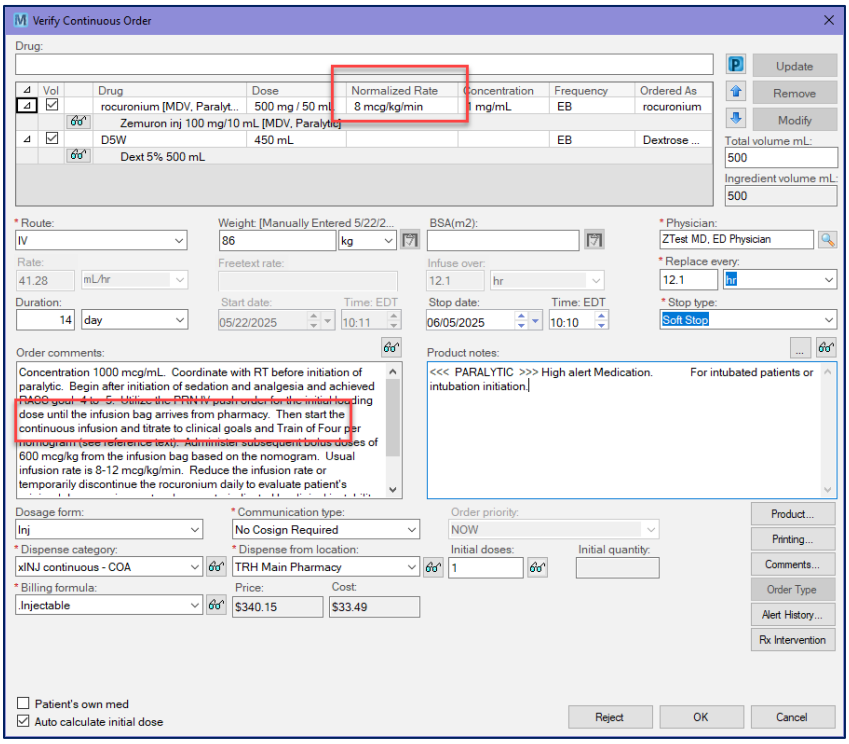




Current State: Order Verification



Future State: Order Verification



Surgical Antibiotic Prophylaxis Changes: Go-Live 6/25/25

Changes below were made based on evidence-based guideline recommendations.

Orthopedic, Neurosurgery, & Hand Perioperative Antibiotic Prophylaxis Updates:

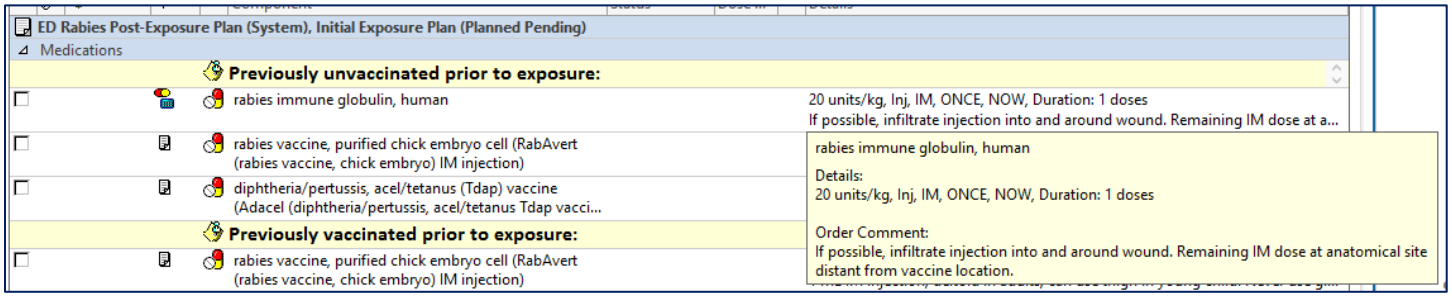
- Created "Ortho Antibiotic Prophylaxis Subplan" that includes cefazolin, clindamycin, and vancomycin. This will replace current antibiotic prophylaxis sections in ortho, NS, and Hand plans.
- Doses were updated to remove cefazolin 1g (only 2g and 3g now) and increase clindamycin to 900mg
- Vancomycin may be added to cefazolin for patients colonized with MRSA
- Post-operative antibiotic prophylaxis was removed
- Routine pre-op urinalysis with culture reflex removed. Urine cultures only indicated in patients with urinary symptoms.
- Reminder that cefazolin may be safely given to most patients with a history of penicillin allergy [excludes conditions like (Stevens-Johnson Syndrome)]. Order comments recommend to use clindamycin in patients with cephalosporin allergies.

OBGYN Perioperative Antibiotic Prophylaxis Updates:

- Antibiotic dosing standardized as above for cefazolin (2g, 3g) and clindamycin (900mg). Gentamicin dosing updated with weight-based categories.
- Post-operative antibiotic prophylaxis was removed

Reminder-ED Rabies Post-Exposure Plan

- Rabies Immune Globulin, Human can be ordered post-rabies exposure and should be injected IM in and around the wound by the nurse or provider.
- Refer to the order comments for specific administration details.



Additional IV Piggybacks converting to Vial2Bag Delivery system

- Multiple concentrations of Vancomycin will be converted to the Vial2Bag Delivery system, including:
    - Vancomycin 750 mg
    - Vancomycin 1000 mg
    - Vancomycin 1500 mg
- 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.
- See the Vial2Bag education flyer attached to the Clinical Update email for additional information.