

# 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.

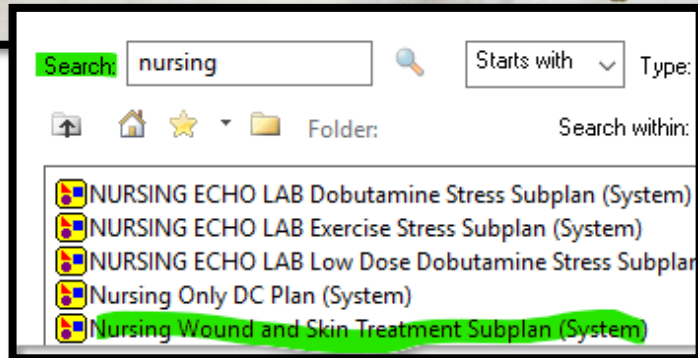
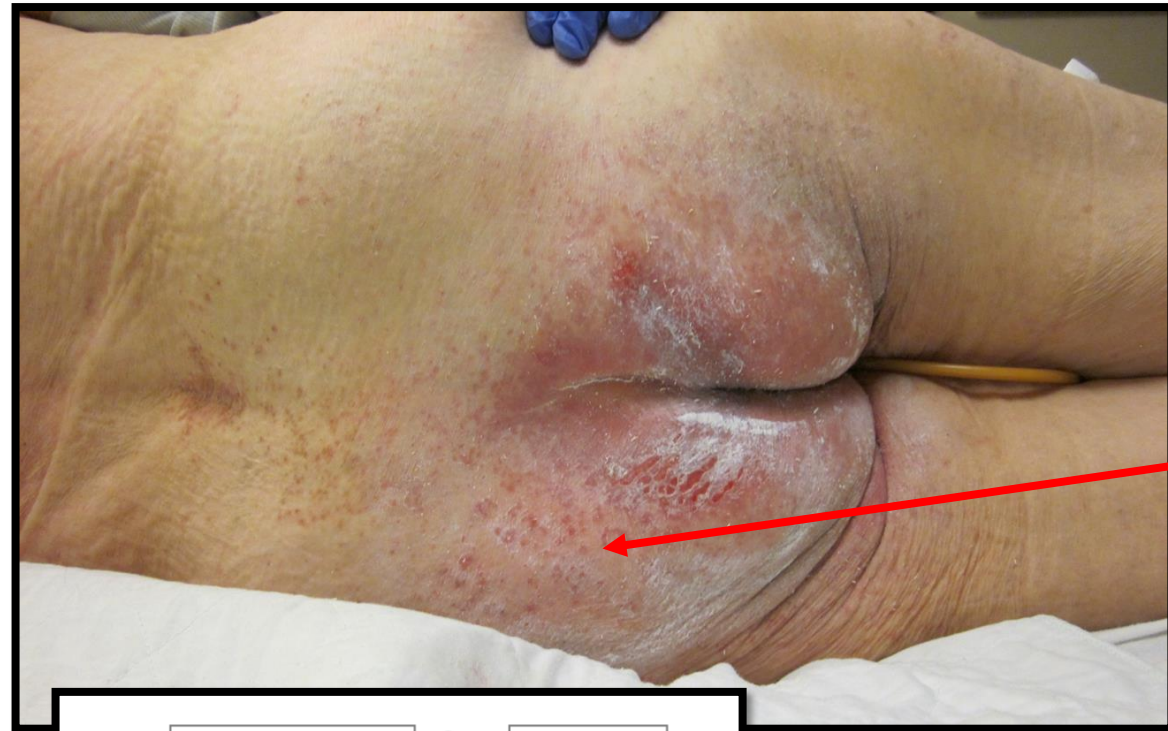
Codes	
BERT(Behavioral Emergenc	Δ Neurological
Code Blue	Level of Consciousness
Code Sepsis	Orientation
Code STEMI	Follows Commands
Code Stroke	Δ Pupils
Tele-Stroke	Pupil, Right
NIH Stroke Scale	Pupil Size, Right mm
Acute Stroke Assessment	Pupil, Left
	Pupil Size, Left mm
	Eye Response
	Gaze Preference
	◇ Neurological Symptoms
	◇ Baseline Deficit Details
	◇ Communication
	Facial Symmetry
	Δ Strength
	Strength, LUE
	Strength, RUE
	Strength, LLE
	Strength, RLE
	Δ Sensations
	Sensation, LUE
	Sensation, RUE
	Sensation, LLE
	Sensation, RLE



# 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!



Incontinence or Moisture Associated Skin Breakdown with Rash Suggestive of Yeast:		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dressing, Change	BID, see order comments Incontinence or Moisture Associated Skin Breakdown with Rash Suggestive of Yeast:
<input type="checkbox"/>	<input checked="" type="checkbox"/> Miscellaneous Nursing (One Time Order)	ONCE, see comments Incontinence or Moisture Associated Skin Breakdown with Rash Suggestive of Yeast:
<input type="checkbox"/>	<input checked="" type="checkbox"/> Miscellaneous Nursing Order/Communication	see comments Incontinence or Moisture Associated Skin Breakdown with Rash Suggestive of Yeast:

# Vial2Bag Advanced® 13mm Admixture Device: Instructions for Use

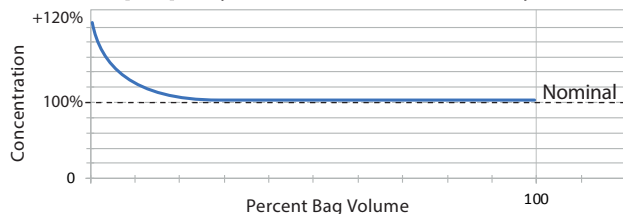
## Indication for Use

- 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

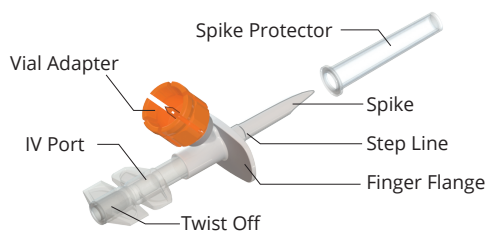


- Do not attach a Vial2Bag Advanced® 13mm admixture device to another Vial2Bag Advanced® admixture device.
- Do not use with IV bags other than those listed in the Indications for Use.
- Do not use with Lipids.

## 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.

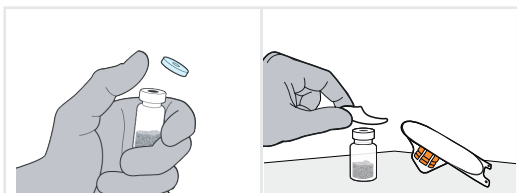
## Vial2Bag Advanced® 13mm Admixture Device



- Contents are sterile and non-pyrogenic.

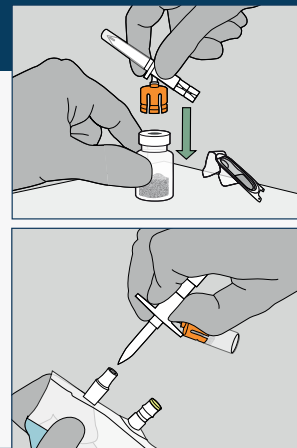
## Preparations

- 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

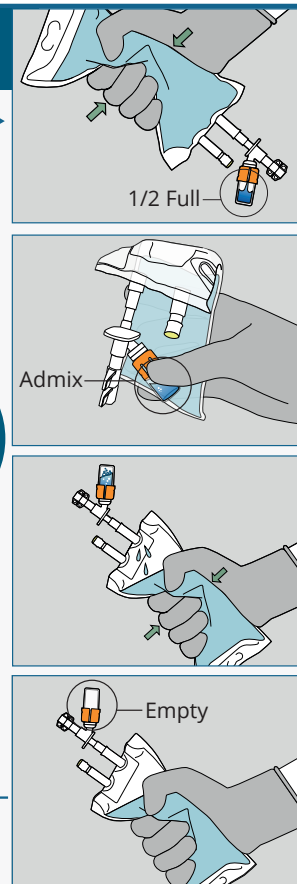
- Hold bag with vial down.
- Fill vial until half full by squeezing bag repeatedly.

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

- 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.

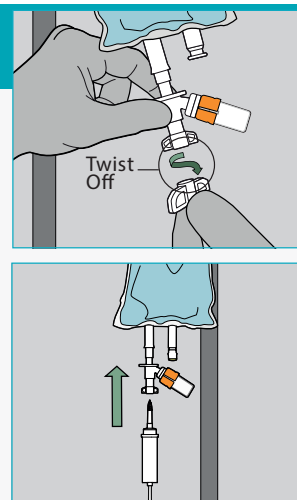
REPEAT  
until drug is  
dissolved and  
transferred



## 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 and the diamond logo are trademarks or registered trademarks of West Pharmaceutical Services, Inc., in the United States and other jurisdictions.

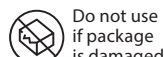
Vial2Bag Advanced® and the Orange Vial Adapter are trademarks and registered trademarks of West Pharma. Services IL, Ltd., a subsidiary of West Pharmaceutical Services, Inc.

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

**Rx 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

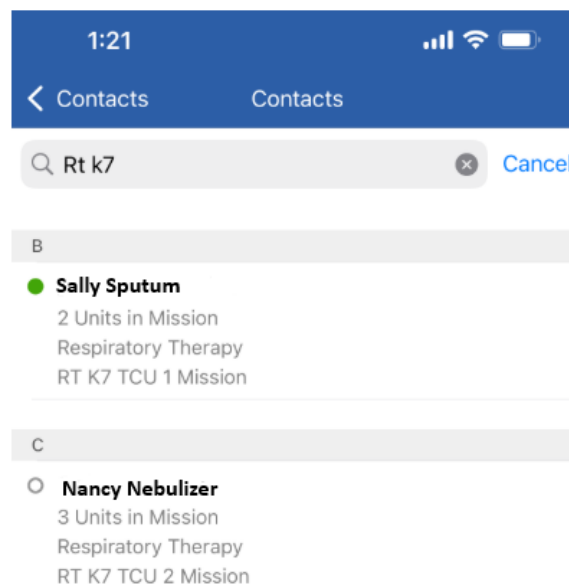
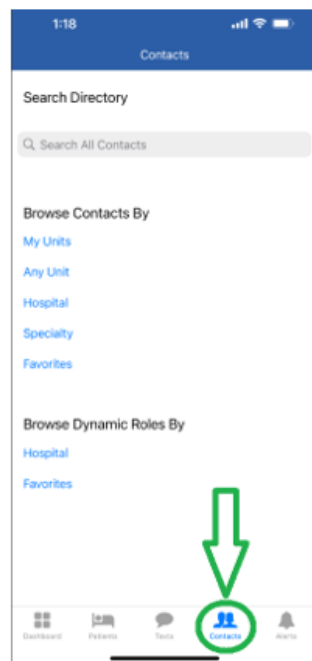
Issued on: November 28, 2023

No. 1090270 | Rev. 1.0

# 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



# Mission Hospital-New NPO Signage post bedside swallow assessment

Speech Language Pathologist (SLPs) will 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

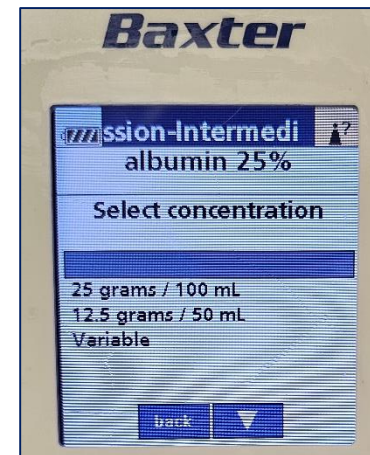
SLP:
Speech Language Pathology



## 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 programming 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

Continuous Infusions

rocuronium 500 mg + Dextrose 5% in Water ... Order 5/22/2025 09:47 EDT 05/22/2025 09:47 EDT, NOW, see comments  
Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation...

Details for rocuronium 500 mg + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Base Solution	Bag Volume	Rate	Infuse Over
Dextrose 5% in Water	450 mL	see comments	
Additive	Additive Dose	Normalized Rate	Delivers Occurrence
rocuronium	500 mg		EB
Total Bag Volume	450 mL		

Weight:  BSA

0 Missing Required Details Orders For Nurse Review Sign

Continuous Infusions

rocuronium 500 mg + Dextrose 5% in Water ... Order 5/22/2025 09:47 EDT 05/22/2025 09:47 EDT, NOW, see comments  
Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation...

Details for rocuronium 500 mg + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Order comments

Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. ~~Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion at 8 mcg/kg/min and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.~~

0 Missing Required Details Orders For Nurse Review Sign

## Future State: Normalized Rate Order Entry

Continuous Infusions

rocuronium 500 mg [8 mcg/kg/min] + Dextro... Order 5/22/2025 10:11 EDT 05/22/2025 10:11 EDT, NOW  
Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation...

Details for rocuronium 500 mg [8 mcg/kg/min] + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Base Solution	Bag Volume	Rate	Infuse Over
Dextrose 5% in Water	450 mL		
Additive	Additive Dose	Normalized Rate	Delivers Occurrence
rocuronium	500 mg	8 mcg/kg/min	EB
Total Bag Volume	450 mL		

Weight:  BSA

0 Missing Required Details Orders For Nurse Review Sign

Continuous Infusions

rocuronium 500 mg [8 mcg/kg/min] + Dextro... Order 5/22/2025 10:11 EDT 05/22/2025 10:11 EDT, NOW  
Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation...

Details for rocuronium 500 mg [8 mcg/kg/min] + Dextrose 5% in Water 450 mL

Details Continuous Details Order Comments Offset Details

Order comments

Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. ~~Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.~~

0 Missing Required Details Orders For Nurse Review Sign



## Current State: MAR

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

<b>Continuous Infusions</b> <b>rocuronium 500 mg</b> <b>Dextrose 5% in Water 450 mL</b> 05/22/25 9:47:00 EDT, NOW, see comments Concentration 1000 mcg/mL. Coordin	<b>NOW</b> Not previously
<b>Administration Information</b> rocuronium Dextrose 5% in Water	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 of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion at 8 mcg/kg/min and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.

Charting for ZTEST, DARRELL

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 of paralytic. Begin after initi...

05/21/25 21:50 EDT - 05/22/25 21:50 EDT


Begin Bag  
 Site Change  
 Infuse  
 Bolus  
 Rate Change  
 rocuronium [MDV, Paralytic]


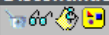
No results found

☒ Yes ☐ No rocuronium 500 mg/50 mL  
☒ Yes ☐ No Dextrose 5% in Water 450 mL

\*Performed date / time : 05/22/2025 0950 EDT  
 \*Performed by : Pack, Brian  
 Witnessed by :  
 \*Bag # : 1  
 \*Site :  
 \*Volume (mL) : 500  
 \*Rate (mL/hr) :  
 \*rocuronium [MDV, Paralytic] Dose :

Begin Bag  
 In Progress

Medications	05/22/2025 10:14 EDT
<b>Continuous Infusions</b>	
 <b>rocuronium 500 mg [8 mcg/kg/min]</b> <b>Dextrose 5% in Water 450 mL</b> 05/22/25 10:11:00 EDT, NOW Concentration 1000 mcg/mL. Coordinate with RT before initiation ...	<b>NOW</b> Not previously given
<b>Administration Information</b>	
rocuronium	
Dextrose 5% in Water	

<b>Continuous Infusions</b>  <b>rocuronium 500 mg [8 mcg/kg/min]</b> <b>Dextrose 5% in Water 450 mL</b> 05/22/25 10:11:00 EDT, NOW Concentration 1000 mcg/mL. Coordinat	<b>NOW</b> rocuronium 500 mg [8 mcg/kg/min] - Dextrose 5% in Water 450 mL 05/22/25 10:11:00 EDT, NOW Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's minimal dose requirement, unless contraindicated by clinical instability. Then re-titrate to allow the lowest dose possible, if resumed. See Reference Text.
<b>Administration Information</b> rocuronium Dextrose 5% in Water	
<b>Discontinued Continuous Infusions</b>  <b>rocuronium 500 mg</b> <b>Dextrose 5% in Water 450 mL</b> 05/22/25 9:47:00 EDT, NOW, see comme Concentration 1000 mcg/mL. Coordinat	
<b>Administrati</b> rocuronium	

Charting for: ZTEST, DARRELL

rocuronium 500 mg [8 mcg/kg/min] + Dextrose 5% in Water 450 mL  
 05/22/25 10:11:00 EDT, NOW  
 Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiati...

05/21/25 22:15 EDT - 05/22/25 22:15 EDT

Begin Bag  
 Site Change  
 Infuse  
 Bolus  
 Rate Change  
 rocuronium

No results found

☒ Yes ☐ No rocuronium 500 mg  
☒ Yes ☐ No Dextrose 5% in Water 450 mL

\*Performed date / time : 05/22/2025 1015 EDT  
 \*Performed by : Pack, Brian  
 Witnessed by :  
 \*Bag # : 1  
 \*Site :  
 \*Volume (mL) : 450  
 \*Rate (mL/hr) : 37.15  
 \*rocuronium Dose : 8 mcg/kg/min  
 \*Weight : 86 kg

Begin Bag

In Progress

## Current State: Order Verification

**Verify Continuous Order**

Drug:

Vol	Drug	Dose	Normalized Rate	Concentration	Frequency	Ordered As
500 mg / 50 mL	rocuronium [MDV, Paralytic...	500 mg / 50 mL			EB	rocuronium
100 mg/10 mL [MDV, Paralytic]	Zemuron inj 100 mg/10 mL [MDV, Paralytic]					
450 mL	D5W	450 mL			EB	Dextrose ...
	Dext 5% 500 mL					

Total volume mL: 500  
Ingredient volume mL: 500

\* Route: IV Weight: [Manually Entered 5/22/2...] 86 kg BSA(m2): 1.71  
Rate: (None) Free text rate: see comments Infuse over: 0 (None)  
Duration: 14 day Start date: 05/22/2025 Time: EDT 11:05 Stop date: 06/05/2025 Time: EDT 11:04  
\* Physician: ZTest MD, ED Physician  
\* Replace every: hr  
\* Stop type: Soft Stop

Order comments: Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion at 8 mcg/kg/min and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's

Product notes: <<< PARALYTIC >>> High alert Medication. For intubated patients or intubation initiation.]

Order priority: NOW Initial doses: 1 Initial quantity: 1

Product... Printing... Comments... Order Type Alert History... Rx Intervention

Discharge form: Inj \* Communication type: No Cosign Required  
\* Dispense category: xINJ continuous - COA \* Dispense from location: TRH Main Pharmacy  
\* Billing formula: Injectable Price: \$340.15 Cost: \$33.49

☐ Patient's own med  
☒ Auto calculate initial dose

Reject OK Cancel

## Future State: Order Verification

**Verify Continuous Order**

Drug:

Vol	Drug	Dose	Normalized Rate	Concentration	Frequency	Ordered As
500 mg / 50 mL	rocuronium [MDV, Paralytic...	500 mg / 50 mL	8 mcg/kg/min	1 mg/mL	EB	rocuronium
100 mg/10 mL [MDV, Paralytic]	Zemuron inj 100 mg/10 mL [MDV, Paralytic]					
450 mL	D5W	450 mL			EB	Dextrose ...
	Dext 5% 500 mL					

Total volume mL: 500  
Ingredient volume mL: 500

\* Route: IV Weight: [Manually Entered 5/22/2...] 86 kg BSA(m2): 1.71  
Rate: 41.28 mL/hr Free text rate: Infuse over: 12.1 hr  
Duration: 14 day Start date: 05/22/2025 Time: EDT 10:11 Stop date: 06/05/2025 Time: EDT 10:10  
\* Physician: ZTest MD, ED Physician  
\* Replace every: 12.1  
\* Stop type: Soft Stop

Order comments: Concentration 1000 mcg/mL. Coordinate with RT before initiation of paralytic. Begin after initiation of sedation and analgesia and achieved RASS goal -4 to -5. Utilize the PRN IV push order for the initial loading dose until the infusion bag arrives from pharmacy. Then start the continuous infusion and titrate to clinical goals and Train of Four per nomogram (see reference text). Administer subsequent bolus doses of 600 mcg/kg from the infusion bag based on the nomogram. Usual infusion rate is 8-12 mcg/kg/min. Reduce the infusion rate or temporarily discontinue the rocuronium daily to evaluate patient's

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\* Billing formula: Injectable Price: \$340.15 Cost: \$33.49

☐ Patient's own med  
☒ Auto calculate initial dose

Reject OK Cancel

## 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.

ED Rabies Post-Exposure Plan (System), Initial Exposure Plan (Planned Pending)		
Medications		
<b>Previously unvaccinated prior to exposure:</b>		
<input type="checkbox"/>	rabies immune globulin, human	20 units/kg, Inj, IM, ONCE, NOW, Duration: 1 doses If possible, infiltrate injection into and around wound. Remaining IM dose at a...
<input type="checkbox"/>	rabies vaccine, purified chick embryo cell (RabAvert (rabies vaccine, chick embryo) IM injection)	rabies immune globulin, human
<input type="checkbox"/>	diphtheria/pertussis, acel/tetanus (Tdap) vaccine (Adacel (diphtheria/pertussis, acel/tetanus Tdap vacci...	Details: 20 units/kg, Inj, IM, ONCE, NOW, Duration: 1 doses
<b>Previously vaccinated prior to exposure:</b>		
<input type="checkbox"/>	rabies vaccine, purified chick embryo cell (RabAvert (rabies vaccine, chick embryo) IM injection)	Order Comment: If possible, infiltrate injection into and around wound. Remaining IM dose at anatomical site distant from vaccine location.

## 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.

