

Automatically Generated iReferral Consults for LifeShare Carolinas

Go-Live: 10/28/2025



To streamline patient care, consults will now be auto-generated based on nursing documentation. This change eliminates the need for manual ordering, allowing our clinical staff to focus more on patient care. Staff will still have the ability to manually order a consult for patients who do not meet the automatic generation criteria.

This change will impact: **Mission Hospital, Angel Medical Center, Highlands-Cashiers Hospital, Transylvania Regional Hospital.**

Documentation that Triggers Alerts

The following documentation within a patient's chart will automatically generate an alert.

1. On Ventilator with a Glasgow Coma Scale (GCS) score of less than or equal to 7

Basic Oxygen Information Oxygen Saturation % O2 Delivery Device Ventilator Oxygen Flow Rate L/min Oxygen Percentage % Oxygen Sat Activity Pulse Oximetry Location Site Changed Pediatric High flow Holiday	Glasgow Coma Eye Opening Response (2) To Pain Verbal Response (2) Inappropriate Motor Response Glasgow (1) None Glasgow Coma Score 5 Response to Stimuli Affected by	Consults LifeShare Consult Ordered 08/25/25 13:06:28 EDT, Routine, ZNZOPB, ZNZOPB Pt on Vent and GCS less than or equal to 7
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2. On Ventilator with an active Palliative Care consult

Basic Oxygen Information Oxygen Saturation % O2 Delivery Device Ventilator Oxygen Flow Rate L/min Oxygen Percentage % Oxygen Sat Activity Pulse Oximetry Location Site Changed Pediatric High flow Holiday	Consults LifeShare Consult Ordered 08/25/25 13:14:48 EDT, Routine, BmMtgberry, Bign V, 2025-005486 Palliative Care Consult Ordered 08/25/25 13:14:00 EDT, test, 8-5 enter your number below, Physician, McCormick RN, Mary B. Is the patient or the family aware this consultation is being placed?
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3. On Ventilator with a documented plan to withdraw care or a Do-Not-Resuscitate (DNR) order

Basic Oxygen Information Oxygen Saturation % O2 Delivery Device Ventilator Oxygen Flow Rate L/min Oxygen Percentage % Oxygen Sat Activity Pulse Oximetry Location Site Changed Pediatric High flow Holiday	Admit To/Condition/Code Status Code Status Ordered 08/29/25 13:52:00 EDT, No Code/Do Not Resuscitate Consults LifeShare Consult Ordered 08/29/25 13:58:35 EDT, Routine, ZNZOPB, ZNZOPB Pt on Vent and has Palliative Care Consult or DNR status.
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4. Not on a ventilator with a documented time of death

Post Mortem Care Expiration Date and Time 8/25/2025 13:10 Pronounced By	Consults LifeShare Consult Ordered 08/25/25 13:10:30 EDT, Routine, ZNZOPB, ZNZOPB Time of death charted.
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*If the automated system does not trigger an alert for a patient meeting the specified criteria, please manually order a consult.

Automated LifeShare Case ID Generation

D230, IREFERRA... Phone:(220) 152-0325 Age:34 years
Allergies: Allergies Not ... PCP:
ADA Needs:No Needs Identified Isolation:Standard Prec...

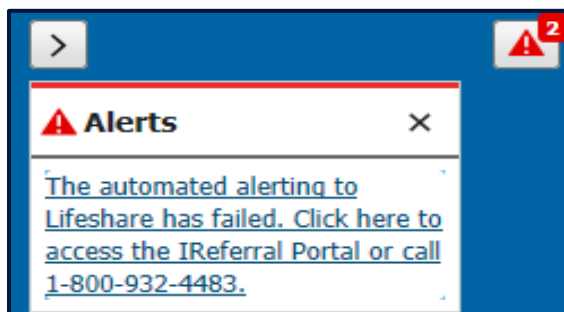
Original order entered and electronically signed by ZNZOPB, ZNZOPB on 08/28/2025 at
Clinical Consults Department
LifeShare Consult

History Details Additional Info Comments Compliance History Results Pha

Details
Requested Start Date/Time 08/28/2025 14:29 EDT
Priority Routine
Staff Contact Test, Clinical RN
LifeShare Case ID 2025-005503
Comment
Palliative Care Consult

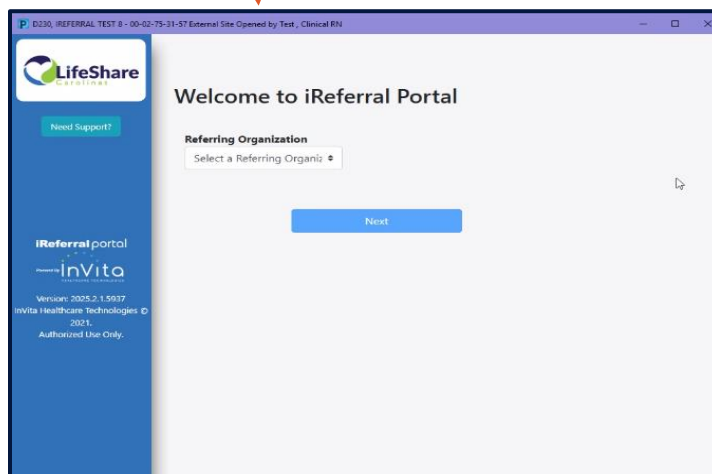
System Safeguards and Manual iReferral Process

In the event of an automated system failure, a **smart alert** will be generated with a hyperlink to the iReferral Portal. Concurrently, a nursing order will automatically populate to notify staff to manually complete the referral process. This built-in safeguard ensures that patient care and referrals are never delayed.



Treatments/Nursing	60'	Call Lifeshare for Referral	Ordered	08/14/25 13:38:51 EDT 1-800-932-4483.
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OR



Insulin Answers! Rapid Facts

Why it matters

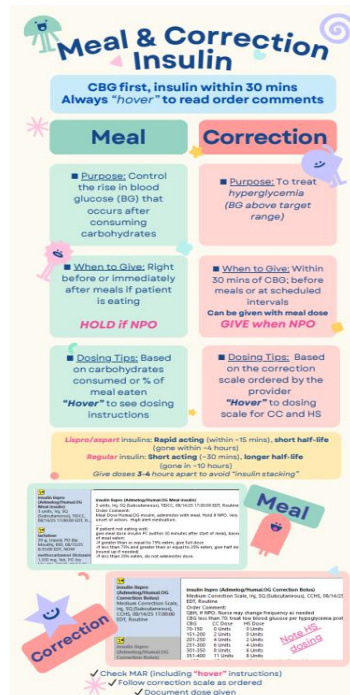
- Delayed or missed insulin = ↑ risk of hypo/hyperglycemia, complications, longer LOS.
- Goal: Insulin given **within 30 minutes of meal tray arrival**.

Safety Pearls

- Do not give MEAL insulin if tray is delayed or patient not eating.
- Give CORRECTION insulin regardless of NPO.
- Reassess CBG if meal delayed >30 minutes.
- “HOVER” over MAR orders for rapid-acting insulin dose accuracy.

Our Unit Goal

- 90%+ compliance with timely insulin administration.
- Improve patient safety, reduce glycemic derangements
- Enhance workflow efficiency.



Watch for Education Infographics on your unit!

Contact / Resource

For questions or concerns, reach out to: Diabetes educators (iMobile/WebEx), Nursing Unit educators

Introcan Safety® 2 IV Catheter with Multi-Access Blood Control

INSERTION GUIDE:

1 | Preparation

- Select and prepare site according to institutional protocol.
- Completely remove the paper from the packaging.



- Remove protective cover by holding at each end, then pull straight apart.



- **DO NOT ROTATE CATHETER PRIOR TO INSERTION**
- Verify push-off plate and needle bevel are in the "up" position.
- Confirm catheter hub is seated tightly against flashback chamber.

2 | Perform insertion

- Hold skin taut, insert catheter at optimal insertion angle.
- Visualize first flashback in flashback chamber to confirm needle entry in the vessel.



- Upon first flashback visualization, LOWER and advance the needle and catheter together approx 3mm or 1/8in.



3 | Thread catheter

- Holding needle still, advance the catheter off needle and visualize second flash within the catheter to confirm catheter entry in the vessel.



- After confirmation, continue advancing catheter off the needle into the vessel.
- Release tourniquet.

4 | Stabilize catheter hub and remove needle

- With catheter hub stabilized, withdraw the needle straight out with a controlled and continuous motion (minimize rotation or bending of the needle).



- The metal passive safety shield will automatically attach to and cover needle tip as needle tip exits catheter hub.



- Properly discard needle into sharps container.

5 | Connect and secure catheter

- Immediately CONNECT and TIGHTEN the accessory device to the catheter hub.



- Stabilize and dress the site per institutional protocol.

PRIOR TO USE AND FOR COMPLETE PRODUCT INFORMATION, INCLUDING WARNINGS AND PRECAUTIONS, REFER TO "INSTRUCTIONS FOR USE" AT www.bbraunusa.com.



Scan for eIFU and more information

ALWAYS REMEMBER

Never reinsert needle into catheter; catheter shearing may occur and may cause embolism.

In the case of an unsuccessful IV start, remove the needle first to activate safety mechanism, then remove catheter from patient and discard both.

If clinical support is needed, please contact Medical Affairs at 800-854-6851 or visit www.introcansafety.bbraunusa.com for more information.

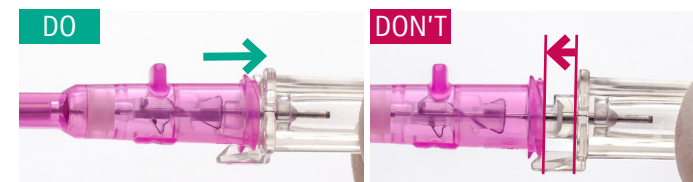
PRACTICE SUGGESTIONS:

1 | Needle feels dull

- a. Catheter tip advanced over needle bevel, preventing exposure of full cutting surface of bevel.
 - Completely remove the paper from the package and then remove catheter.
 - Grasp product by flashback chamber in a manner to be able to visualize blood flash.



- Confirm catheter hub is seated tightly against flashback chamber.



- b. Catheter or needle bevel design may be different from your previous IV catheter.
 - Hold skin taut, insert catheter at optimal insertion angle.

2 | Blowing vessels

- a. Not seeing initial flash.
 - Upon insertion hold the clear flashback chamber so that you can easily visualize first flash in clear flashback chamber.



- b. Insertion angle too high.
 - Lower angle of insertion.
- c. Catheter not in vessel.
 - Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in. prior to threading catheter.



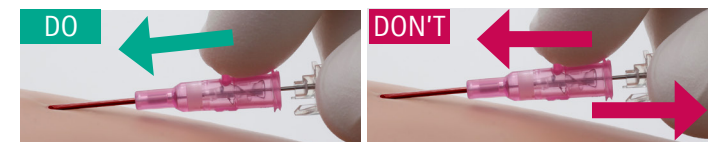
- d. Insertion speed too fast; needle and catheter exited vessel.
 - Reduce speed of insertion to allow flash visualization.

3 | Flashback of blood too slow

- a. May be due to patient condition (eg. hypovolemia; hypotension).
 - Ensure tourniquet is properly applied.
 - Observe first flash in clear flashback chamber.
 - Loosen vented flash plug.

4 | Difficult to thread catheter

- a. Catheter not in vessel (only needle bevel has entered vessel).
 - Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in.; thread catheter and visualize second flash in catheter.
- b. Pulling back on needle before catheter is fully threaded.
 - Hold needle still and thread catheter off the needle into the vessel. Do not simultaneously withdraw needle when threading catheter.



5 | Flow restriction

- a. Improper opening of blood control septum.
 - Ensure all luer connections are fully engaged and completely tightened to catheter hub.



- b. Catheter kinking at insertion site.
 - Dress and secure the catheter to maintain proper hub angle.
- c. Ensure site patency.

6 | Catheter dislodged during needle removal

- a. Catheter hub not properly stabilized.
 - Stabilize catheter hub while pulling the needle straight out.



Dressing and securement tip



Dress and secure catheter to maintain proper angle to avoid kinking.

Mission Hospital-Discharge Courtesy Suite (DCS) Criteria and Service

The DCS is Open Monday through Saturday from 7:45 a.m. to 8:15 p.m. To contact the DCS call 828-775-7138.

Patient Criteria for DC Suite:

- ☐ Patients with discharge orders without criteria or with criteria that has been met
- ☐ Discharge medication reconciliation is signed by discharging provider
- ☐ Not on Isolation
- ☐ 10 days post positive COVID result
- ☐ Oriented and mobile with 1 assist
- ☐ On oxygen via nasal cannula up to 6L.
- ☐ Care Management needs have been addressed (DME, discretionary funds, MAP, taxi vouchers, etc.)
- ☐ Transportation home is secured by 8 p.m.
- ☐ IV's can be discontinued in the DC Suite. PICCs should be discontinued prior to coming DC Suite and central line ports de-accessed.

Services provided by DC Suite Staff:

- ☐ RN's address follow-up appointments, discharge medications, and provide patient and family discharge education
- ☐ Lovenox, Diabetes, and IV antibiotic teaching can all be completed in the DC Suite. Please be sure to let DC Suite staff know that this teaching needs to occur prior to patient discharge.
- ☐ Patients can wait for DME, Meds to Beds, or MAP deliveries.
- ☐ Meals and snacks are available
- ☐ Taxi vouchers or Lyft rides can be arranged for patients if needed.
- ☐ Patient's PRN medications can be administered in DC Suite if needed.



Clinical Updates

New Reason added for Wound Care consult “IV Extravasation with Wound”: Go-Live 10/14/25

- Orders impacted include:
- Tele-Wound Ostomy Continence Nurse Consult
 - Tele-Wound Ostomy Continence Nurse Visit
 - Wound Care Consult Eval and Recommend
 - Wound Care Consult Eval and Treat
 - Wound Nurse Visit (WOCN Use Only)

▼ Details for **Wound Care Consult Eval and Recommend**

Details Order Comments Diagnoses

+ [Icons]

*Requested Start Date/Time: 10/07/2025 1048 EDT Priority: Routine

*Reason for Consult: IV Extravasation with Wound

Specify Details:

- Fistula Management
- Incontinence Care
- IV Extravasation with Wound
- Ostomy Care
- Percutaneous Tube Management
- Rash
- Wound- Upper Extremity
- Wound- Lower Extremity
- Wound- Trunk
- Wound- Head
- Other

Provider Service Type added to the Level of Care order: Go-Live 10/14/2025

- New addition will help clinicians in the identification of which provider(s) to contact for patient care questions or needs.
- The provider service type will be found in the Level of Care order.

Future State:

Details for Level of Care

Details | Order Comments | Offset Details | Diagnoses

Requested Start Date/Time: EDT

Bed Type:

AMC Bed Type:

BRRH Bed Type:

HCH Bed Type:

McDowell Bed Type:

TRH Bed Type:

*Level of Care:

*Provider Service Type:

Additional Comments:

***Provider Service Type:**

Acute Care & Gen Surgery

Cardiology

Cardiovascular Surgery

Concierge

Dental

Facial Trauma

Head & Neck Surgery

Hospital Medicine

MAHEC Family Practice

Medicine Teaching Service

Neurosurgery

Newborn Care

NICU

OB/GYN

Ophthalmology

Oral surgery

Pediatrics

Plastic Surgery

Psychiatry

Pulmonary/Critical Care

Radiology

Vascular Surgery

Wound/Ostomy

Admit To/Condition/Code Status			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Patient Status - Admit to Inpatient	Ordered 10/09/25 14:51:00 EDT, Abdominal mass, Greater than two midnights, I certify that
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Level of Care	Ordered 10/09/25 14:51:00 EDT, General Medicine, Med Surg, Acute Care & Gen Surgery