

PAIN MANAGEMENT

Match the Therapy to the Pain Score

Use ordered PRN options safely. Choose the lesser therapy when appropriate — never exceed the ordered pain-range match.

DO NOT ADMINISTER A HIGHER PAIN-RANGE MEDICATION FOR A LOWER PAIN SCORE

This changes the provider's ordered range and would be considered practicing medicine outside the scope of nursing practice.

When the score is low, use the matching lower-range order or a lesser ordered option; escalate if pain is uncontrolled or orders are unclear.

SAFE PRN SELECTION: 4 GUARDRAILS

- 1 Assess first:** Pain level, location, quality, timing, vitals, allergies, and last dose.
- 2 Match the order:** Select the PRN medication that matches the patient-reported pain-score range.
- 3 Lesser therapy is appropriate:** A less potent ordered option may be used based on patient choice, but documentation of patient request for lesser therapy must occur.
- 4 Document + reassess:** Record pain score, option selected, rationale/patient choice, and response.

BOTTOM LINE: Match the documented pain score to the ordered range. Lesser therapy is allowed when appropriate; higher-range medication is not.



LOW SCORE



HIGH-RANGE
MED

Stay within the ordered pain range.

When to call the provider

- Pain score/order range does not match
- Patient requests a stronger option than ordered range allows
- Pain remains uncontrolled after intervention
- Order is unclear or safety concern exists



Medication Security

Lock it. Hand it. Never leave it unattended.

Huddle education for nurses

DATED

June 17, 2026

POLICY

Medication Security
1MM.med.0025



The standard: meds must be secured at all times.

A medication is either in an approved secure location or in the direct control of the nurse during medication administration. Medications are removed from secure areas only at the time of administration.



Secure HOME

Pharmacy, automated dispensing cabinet, keypad-entry med room, approved med refrigerator, or locked code cart.



Responsible HAND

Direct control during medication administration. Do not set it down and walk away.



Not secure

Desk, counter, WOW, computer station, bedside table, patient room shelf, or tube station area.

Rule of thumb

Meds need a secure HOME or a responsible HAND.



Chain of custody: keep the med accounted for

1

Released from secure location



2

In direct control



3

Administered or re-secured

Teach this line: Once a medication leaves secure storage, someone owns the next safe action.

TUBE STATION RULE

Do not park it.

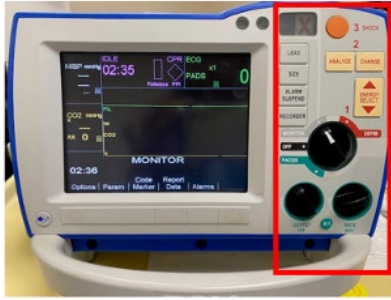
Once removed from the tube, the med goes to the responsible nurse or an approved locked location.

ZOLL R-Series Defibrillator Readiness & Test Fire

Daily readiness | Auto-check archive review | Weekly 30 J manual test fire

Before leaving the unit as ready: plugged into AC power + GREEN CHECK visible. If no green check, troubleshoot immediately and do not mark ready.

DAILY READINESS CHECK



1. **Plug in** to AC power; do not store unplugged.
2. **Confirm** Code Readiness window shows GREEN CHECK.
3. Inspect unit/cables; verify paper, charged battery/spare, and sealed unexpired ZOLL therapy pads.
4. **Document** per unit process.

GREEN CHECK	Ready for use
RED X	Not ready

Color-coded operating system

- **Red** = Defibrillation/Cardioversion
- **Green** = Pacing
- **Grey** = Monitoring

IF GREEN CHECK IS NOT OBTAINED

- Connect to AC power and verify cord/connection.
- Check battery is installed/charged; replace depleted battery.
- Check OneStep cable, pads, test port, or paddles.
- Replace expired, opened, or compromised pads.
- Run manual 30 J self-test/test fire after corrections.
- **If RED X persists:** remove from service, tag per policy, and notify BioMed/Clinical Engineering.

Common reasons it may fail

- Not plugged in at self-test
- Portable batteries depleted
- Pads not plugged in
- Pads expired

Self-test cadence

- Automatic Code Readiness test runs once per day when configured.
- Manual test/test fire is completed weekly or per facility policy.
- Auto and manual test results are stored in the Code Readiness Log/Test Log.

REVIEW ARCHIVE: DAILY AUTO CHECKS

Path: MONITOR > Report Data > Test Log

1. Set mode selector to MONITOR.
2. Press Report Data, then Test Log.
3. Use Prev Test / Next Test to review stored records.
4. Find the daily auto check: Type = Automatic with current date/time.
5. Verify OK results: Battery, 30 J Self Test, Defib, OneStep Cable, Pace, ECG.
6. Verify AC Power = Connected for readiness review.
7. Use Print Test for one record or Print Test Log for all records if needed.

Expected daily outcome

- Current automatic check present in log.
- GREEN CHECK displayed on front panel.
- Any failed check has documented troubleshooting/escalation.

WEEKLY ZOLL TEST FIRE

Plug the R Series device into a standard electrical outlet so it receives power for the manual 30 J test fire. Do not touch connected pads/cable during readiness testing.

1. **Confirm AC power** is connected.
2. Use unopened OneStep pads on cable, OR test port, OR seated paddles.
3. Turn unit OFF at least 10 sec; then turn dial to DEFIB.
4. Set Energy Select to 30 J; press CHARGE.
5. At ready tone, set Energy Select to 20 J to disarm.
6. Reset Energy Select to 30 J; press CHARGE again.
7. When ready, press SHOCK until energy is delivered.
8. Confirm 30J TEST OK and stripchart prints delivered energy.
9. **Confirm** GREEN CHECK is visible; keep AC power connected.

If the weekly test fire does not pass

- Check 30 J setting, sealed pads/test port/paddles, battery, cable, and AC connection.
- **If RED X remains** or 30J TEST FAILED appears, remove from service, tag per policy, and notify BioMed/Clinical Engineering.

Education aid compiled from the ZOLL R Series ALS Operator's Guide,

Behavioral Health Patients in Acute Care Areas

Safety Is Everyone's Responsibility

ROOM SAFETY: REMOVE, SECURE, OR ESCALATE RISKS

Core room-safety checklist

- Belongings secured or removed
- Contraband clothing check completed
- No excess linens, gloves, cords, or tubing
- No ligature-prone items present
- Nurse call cord secured or breakaway cord in use
- Windows secured, if applicable
- Trash bags/containers removed
- Sharps container less than 1/3 full
- Equipment no longer in use removed

GENERAL NURSING SAFETY PRACTICES

- No sharps or syringes left in room
- Utensils accounted for after meals
- Medication cheeking assessment completed as indicated
- Appropriate patient attire in use: snap gown/paper scrubs when indicated

Potential-harm items to remove or secure

Examples to look for during environmental sweeps:

- Charging cables
- Drawstrings: pants, shorts, hoodies
- Extra wound care supplies: Kerlix/gauze, Coban
- Tourniquets
- Extra IV tubing / O2 tubing
- Corded headphones
- Long hair ties
- Extra ACE wraps
- Transfer belts
- Extra linens

DIETARY SAFETY CHECK

- No aluminum cans
- No knives
- Paper plates only
- Plastic utensils only
- Paper or Styrofoam cups only

PATIENT SAFETY ATTENDANT + ESCALATION FOCUS

PATIENT SAFETY ATTENDANT / SITTER FOCUS

- Confirm the order for 1:1 sitter
- Unit provides 1:1 sitter coverage immediately until PSA resource is provided; work with CNC to escalate need
- Patient remains in direct line of sight
- Sitter understands reason for observation
- Duress badge readily accessible
- Environment continuously assessed for risks
- No distractions: cell phone, reading, sleeping, etc.
- Changes in patient condition communicated promptly

ESCALATION REMINDERS

- Remove items that are not clinically required or actively supervised
- Return necessary supplies after use; avoid stockpiling extras in the room
- Escalate barriers to direct observation or safe-room setup in real time
- Close the loop: verify the risk was resolved, not just reported

SAFETY MESSAGE: STOP • LOOK • ASK • ACT

STOP

Assess the environment before and during care.

LOOK

Look for hazards, contraband, cords, tubing, and ligature risks.

ASK

Clarify concerns and communicate risks.

ACT

Act immediately and escalate until the risk is resolved.

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