Effective March 31, 2026, Mission Hospital will enhance IV port disinfection practices by transitioning from Curos alcohol caps to Prevantics swabs for scrubbing the hub. This change supports our ongoing commitment to patient safety and high-quality care. Regional Facilities will go-live with Prevantics swabs on April 7th, 2026.

Scan the QR code to access Prevantcs Device Swab Online In-service Training.

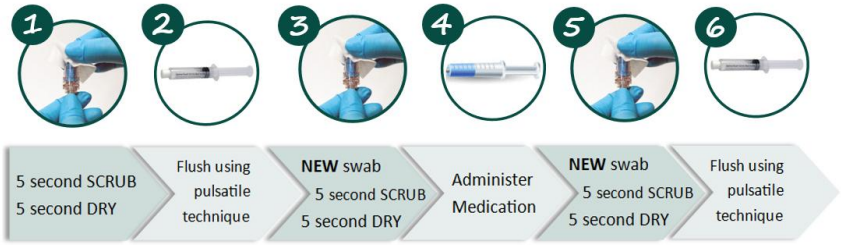
Prevantics swabs contain 3.15% chlorhexidine gluconate and 70% isopropyl alcohol solution. Approved by FDA to disinfect needleless connector ports and blood culture bottle tops. Swabs are single use and not for use on skin.

Prevantics® Device Swabs should be used to disinfect ALL needleless connectors and catheter hubs prior to EACH access/use for Central Venous Access Devices (CVADs), Implanted Venous Access Ports, and Midline Catheters.

Prevantics Device Swabs will replace Curos caps for all hub disinfection. Prevantics swabs contain both CHG and alcohol, with a 5-second scrub they kill more bacteria than an alcohol swab alone.

How to use:
Prevantics® Device Swabs

"Scrub the hub" with a Prevantics Device Swab using a firm, twisting motion (like juicing an orange) **BEFORE** initially accessing a needleless connector & **BETWEEN** each access as seen below:



If connecting to IV tubing: Scrub the hub after the final flush and allow the connector to "dry to the naked eye" before connecting

Why? To prevent them from bonding or sticking together.

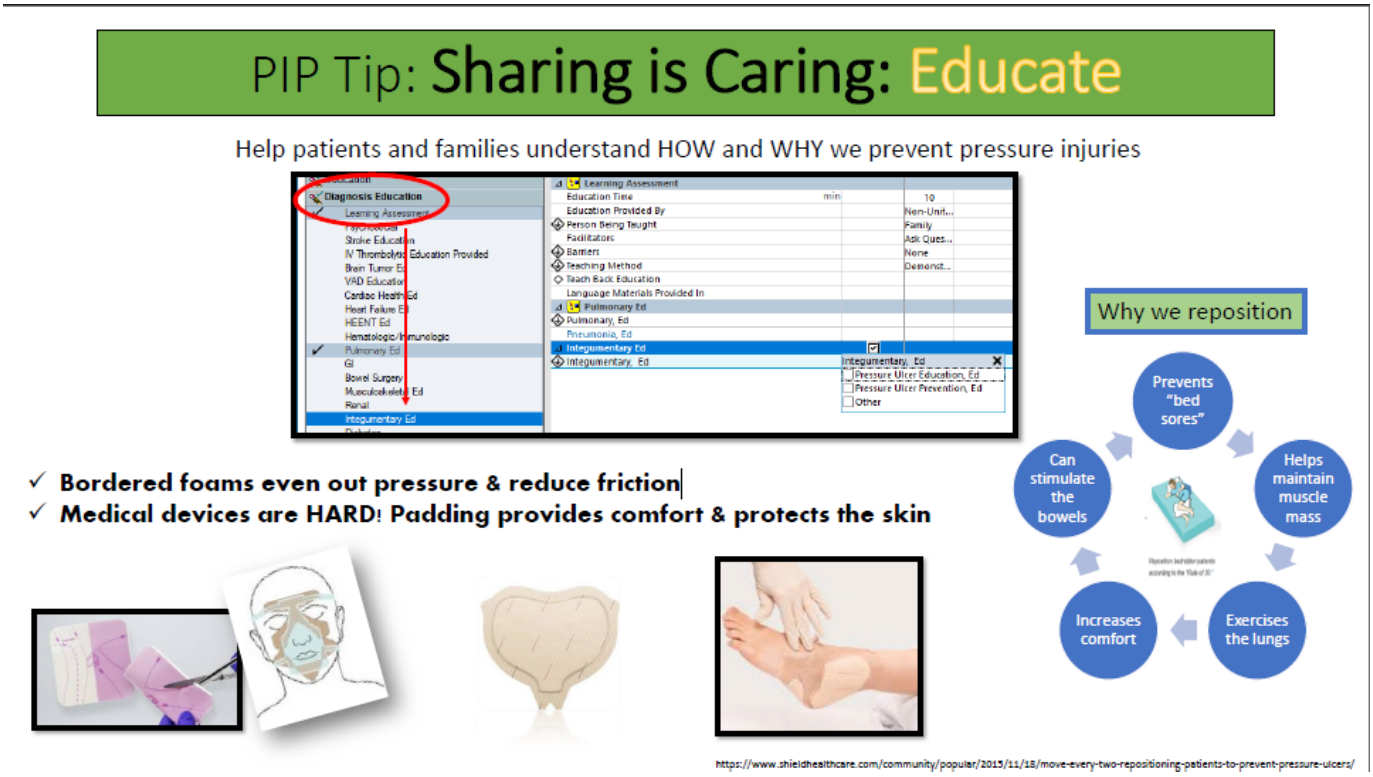
HCA Healthcare® Center for Clinical Advancement

MISSION HEALTH

Clinical Updates

Mission Hospital Only: MRI Patient Transport Process when patient has continuous telemetry or SPO2 monitoring orders

- Patients who have continuous telemetry or SPO2 monitoring orders must be accompanied by a RN/LPN with a telemetry monitoring competency to MRI.
- **Nursing workflow**: Place patient on tele box → Notify CMU of patient transport to MRI→ Accompany patient → Notify CMU when monitoring stops → Place patient on MRI-compatible leads → Monitor patient for the duration of the MRI → Notify CMU when patient is placed back on tele box → Notify CMU when patient returns to the unit
- Notify the Charge Nurse/CNC as soon as possible when a MRI is ordered.



Cardiac Cath Procedures: Right Heart vs Left Heart

Understanding the key differences between a right heart and left heart catheterization are important in overall patient management. Here we will discuss some of the key difference and nursing considerations. Because both procedures use the Vena Cava (Vein) or Aorta (Artery) to visualize parts of the heart it doesn't matter which side of the body the provider gets access.

Right Heart Catheterization (RHC)

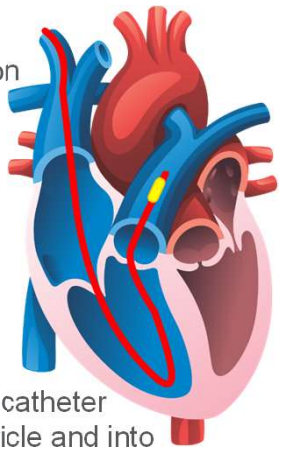
For this procedure, the provider will use the **VENOUS** system to gain access and measure pressures in the heart and lungs

Common Access Sites:

- Femoral Vein (Groin)
- Brachial Vein (Elbow)
  - Patient will need 2 IVs
    - ❑ 1 Middle of elbow of desired arm (right/left)
    - ❑ 1 somewhere else
- Internal Juglar Vein (Neck)

Common Indications:

- Cardiac Disease Processes
  - Valve Disease
  - Cardiac Tamponade
  - Complications of Acute Coronary Syndrome
  - Intracardiac shunts
- Fluid status relative to other disease processes, ex: kidney or liver
- Chronic Lung Disease
  - Pulmonary Artery Hypertension
  - Acute Pulmonary Embolism
  - Primary Lung Disease
- Heart Failure
  - Acute
  - Exacerbation
  - New Onset



Procedure Overview:

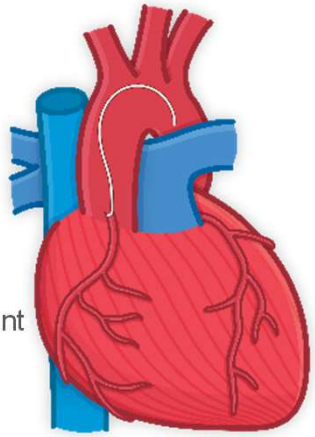
Provider directs a swan ganz, or PA, catheter through the Right Atrium, Right Ventricle and into the Pulmonary Artery. While the catheter is being placed or removed, the provider will pause to take pressure measurements and/or measure oxygen saturation. The catheter can stay in or removed prior to the end of the procedure.

Left Heart Catheterization (LHC)

For this procedure, the provider will use the **ARTERIAL** system to gain access and assess the coronary arteries, and measurements of the Left Ventricle (LV).

Common Access Sites:

- Femoral Artery (Groin)
- Radial Artery (Wrist)



Common Indications:

- Heart Failure
  - Acute
  - Exacerbation
  - New Onset
- Cardiac Disease Assessment and/or intervention
  - Valve Disease
  - Acute Coronary Syndrome/Myocardial Infarction
  - Coronary Artery Disease
- Arrythmias (especially new onset)
  - Atrial (ex: A. Fib)
  - Ventricular (ex: VT, runs or after a code)
- Congenital Heart Defects
- Evaluation prior to surgery

Procedure Overview:

Provider directs catheter(s) to engage the ostium of the coronary arteries, inject contrast and assess for coronary artery disease. A catheter may be placed into the LV to take measurements the pressure and compare it with the aortic pressure. This assesses the LV and aortic valve function. If coronary artery disease is identified and severe providers can then utilize balloons and stents for treatment, this would then be called a Percutaneous Coronary Intervention (PCI).

Right Heart vs Left Heart: Nursing Indications

When thinking about nursing management pre and post procedure there are a few key nursing considerations.

Consideration/ Question	Right Heart (RHC)	Left Heart (LHC)	Why the difference?
The patient took their home anticoagulant (Warfarin or DOAC) is that alright?	Notify your provider, providers have different stances on this because it is a procedure utilizing the venous system.	Generally, no. Unless the patient is in an emergent need. Please notify your provider.	In a LHC the provider is using the arterial system which has a higher bleed risk and because of this the recommendation is to hold these medications pre LHC.
The patient is on SQ or IV Heparin or Lovenox. Do I administer this pre-procedure?	Generally, yes. But always verify with orders or clarify with the provider.	**Review the orders or clarify with the provider!**	There are many indications and dosing, these factors will affect if you should give or not.
The patient has aspirin and a P2Y12 (clopidogrel or ticagrelor). Should I give or question this?	Okay to give.	**Highly recommended** to give.	These medications are given to help prevent thrombus formation during a stent placement.
Are there any medications the patient needs to be on pre and post procedure?	No additional medications are generally needed	IV fluids are recommended for most patients pre and post to help in AKI prevention. IV fluids are contraindicated for patients with ESRD or active Decompensated Heart Failure. If you have a questions, please notify your provider.	Simply LHC utilize contrast. Contrast is a known nephrotoxic agent. Due to this pre and post fluid recommended as a key prevention measure.

Image Reference:

- *HCA Healthcare (illustrated by Learning Center of Excellence, with heart image from Getty Images #598167278)*
- *HCA Healthcare (illustrated by Learning Center of Excellence, with heart image from Getty Images #526708602)*

Content Reference:

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