

 Clinical Reminders**GO LIVE
OCT 6****Patient Armband Scanning & Barcode Label Printing Update****Scan the armband on the patient - printing changes to one scannable armband label**

Beginning October 6, patient-label printing will change from four scannable patient barcode labels per sheet to **ONE** scannable armband barcode label per sheet. Continue to scan the identification armband physically attached to the patient at the point of care.

What is changing**OLD WAY****4**

scannable patient barcode
labels per sheet

**NEW WAY****1**

scannable armband barcode
label per sheet

Point-of-care scanning**DO**

- Scan the identification armband physically attached to the patient during medication administration, blood administration, and other bedside workflows.

DO NOT

- Do not use a loose or duplicate patient barcode in place of bedside armband scanning.

What is not changing: Lab specimen barcode labels continue to print separately after the patient armband is scanned and the specimens are selected.

SCAN THE ARMBAND ON THE PATIENT - not a loose or duplicate patient barcode label.



Clinical Reminders

GO LIVE
OCT 6

Cerner 2026 Changes

Quick summary of upcoming Cerner changes - go live October 6, 2026

Morse Fall Scale - Gait/Transferring

Reference text is added to the Gait/Transferring field to help nursing distinguish weak from impaired, supporting more accurate Morse Fall Scale scoring.

Gait/transferring

Reference

Morse Fall Risk Gait/Transferring Guidance Information:

- Normal-Bedrest/Immobile
- WEAK: Able to lift head, stooping, staggering, shuffling, short, slow gait.
- IMPAIRED: Head down, difficulty standing, decreased balance, difficulty rising from chair, requires staff assistance, use of ambulatory aids.

Wound Dressing Type

Ambulatory wound documentation adds Compression as a discrete dressing type, reducing the need to free-text this treatment modality.

Wound Care Assessment - D230, CAREPARTNERS10

*Performed on: 06/12/2026 15:34 EDT

By: Hoglen, Erica

Wound Care

Type: **Result Details**

Wound Dressing

☒ Compression	☐ 4x4's	☐ Gauze dressing	☐ Pastes/Powders/Beads	☐ Removed
☐ Dry	☐ Adhesive	☐ Hydrocolloid	☐ Petroleum gauze	☐ Sten-Strips applied
☐ Drainage present	☐ Alginate	☐ Hydrogel	☐ Transparent dressing	☐ Other:
☐ Intact	☐ Band-Aid	☐ Light packing	☐ Wet to dry dressing	
☐ Loose	☐ Film	☐ Moist saline gauze	☐ Changed	
☐ 2x2's	☐ Foam	☐ Nonadhesive wrap	☐ Reinforced	

Comment

In Progress



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Mobility Documentation

Patient Activity is renamed Activity/Mobility and moved to the first position. Options and assistance selections are refined, reference text is added, Head of Bed Angle becomes a dropdown, and new/renamed fields improve standardized mobility capture.

Rapid Response Documentation

Cerner gains a more dedicated rapid response workflow. New Activated, Arrival and End Date/Time fields are added; trigger and disposition choices are updated; several older fields and the Notify Provider section are removed.



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Telemetry Unavailable

Telemetry Unavailable, Cardiac Rhythm and the active-orders smart template move to the standardized inpatient telemetry form. The ED notification task points to the standardized form and the current ED form is retired.

If a Telemetry box is unavailable, place the patient on a continuous monitor and validate that the patient is being monitored.

Telemetry Unavailable and Patient Maintained on Continuous Monitor

☐ Yes

Contact Note

Cardiac Rhythm

- ☐ Sinus Rhythm
- ☐ Sinus Tachycardia
- ☐ Sinus Bradycardia
- ☐ Sinus Arrhythmia
- ☐ Atrial Fibrillation
- ☐ Atrial Flutter
- ☐ Wandering Atrial Pacemaker
- ☐ 1st Degree AVB
- ☐ 2nd Degree AVB (Type 1)
- ☐ 2nd Degree AVB (Type 2)
- ☐ 3rd Degree AVB
- ☐ A-Flutter
- ☐ A-Bradycardia
- ☐ A-V Sequential Paced
- ☐ Ventricular Escape Rhythm
- ☐ Ventricular Tachycardia
- ☐ Ventricular Fibrillation
- ☐ Torsade de pointes
- ☐ Atrioventricular Dissociation
- ☐ Elevated ST
- ☐ Depressed ST
- ☐ Junctional
- ☐ Idioventricular
- ☐ Supraventricular Tachycardia
- ☐ Asystole
- ☐ See Telemetry Strip
- ☐ Undraining Rhythm

STEMI Physician Documentation

A new provider PowerForm captures documented reasons when fibrinolytic therapy is not given within 30 minutes or PCI is not performed within 90 minutes. The form is launched from LaunchPoint when a STEMI diagnosis is present, when applicable.

Appropriate Treatment for STEMI Patients in the ED

Reason Fibrinolytics not Given Within 30 Minutes of Arrival

eQM ED Reason Fibrinolytics Not Given

Reason PCI Not Performed Within 30 Minutes of Arrival

eQM Reason PCI Not Performed



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PCI Procedure Documentation

The section is updated to PCI Procedure and adds PCI procedure end time, anesthesia type, and anesthesia provider start/end date-time. The section is also added to alternate Cardiology bands.

PCI Procedure	
Is this a PCI Procedure?	Yes
Procedure Start Date and Time	9/9/2026 05:42
Procedure End Date and Time	9/9/2026 06:44
Anesthesia Type	Anesthesia Type General Anesthesia Combined General/EPI Combined General/Reg Local Anesthesia Monitored Anes Care Moderate Sedation None Peribulbar Regional Anesthesia Spinal Anesthetic Combined Spinal/EPI
Anesthesia Provider Start Date and Time	
Anesthesia Provider End Date and Time	
Pre-Procedure Checklist	
Checklist 1	
Procedure To Be Done	
Patient ID Band On and Verified	
Any Changes, tests, ED Visits since PAT?	
Enhanced Surgical Recovery (ESR) Patient	
ESR Carb Drinks Consumed	
Oral Preop Antibiotics Taken at Home	
NPO Since	

SCAI Mortality Risk Calculator

The SCAI mortality risk calculator is available from applicable cardiology notes as a reference, with a query to capture the score. To launch the calculator, right-click the term and select Reference.

Cardiovascular Consultation ... X List

Basic Information

Chief Complaint

History of Present Illness

Review of Systems

Health Status

Histories

Physical Examination

Review / Management

Scales and Assessment Scores

RASS Assessment

CSSRS Full (ST)

Nursing Suicide Risk Reassessment (ST)

Suicide Risk Detail Assessment (ST)

Suicide Risk Detail Assessment

Overall Suicide Risk Level (ST)

Overall Suicide Risk Level

ORL Comment (NOTE: The ORL above must be cont

SCAI Mortality Risk Calculator

Lipid Panel

Laboratory Results Review

Coagulation Results

Hemodynamics ST

Cardiac Markers

Cardiac Diagnostic

Heart Failure

Radiology Impression

Radiology Review

Lines and Tubes

Documents reviewed

Independent Review

Condition

Impression and Plan

SCAI Mortality Risk Calculator

SCAI Risk Calculator (Right click, select reference to launch) / [0.07 In-hospital mortality](#)
[4.9 In-hospital bleeding](#)
[1.40 AKI](#)
[0.05 Dialysis](#) / SCAI Risk Freetext

Lipid Panel

Lipid Panel (ST)

Laboratory Results Review

Today's Lab Results / Inpt. Lab results (ST) / All Results / Documents / Other

Interpretation: Labs unremarkable / Reviewed results / Normal results / Consistent with previous results

Coagulation Results

PT INR

Hemodynamics ST

Hemodynamics

Cardiac Markers

CPK / CPK MB / Troponin / BNP

Cardiac Diagnostic >>

Cardiac Monitor+ / ECG Interp+ / ECHO+ / NM+



Clinical Reminders

GO LIVE
OCT 6

Cerner 2026 Changes

Quick summary of upcoming Cerner changes - go live October 6, 2026

Cardiology TIMI / Stenosis

Cardiology Procedure documentation adds fields to capture pre- and post-procedure TIMI and pre- and post-stenosis percentages in applicable cardiac catheterization notes.

Cardiac Catheterization Procedure - List

Right heart catheterization: RA===== / RV===== / PA===== / PCWP===== / CO (Fick)===== / Cardiac Index (Fick)===== / CO (Thermodilution)===== / Cardiac Index (Thermodilution)===== / RA Saturation===== / RA Saturation===== / Ao Saturation===== / PVR===== / SVR===== / Other

RHC Shunt Run: Other /

Invasive Pressure Assessment: RA===== / RV===== / PA===== / PCWP===== /

Invasive Hemodynamics: CO (Fick)===== / Cardiac Index (Fick)===== / CO (Thermodilution)===== / Cardiac Index (Thermodilution)=====

Other: Other

Other Findings: FFR: Other

Aorto-Iliac Angiography: Abd Aq===== / R CIA===== / R EIA===== / R BIA===== / R CFA===== / L CIA===== / L EIA===== / L BIA===== / L CFA===== / Other

Peripheral Angiography: RCA===== / RFA===== / R Profunda===== / R Popliteal FA===== / RAT===== / R PT===== / R Peroneal===== / LFA===== / LFA===== / Left Profunda FA===== / L Popliteal FA===== / LAT===== / L PT===== / L Peroneal===== / Other

IVUS: IVUS

Other: Other

TIMI and Stenosis TIMI Flow Pre-Procedure / TIMI Flow Post-Procedure / Stenosis Pre-Procedure / Stenosis Post-Procedure

Tenecteplase Extended-Window

For tenecteplase orders placed from stroke PowerPlans, the ordering provider receives a Yes/No query identifying whether the order is for extended-window treatment (last known well greater than 4.5 hours). The response is retained in the order audit trail.

Details for tenecteplase (tenecteplase for stroke)

Details | Order Comments | Offset Details

Remaining Administrations: 1 Stop: 08/14/26 14:46:00 EDT

PRN Reason: [Dropdown]

Requested Start Date/Time: 08/14/2026 14:46 EDT [Dropdown]

Original Pharmacy Order Priority: STAT [Dropdown]

Duration: [Text]

Duration Unit: [Dropdown]

Stop Date/Time: 08/14/2026 1446 [Dropdown] EDT

RX Indication: [Dropdown]

*Extended-window case (greater than 4.5 hours since last known well): ☒ Yes ☐ No

1 Missing Required Details | Orders For Nurse Review | Sign

Clinical Reminders

SUPPLY UPDATE
TEMPORARY

Supply Update: Defibrillator Pads

Zoll R-Series pads on back order - return date TBD

Zoll R-Series defibrillator pads are on back order. Conmed defibrillator pads will be used until Zoll pads are available again.

Code cart self-test with Conmed pads

- 1. Detach the Conmed pads and connect the defibrillator therapy cable into the side port on the right side of the defibrillator.
- 2. Run the self-test.
- 3. Reattach the Conmed pads to the defibrillator therapy cable.



Therapy cable side port

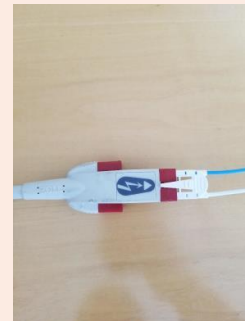
Pacing / cardioversion & CPR feedback



ECG Cable plugged into port

PACING / CARDIOVERSION

Use the standard 3-lead ECG cable compatible with the Zoll R-Series defibrillator.



CPR FEEDBACK

CPR feedback is not available while using the Conmed defibrillator pads.

TEMPORARY SUPPLY: Conmed pads in use until Zoll R-Series pads return. Return date TBD.

Clinical Reminders

SUPPLY UPDATE TEMPORARY

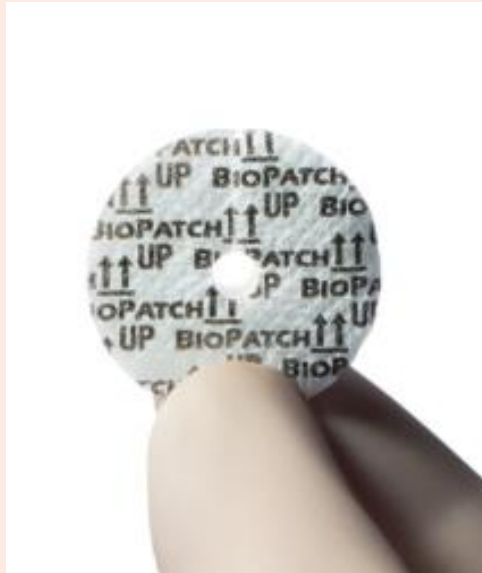
LSL Port Kit: Temporary Dressing Substitution

Temporary disruption of the usual CHG dressing in Port Kits

LSL is temporarily substituting a Biopatch and non-CHG dressing in Port Kits. The disruption is expected to last approximately 2-3 weeks.

What to do when you open the temporarily substituted kit

DISCARD



Discard the temporary Biopatch and non-CHG dressing supplied in the kit.

USE INSTEAD



Use the separately stocked CHG dressing (4.75 x 4.75) from the POU.

CORRECT CHG DRESSING

SIN #508811
MFG #1665

MISSION STOCKING

Current stock is primarily in ED, IR, Radiology, G7, K7, G3, KOR, JOR, VATT and OP Infusion. Warehouse stock is also available.

PORT KIT TEMPORARY WORKFLOW: DISCARD temporary Biopatch/non-CHG dressing → USE stocked CHG dressing from the POU.

Clinical Reminders

UPCOMING CHANGE
OCTOBER

Exam Glove Standardization: Tronex → Medline

NC Division transition expected mid-to-late October - exact go-live TBD

HCA Healthcare is standardizing exam gloves across the enterprise. NC Division will transition from Tronex New Age Nitrile gloves to Medline FitGuard Prime Nitrile gloves.



CURRENT

East Coast divisions currently use Tronex New Age Nitrile exam gloves.

FUTURE

Medline FitGuard Prime Nitrile will become the enterprise sole-source exam glove by the end of 2026.

What staff should know

- Same mil strength as the current product.
 - Textured fingertips support grip.
 - Powder-free nitrile exam glove.
- Color-coded boxes help identify glove size.
- No action is required yet - additional rollout details will be shared when the NC Division go-live date is finalized.

AWARENESS NOW: Tronex → Medline FitGuard Prime Nitrile | NC Division go-live date TBD.

 Clinical Reminders**EDUCATION BOOST**
SAFETY ALERT**Medication Preparation and Administration Expectations****Safe medication preparation, route verification and administration****1 Read back verbal or telephone orders**

- Repeat back patient, drug, dose, route, frequency/time and indication to the provider when receiving verbal or telephone orders. Note: Verbal orders should only be used in urgent/emergent situations, and providers should enter their own orders whenever possible.
- Clarify anything you are not sure about. Confirm you heard and understood all instructions before medication preparation or administration.

3 Use the correct device for the route ordered

- Prepare oral medication in a graduated medication cup or amber ENFit™ syringe only.
- Use amber ENFit™ syringes for oral and per-tube doses that require a syringe.
- Never administer non-sterile products intravenously, including oral formulations, non-sterile water-based preparations, topical products, or tap water.

2 Prepare safely

- Pull and prepare medications for one patient at a time in a distraction-free zone.
- **Stop and question the preparation when:**
 - Excessive manipulation or multiple components are needed. For example, putting an oral medication in an IV syringe.
 - More than 3 individual products (e.g., vial, bottle, pill) are required for one dose. You will rarely need 3 or more vials of a medication for a single dose.

4 Administer safely

- The administering nurse should prepare the medication - handoffs are discouraged.
- Administer medications promptly after preparation.
- Scan both the patient and medication before administration.
- Apply the five rights of medication administration every time.

PAUSE POINT: When preparation, route, volume, device, or order details are unclear, stop and consult pharmacy before administering.



Clinical Reminders

ROLLING GO-LIVE
OCTOBER

Disposable BP Cuff Conversion: GE -> ROI/Regard

NCDV go-live throughout October with rolling facility start dates

HCA is transitioning all GE disposable blood pressure cuffs to ROI/Regard disposable cuffs across the North Carolina Division. Facility conversions will occur on rolling dates throughout October.



Blood Pressure Cuffs

The Regard Blood Pressure Cuff Portfolio is highly accurate and designed with patient comfort in mind. The cuffs are color-coded for quick identification and adaptable to monitors with one or two tubes.

The Regard Blood Pressure Cuffs Portfolio includes:

- ▶ **ComfortCheck®** Disposable Blood Pressure Cuffs offer patient comfort and reduce the risk of cross-contamination
- ▶ **DuraCheck®** Reusable Blood Pressure Cuffs are built to last with durable nylon material
- ▶ **NeoCheck®** Neonatal Disposable Blood Pressure Cuffs conform to the tiniest patients and are designed to last through their entire hospital stay



Connect Regard Blood Pressure Cuffs to NBP monitors with speed and security. The new quick-connect adapter—available in single or dual-tube configurations—features a durable, streamlined design that delivers a guaranteed leak-free seal and effortless one-handed operation.



ROI/Regard disposable blood pressure cuffs

CURRENT STATE

BP monitors/hoses have distal GE BP cuff connections.

FUTURE STATE

Current hose connections will be changed/converted to accommodate ROI/Regard cuffs. GE and ROI cuffs are not interchangeable; both use proprietary connectors.



What staff and leaders should know

- Airlife/ROI will support each facility conversion and change the BP cuff adaptors on affected monitors on the scheduled go-live day.
- Supply Chain will implement PAR-location changes as monitors are converted.
- Stock ROI cuffs are available through the NCD warehouse for go-live staging.
- Non-stock cuffs should be ordered directly through ROI/Regard as needed.

BED-SIDE TAKEAWAY: GE and ROI/Regard cuffs are not interchangeable. Use the cuff/connector appropriate for your facility after conversion.