PHARMACY UPDATE

Crushing Medications: Check Before You Crush

Before crushing any medication for PO or enteral-tube administration, check formulation descriptors and MAR comments.

CURRENT ISSUE / WHY IT MATTERS

Crushing medications that should not be crushed may increase or rapidly release the dose and cause harm.

Why is this important: Patient Safety and Institute for Safe Medication Practices (ISMP) compliance.

SOLUTIONS: CHECK BEFORE YOU CRUSH

1. **Before crushing:** Review MAR comments and administration instructions for PO or enteral-tube meds.
2. **Do not crush flagged formulations:**
   ER or XR = Extended release SR = Sustained release
   EC = Enteric coated CD = Controlled release
   DR = Delayed release
3. **If any descriptor is present:** Contact the pharmacist or provider for an adjustment before administration.
4. **This abbreviation list is not all-inclusive.**

WHEN TO ESCALATE / ASK FOR HELP

- **Medication includes ER, XR, SR, EC, CD, or DR**
- **Crushing is needed for PO or enteral-tube administration**
- **MAR comments are missing, unclear, or conflict with the order**
- **Any question or concern: contact pharmacy before crushing**

BOTTOM LINE: Check descriptors and MAR comments before crushing - when in doubt, contact pharmacy.

Mission Health | HCA Healthcare Center for Clinical Advancement NC Division

Date Created: 07/28/2026

Clinical Reminders

GO LIVE
AUG 11

Nursing Education: Oral PPI (Proton pump inhibitors) Formulation Changes

Moving from a pharmacy compounded oral solution to 2 different manufactured products that can be prepared on the floor

Choose the formulation by age and administration needs. Use purified water and an ENTERAL syringe when preparing for tube administration.

Lansoprazole ODT

For patients ≥ 1 year old who cannot tolerate tablets or require per-tube administration:

- ≤ 30 kg = 15 mg ODT
- > 30 kg = 30 mg ODT

ORAL ADMINISTRATION

- Do not break or cut the tablet.
- Place on tongue; allow to dissolve (with or without water) and swallow pellets. Do not chew pellets.
- If the patient has difficulty swallowing pellets, follow tube dissolution instructions and administer the mixture in the patient's mouth.
- Administer 30 minutes before meal.

TUBE ADMINISTRATION

- Place tablet in an ENTERAL syringe.
- Draw up purified water: 15 mg ODT = 4 mL; 30 mg ODT = 10 mL.
- Shake gently to dissolve; administer via FEEDING TUBE.
- Administer within 15 minutes of preparation.
- Refill ENTERAL syringe with 5 mL purified water, shake gently, and administer via FEEDING TUBE.
- Hold enteral nutrition 30 minutes prior to lansoprazole administration.

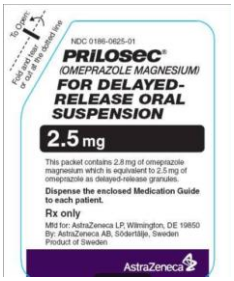
Omeprazole Suspension Packet

For patients < 1 year of age. Dosing is based on weight (kg).

Weight	Dose	Packets / volume
3 to < 5 kg	**2.5 mg ONCE daily**	1 packet (5 mL)
5 to < 10 kg	**5 mg ONCE daily**	2 packets (10 mL)
10 to < 20 kg	**10 mg ONCE daily**	4 packets (20 mL)
≥ 20 kg	**20 mg ONCE daily**	8 packets (40 mL)

2.5 MG OMEPRAZOLE PACKETS

- Add 5 mL purified water for EACH 2.5 mg packet used to an ENTERAL syringe.
- Add granules from the packet.
- Shake syringe and let thicken for 2–3 minutes.
- Shake again and administer within 30 minutes.
- If administered via FEEDING TUBE, flush the feeding tube according to nursing unit standards before and after administration.
- Administer 30 minutes before meal; hold enteral nutrition 30 minutes before administration (includes bolus feedings and continuous nutrition).



Clinical Reminders

GO LIVE
AUG 17

Bridge Documentation Update: Blood Transfusion Reactions

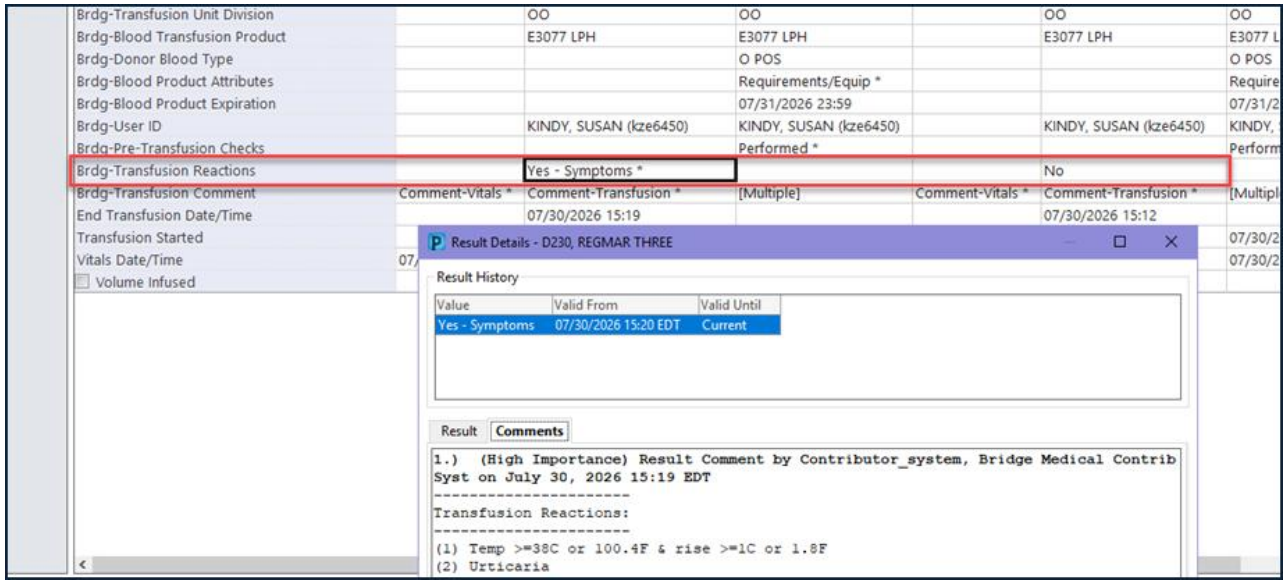
Regulatory documentation visibility update

SITUATION	ASSESSMENT	RECOMMENDATION
Blood transfusion reaction documentation does not consistently populate in Bridge documentation. Currently only "Yes" displays.	This gap creates regulatory compliance risk, contributes to variability in practice, and limits reporting capability.	Ensure transfusion reaction documentation is visible in the chart whether a reaction is documented or not.

What will change on 8/17

- Currently, "No" does not display — only "Yes" appears when a transfusion reaction has occurred.
- With this update, "No" will also display when no transfusion reaction is documented.
- If "Yes" is selected, the associated transfusion reaction symptoms will continue to be displayed.

Clinical Reminder — Bridge flowsheet view



The "Brdg-Transfusion Reactions" row will display both documented outcomes. "Yes" continues to show associated symptoms; "No" will now be visible when no reaction is documented.

Clinical Reminders

GO LIVE
AUG 24

PRIMO HeelCheck 2.0 Offloading Boot

New heel offloading boot vendor replacing the current boot

PRIMO HeelCheck 2.0 will replace the current heel offloading boot. Use according to the Pressure Injury Prevention Protocol and complete skin/heel checks per facility protocol.

Application at a glance

APPLICATION

1

Align toes with "Toe" print and place heel in hole. (Note: it may be helpful to bend the patient's knee slightly)

2

For tubing near the foot, route tubing through tube openings on either side of PRIMO HeelCheck 2.0, ensuring that tubing neither kinks, nor is in contact with patient's skin.

3

Attach straps in numerical order beginning with "1." Tighten black straps for a snug fit but do not over-tighten restricting blood flow.

4

Place foot in neutral or slight dorsiflexion and secure foot positioning straps, "3" & "4."

5

Feel underneath to make sure the patient's heel is floated. If not, undo straps and re-apply.

CAUTION: DO NOT ALLOW PATIENT TO WALK OR STAND IN HEELCHECK!

- Completely remove HeelCheck 2.0 periodically to inspect patient's skin
- Report any pain, swelling, changes in sensation, or unusual reactions to a clinician
- To be used according to Pressure Injury Prevention Protocol

Safety & skin checks

CAUTION: DO NOT allow the patient to walk or stand in HeelCheck.

- Completely remove the boot periodically to inspect the patient's skin.
- Report pain, swelling, changes in sensation, or unusual reactions to a clinician.
- Feel underneath to confirm the heel is floated. If not, undo the straps and re-apply.
- Route tubing through the side openings so it does not kink or contact the patient's skin.

Select the correct size

Calf measurement:

Size	Calf
Small	< 12.5 in
Standard	12.5-17 in
Bariatric	> 17 in

Color coding: Small = green; Standard = purple; Bariatric = navy.
The with-wedge option uses the same size ranges.

Clinical Reminders

GO LIVE
SEP 1

Change in Notification to Tele-Neurology

Affects: Code Strokes • Emergent Neuro Consults • Non-emergent Neuro Consults

Use the TelehealthIR application in Citrix Storefront to initiate the notification.

1. Select service type

In TelehealthIR, select:

TeleNeurology & TeleStroke

2. Select category

- Acute Stroke — select for CODE STROKE
- Emergent TeleNeurology Consult
- Nonemergent TeleNeurology Consult

3. Complete required fields + demographics

- Fill out required fields (highlighted in yellow) plus demographics.
- If patient has not arrived, the field will populate for ETA min.
- DO NOT leave ANY demographics blank.
- For EMS CODE STROKEs, if you do not have demographics, place DOE information in the fields.

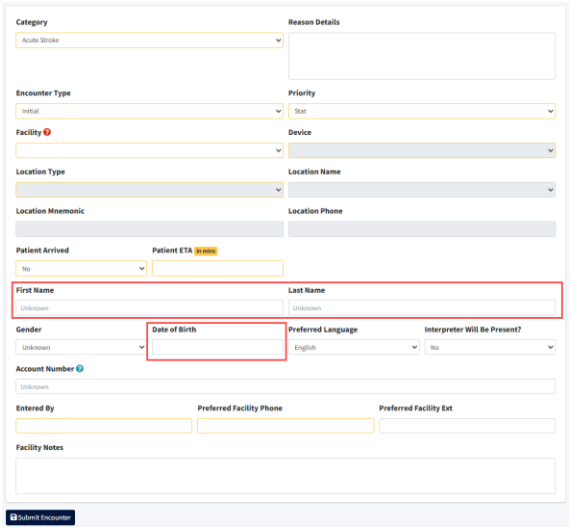
4. Submit Encounter

Submit the encounter once the form is complete.

⚠ **DO NOT submit multiple encounters for the same patient — this will cause delays.**

Code Stroke quick check

Service: TeleNeurology & TeleStroke | Category: Acute Stroke | Complete required fields + demographics | Submit once



Cardiology Inpatient Pacemaker and Cardiology OPCU Pacemaker PowerPlan Updates

KEY PRACTICE CHANGE
Nursing Communication will be removed and replaced with Notify Provider/Physician orders.

Updates include:

Provider note added: within Diet and Diagnostic Tests.

Nursing Communication removed: from the affected plans.
Notify Provider/Physician replaces it: use for follow-up.

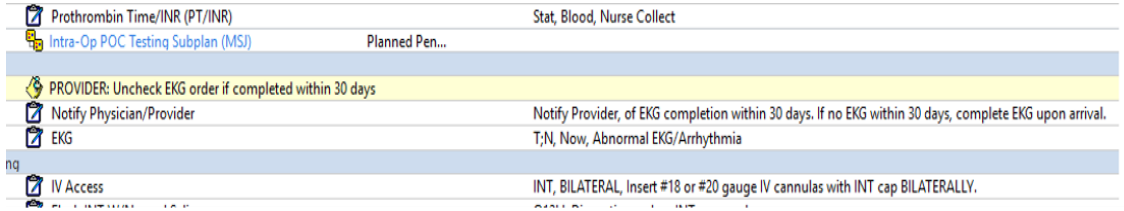
Diet selections updated: NPO prechecked; Cardiac/Heart Healthy unchecked.

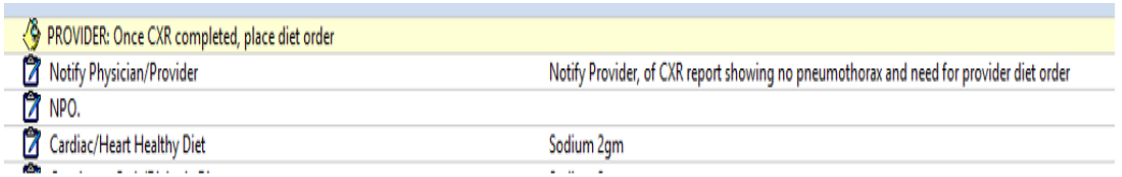
GO-LIVE / PLAN SCOPE

GO LIVE
8/11/26

Affected PowerPlans

- Cardiology Inpatient Pacemaker or ICD Plan (MSJ)
- Cardiology OPCU Pacemaker or ICD Plan (MSJ)





BOTTOM LINE: **Use updated PowerPlan selections at go-live.**

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Updated: 07/30/2026