



Clinical Reminders

GO LIVE
AUG 24

Updated NCD Clinical Downtime Policy

The previous Downtime Policy and Procedures (1IM.ADM.0008) was due for renewal. As part of the renewal process, the policy was revised to streamline the content, align with the existing Downtime Playbooks, and eliminate unnecessary duplication. The updated policy has been approved and will go into effect on **August 24, 2026**.

Summary of Key Changes

GOVERNANCE FRAMEWORK	Shifts from a detailed procedural manual to an enterprise governance framework
PLAYBOOKS FOR WORKFLOWS	Removes detailed, step-by-step workflows that are addressed in the Downtime Playbooks
READ-ONLY ACCESS	Defines read-only patient information access by function rather than by specific product name
ACTIVATION DECISIONS	Frames downtime activation decisions around clinical impact and patient safety
SHARED ACCOUNTABILITY	Clarifies shared accountability between clinical leadership and IT
RECOVERY EXPECTATIONS	Simplifies recovery language while maintaining expectations for appropriate documentation

What this means

These changes are intended to provide clear enterprise-level guidance while allowing the Downtime Playbooks to serve as the primary resource for detailed operational procedures.



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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.



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AUG 27

Mission Hospital Glucose Strip Supply Change

Glucose test strips and QC bottles will transition to Lab-managed supply distribution

What nurses need to know: Glucose test strips and QC bottles will no longer be stocked in unit supply rooms. The Lab will manage these supplies to improve expiration-date and labeling control.

What is changing

- Glucose test strips and QC bottles will now be managed through the Lab.
- These supplies will no longer be stocked in nursing unit supply rooms.
- QC liquid vials will have a colored sticker that changes every three months.
- Discard old supplies if they are past their date.

New supply workflow

- A par level will be delivered to each Nursing Unit once a week on Thursdays.
- If supplies run low before the next delivery, call the Lab at 828-213-5177.



WHY

Better manage expiration dates and labeling for glucose test strips and QC bottles.

WHEN

Weekly par-level delivery to Nursing Units on Thursdays.

IF YOU RUN LOW

Call the Lab: 828-213-5177



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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



Clinical Reminders

GO LIVE
SEP 1

Adult Creatinine Clearance (Estimated) Flowsheet Update

Adult patient Flowsheet results will align with the dose calculator and consider BMI

For adult patients: "Creatinine Clearance (Estimated)" under PATIENT GRAPHICS in the Flowsheet tab will now populate from the dose calculator, so the displayed result reflects the corporate calculation approach, including BMI consideration.

OLD WAY

- The Flowsheet "Creatinine Clearance (Estimated)" value was generated by formulas that did not reflect the corporate standards used in the dose calculator.
- Because the Flowsheet used a separate calculation approach, the displayed value could differ from the dose calculator.

NEW WAY

- The Flowsheet will populate the creatinine clearance value calculated within the dose calculator.
- The displayed result will use the corporate-recommended standards, definitions and formulas used by the dose calculator and will consider the patient's BMI.

WHERE TO FIND IT

Flowsheet tab > PATIENT GRAPHICS > Creatinine Clearance (Estimated)

WHO IS AFFECTED

Adult patients

WHY THIS IS CHANGING

To align the Flowsheet result with the corporate-recommended calculation already used by the dose calculator.

WHAT IS NOT CHANGING

The dose calculator continues to use the corporate-recommended standards, definitions and formulas.

Clinical reminder

When reviewing adult creatinine clearance in the Flowsheet after go-live, expect the displayed "Creatinine Clearance (Estimated)" result to match the value calculated by the dose calculator.



Clinical Reminders

GO LIVE
SEP 15

Adult Seizure PowerPlan Updates

Adult Seizure Treatment Plan + Phenytoin/Fosphenytoin Plan

What nurses need to know: The updated PowerPlans are designed to better align seizure care with guideline recommendations, including clearer nursing stabilization/monitoring, medication administration guidance, treatment-phase timing, and ICU continuous-sedation instructions.

AUDIENCE Nurses caring for adult patients where these PowerPlans are used.

WHY Improve clarity and alignment of dose, timing, monitoring, and status-epilepticus treatment guidance.

Adult Seizure Treatment Plan

- New nursing stabilization orders and monitoring.
- More transparency in available anti-seizure medication levels; free phenytoin levels are no longer in-house labs.
- Clear 5-, 10-, 10-, 30-, 30-, and 60-minute treatment phases.
- Updated seizure medication doses and administration instructions.
- ICU guidance for propofol, midazolam, ketamine, and pentobarbital.
- Nurse-directed re-bolus and titration instructions.
- No sedation holidays during refractory status epilepticus.
- Updated seizure treatment flowchart.

Phenytoin/Fosphenytoin Plan

- Separate loading-dose options for status and non-status seizures.
- Updated weight-based dosing and infusion rates.
- More specific blood-pressure monitoring instructions and guidance to reduce the infusion rate for low blood pressure.
- Updated phenytoin level timing.
- Reduced maintenance-dosing criteria.
- Clarified pharmacy rounding and weight calculations.
- Outdated statements removed, including prior TBI-use and cost-reference language.
- Links back to the parent Seizure PowerPlan for abortive benzodiazepine options.

Important reinforcement

Some points above reinforce existing practice rather than introduce new functionality. Prior IV push Keppra education remains applicable. Follow the updated PowerPlan instructions at go-live.

USE THE UPDATED PLAN	STATUS EPILEPTICUS	PHENYTOIN / FOSPHENYTOIN
Use the revised nursing stabilization/monitoring orders and updated seizure treatment flowchart.	Follow the timed treatment phases and ordered re-bolus/titration guidance; no sedation holidays during refractory status.	Follow updated loading/maintenance dosing, BP monitoring, infusion-rate, and phenytoin-level timing guidance.



Clinical Reminders

EDUCATION BOOST
ONGOING

Culture Pause Form

Complete the Form and Send It With the Specimen

PAUSE BEFORE COLLECTION: Complete the Culture Pause Form before collecting a C. difficile, urine culture, or blood culture to confirm testing is indicated.

Culture Pause Workflow

1	PAUSE before collection	Complete the Culture Pause Form before collecting C. difficile, urine, or blood specimens (excludes outpatient areas).
2	CONFIRM the culture is indicated	Use the form to confirm testing is indicated; an order alone does not mean collect automatically.
3	CONTACT the provider when testing is not needed	If the form indicates testing is not needed, do not collect. Contact the provider before moving forward.
4	COLLECT when indicated	When testing is indicated, collect the specimen.
5	SEND the completed form WITH the specimen	Mission Hospital: the completed form for C. difficile and urine must accompany the specimen to the lab every time, regardless of Raven Alert status.

Mission Hospital: Key Lab Submission Requirement

FORM + SPECIMEN TRAVEL TOGETHER: Send the completed Culture Pause Form for C. difficile and urine with the specimen to the lab - regardless of Raven Alert status.

If the form is missing, the lab escalates: Unit CNC -> House Supervisor -> Nurse Executive on call.

C. difficile Checklist Reminder

- Testing should only be performed when indicated by the checklist algorithm.
- The CNC reviewer is required; when criteria are not met, engage the nursing leader/provider to reconsider testing.

Bedside Takeaway

PAUSE > COMPLETE FORM > CONFIRM INDICATION > COLLECT > SEND FORM (C. difficile and urine) + SPECIMEN TOGETHER

At Mission Hospital: No form left behind.