Clinical Reminders

GO LIVE
SEP 15

Adult Seizure PowerPlan Updates

Adult Seizure Treatment Plan + Phenytoin/Fosphenytoin Plan

What nurses need to know: Updated PowerPlans clarify nursing stabilization/monitoring, medication administration, treatment-phase timing, and ICU continuous-sedation guidance.

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.
- 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 and clearer anti-seizure medication level guidance.

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; reduce the infusion rate for low blood pressure as directed.
- Updated phenytoin-level timing and reduced maintenance-dosing criteria.
- Clarified pharmacy rounding and weight calculations.
- Outdated statements removed; links return to the parent Seizure PowerPlan for abortive benzodiazepine options.

Important reinforcement

Some points 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 revised stabilization/monitoring orders and the updated treatment flowchart.	**Follow timed treatment phases and ordered re-bolus/titration; no sedation holidays during refractory status.**	**Follow updated dosing, BP monitoring, infusion-rate and level-timing guidance.**

Clinical Reminders

GO LIVE
SEP 15

Electronic Trauma Documentation

Inpatient nurses: standard documentation does not change

What inpatient nurses need to know: Mission Main Campus goes live with electronic trauma documentation on September 15. There are NO changes to standard inpatient documentation. You may see a new Trauma Documentation tab in Cerner; that tab is intended for Emergency Department trauma activations.

INPATIENT DOCUMENTATION	NEW CERNER TAB
NO CHANGE Continue your standard inpatient documentation workflow for trauma patients.	**TRAUMA DOCUMENTATION** The new tab is for Emergency Department trauma-activation documentation.

Where to view trauma documentation

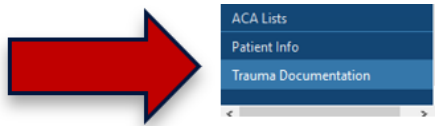
Trauma documentation > PowerNote / Clinical Notes
Review the electronic trauma record in PowerNote/Clinical Notes when needed.

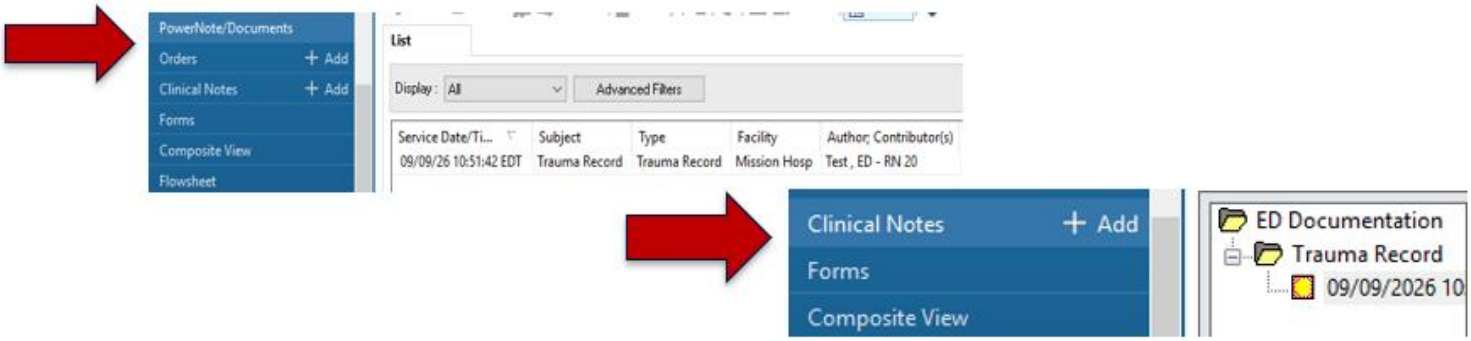
Remember: some information stays in standard Cerner locations

VITAL SIGNS	MEDICATIONS	TUBES
Standard Cerner location	Standard Cerner location	Standard Cerner location

Quick check: Chart inpatient care as you do today. Use PowerNote/Clinical Notes to review trauma documentation. Do not use the Trauma Documentation tab for routine inpatient charting.

Questions? Contact Mission Trauma Services.





Clinical Reminders

GO LIVE SEP 22

GS General Surgery Admission Plan Updates

Multiple PowerPlan/order changes go live September 22

What nurses need to know: Multiple updates will affect the GS General Surgery Admission Plan and related General Surgery Admission Orders. Review the updated plan and selected orders at go-live.

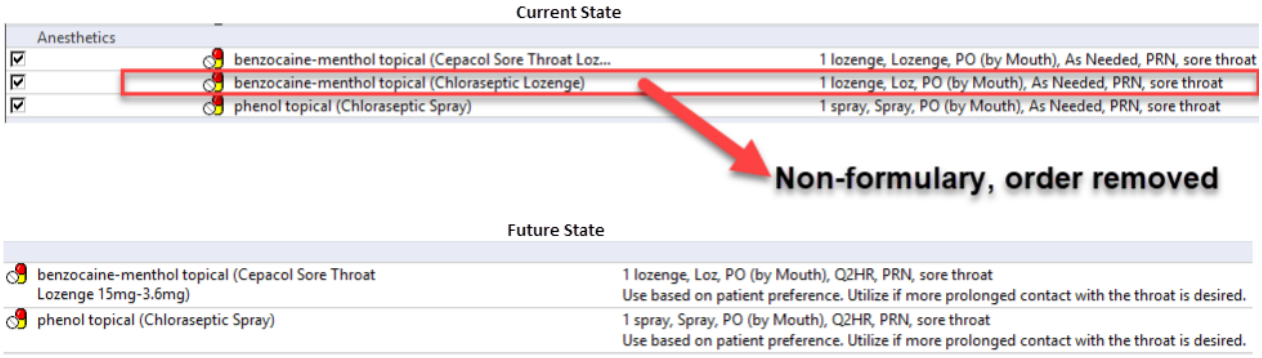
CONTINUOUS INFUSIONS Lactated Ringers added to the Continuous Infusions section in the GS General Surgery Admission Plan (MSJ).	**INDWELLING CATHETER** Default changes from Remove in PACU to Discontinue in AM @ 0600 - POD #1. Remove in PACU remains an available option.
SORE THROAT ORDERS Cepacol lozenge and Chloraseptic spray updated to Q2HR, PRN, sore throat.	**ORDER COMMENTS** Updated to: "Use based on patient preference. Utilize if more prolonged contact with the throat is desired."
NON-FORMULARY ORDER Chloraseptic lozenge removed.	**PROTONIX** Changed from IV Piggyback to IV Push in the affected General Surgery Admission Orders/Plan.

Updated build snapshots

Continuous Infusions - Lactated Ringers

Temporary Indwelling Catheter default

Sore throat medication orders



Protonix route

Nursing takeaway: Review the updated General Surgery plan/orders at go-live. Confirm the selected IV fluid, catheter discontinuation timing, medication frequency/comments, and medication route before carrying out the order.

Clinical Reminders

EDUCATION BOOST
ONGOING

Discharge Education for Patients Discharging to a Facility

Printed discharge instructions and education are required before every discharge

EVERY PATIENT: Provide a printed copy of discharge instructions and education before discharge - whether the patient is going home, to a skilled nursing facility, rehabilitation center, or another post-acute facility.

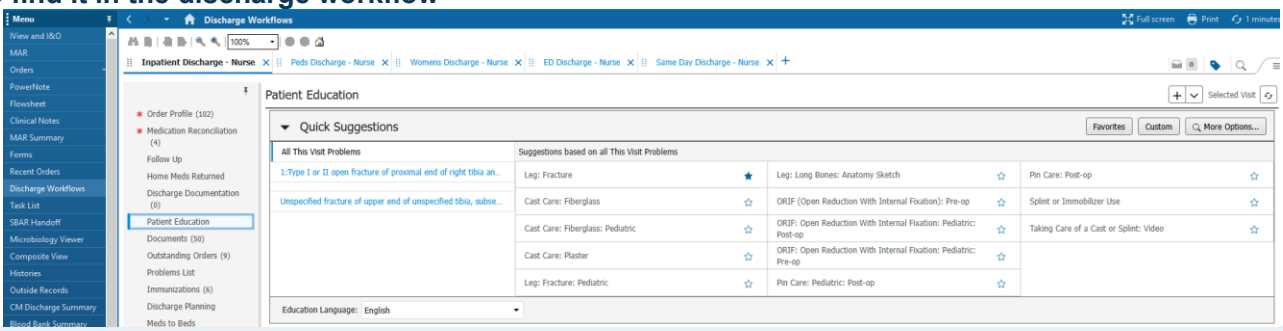
Discharge education workflow

1	**ADD patient education**	Add education for equipment, diagnosis, and medications.
2	**REVIEW Patient Instructions**	Open Patient Instructions and review the discharge education with the patient.
3	**PRINT and SAVE**	Select Print and Save and give the printed instructions/education to the patient before discharge.

Medication education reminder

Print medication education separately for EACH new medication. Each new medication must be selected and printed individually.

Where to find it in the discharge workflow



Bedside takeaway: Going to a facility does not replace patient discharge education. Print and provide the instructions before the patient leaves.

Clinical Reminders

EDUCATION BOOST
ONGOING

Prevantics: Scrub the Hub

5-second scrub + 5-second dry before EACH access/use

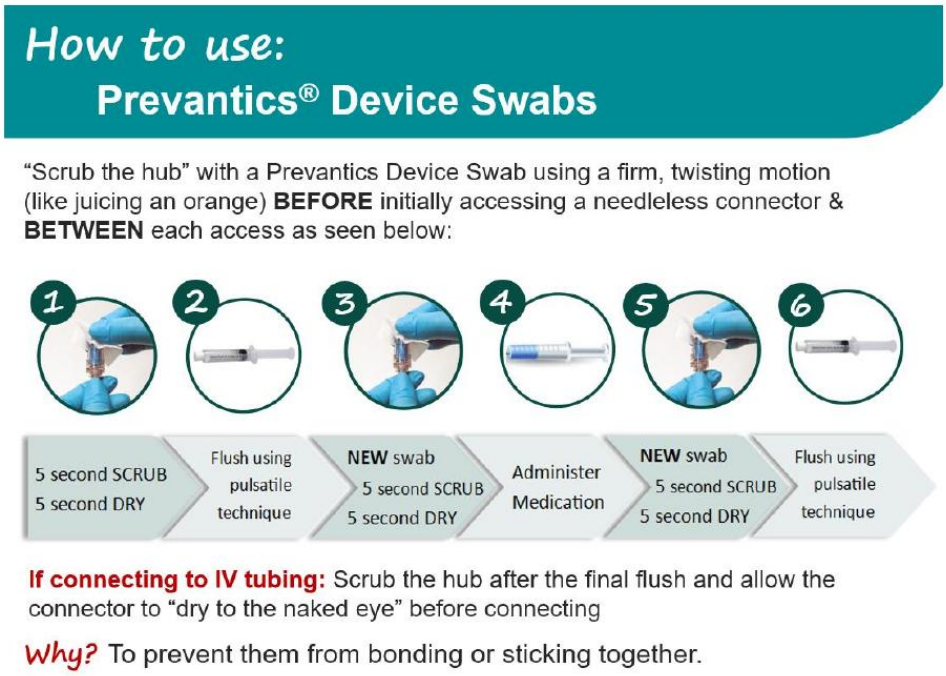
Reminder: Prevantics Device Swabs are used to disinfect ALL needleless connectors and catheter hubs prior to EACH access/use for CVADs, implanted venous access ports, and midline catheters.

5 SEC SCRUB	5 SEC DRY	SINGLE USE
Use a firm, twisting motion.	Allow the connector to dry before access.	Use a new swab for each scrub; not for use on skin.

How to use Prevantics Device Swabs

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.



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

Clinical Reminders

EDUCATION BOOST
UPDATED 9/14

Urine Culture Pause Form Updates

Updated to support accurate urine specimen collection

What changed: The updated form adds documentation at the bottom for how the specimen was collected and which urine tubes/specimens were sent. These fields support accurate collection and transport.

Updated Culture Pause form

Primary RN: Patient Sticker
CNC Reviewer (REQUIRED):
Room #:

Mission Hospital Urine Culture Checklist

1. Testing should only be performed if indicated by the algorithm.
2. If testing criteria are not met, Unit Nursing Leader will review indications with provider to reconsider necessity.
3. If ordered by Infectious Disease, listed on back, complete form and send with specimen. Do not hold for provider follow-up.

Answer the Following Questions:

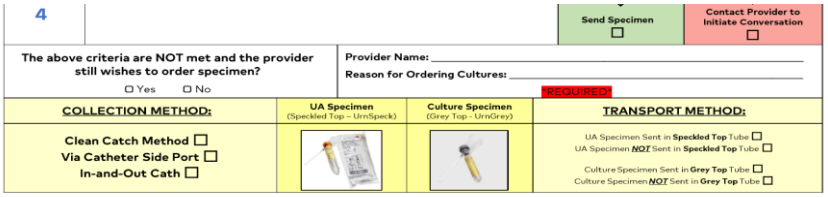
Hospital Day	Has the patient been in the hospital as an inpatient for greater than two (2) Calendar Days? Calendar Admission Date: _____ (Day #1) Today's Date: _____ (Day #_____) *Please Note: If a patient was admitted to an inpatient unit at 23:59 on any day, that 1 minute on the inpatient unit counts as 1 full calendar day of admission for this review.	IF NO ↓ Send Specimen ☐	IF YES ↓ Proceed to Next Question ☐
1	Does the patient have an indwelling urinary catheter that has been in place for greater than 2 calendar days? - OR - Did the patient have an indwelling urinary catheter that was removed today or yesterday, that was in place for greater than 2 calendar days?	IF NO ↓ Send Specimen ☐	IF YES ↓ Proceed to Next Question ☐
2	Does patient meet at least one (1) of the following High-Risk criteria? ☐ GU Surgery within the last 72 hours ☐ Immunosuppressed with ANC<1000 ☐ Pediatric (<18 y/o) ☐ Pregnancy ☐ Patient has undergone renal transplant ☐ Patient has symptoms with Abnormal UA in the last 24 hours **AND** UA WBC>5 *(Please verify UA results prior to collecting culture)*	IF YES ↓ Send Specimen ☐	IF NO ↓ Proceed to Next Question ☐
3	Is there suspicion for Sepsis, OR does the patient have one (1) or more of the following symptoms: ☐ Urgency/Frequency/Dysuria* ☐ Suprapubic, costovertebral angle (CVA), flank pain or tenderness ☐ Fever (100.4°F) **AND** a Urinary Sign/Symptom ☐ Gross Hematuria *(See definition on back of card)* ☐ No Other Identified Cause for Fever/Sepsis **An Indwelling Urinary Catheter in place or removed within the last 24 hours could cause patient complaints of urgency, frequency, or dysuria.*	IF YES ↓ Proceed to Next Question ☐	IF NO ↓ Contact Provider to Initiate Conversation ☐
4	Is the patient End of Life, Hospice, or is withdrawal of care anticipated?	IF NO ↓ Send Specimen ☐	IF YES ↓ Contact Provider to Initiate Conversation ☐

The above criteria are NOT met and the provider still wishes to order specimen? ☐ Yes ☐ No

Provider Name: _____
Reason for Ordering Cultures: _____
REQUIRED

COLLECTION METHOD:	UA Specimen (Speckled Top – UrnSpeck)	Culture Specimen (Grey Top - UrnGrey)	TRANSPORT METHOD:
Clean Catch Method ☐ Via Catheter Side Port ☐ In-and-Out Cath ☐			UA Specimen Sent in **Speckled Top** Tube ☐ UA Specimen ***NOT*** Sent in **Speckled Top** Tube ☐ Culture Specimen Sent in **Grey Top** Tube ☐ Culture Specimen ***NOT*** Sent in **Grey Top** Tube ☐

New collection + transport fields



COLLECTION METHOD

- Clean Catch Method
- Via Catheter Side Port
- In-and-Out Cath

TRANSPORT / TUBES

- UA: Speckled Top (UrnSpeck)
- Culture: Grey Top (UrnGrey)

Complete the form accurately and send it with the urine culture specimen. CNC reviewer remains required on the checklist.

Mission Health

HCA Healthcare
Center for Clinical Advancement
NC Division

URINE SPECIMEN COLLECTION

Correct source. Aseptic technique. Accurate results.

Indwelling Urinary Catheter (IUC)

COLLECT ONLY FROM THE SAMPLING PORT

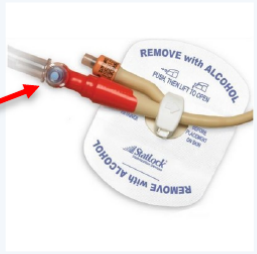
BEFORE A URINE CULTURE

- Check how long the Foley has been in place.
- If in place 72 hours or longer: if placed by urology, contact urology before removal; if not urology-placed, replace if catheter criteria are still met.
- If the catheter is no longer indicated, discontinue it and collect a clean-catch midstream specimen.

Culture indication requirements still apply.

1. Clamp tubing distal to the sampling port as needed to allow urine to collect in the tubing.
2. Scrub the sampling port with alcohol pad or chlorhexidine/alcohol swab and allow it to dry completely.
3. Using aseptic non-touch technique, attach a sterile Luer-lock syringe and aspirate the required urine.
4. Aseptically transfer urine into a sterile specimen cup, then unclamp the catheter tubing.
5. Use the urine transfer straw for ordered tube(s) if needed (see back). Label at the bedside and send to the lab.

DO NOT COLLECT FROM THE INDWELLING CATHETER BAG / DRAINAGE BAG.



Sampling Port

Clean Catch / Midstream

USE CLEANSING WIPES + A STERILE SPECIMEN CUP

Patient self-collection

1. Use the provided cleansing towelettes and sterile specimen cup. If menstruating, use a tampon or gauze at the vaginal opening to help prevent contamination.
2. Clean the periurethral area as shown below.

Vulvar	Penile
• Spread labia with nondominant hand. • Use one wipe on one side, front to back. • Use a new wipe on the other side, front to back. • Use a third wipe over the urethral opening, front to back.	• Retract foreskin if present. • Clean the urinary meatus and glans with a towelette, moving outward in a circular motion. • Repeat using a new towelette.

3. Begin voiding into the toilet while keeping the labia open or foreskin retracted.
4. When a strong flow begins, place the cup into the urine stream and collect 30-60 mL of midstream urine without touching the inside of the cup.
5. Finish voiding, secure the lid, and avoid touching the inside of the container or lid. Label at the bedside and send to the lab.

If staff/caregiver assists:

- Perform hand hygiene and wear nonsterile gloves.
- Explain each step and assist with the same cleansing and positioning instructions above.
- Keep the inside of the cup and lid untouched.

DO NOT COLLECT FROM HAT OR EXTERNAL URINE COLLECTION DEVICE.

Updated 9/14/26

RIGHT CONTAINER + URINE TRANSFER STRAW

Match the test to the container shown on the specimen label.

Grey top
Urngrey

- Urine culture / C&S or Culture if Indicated (CII).
- Preservative helps prevent bacterial overgrowth.

Speckled top
UrnSpeck

- Routine urinalysis (UA).
- Preservative maintains sample integrity.

Sterile urine cup
100 mL Urn Cup

- Drug screen, pregnancy, miscellaneous chemistry, GC/Chlamydia, Trichomonas, microalbumin.
- Very low urine volume (<10 mL).

IF BOTH TUBES ARE ORDERED: GREY FIRST, THEN SPECKLED.

How to Use the Urine Transfer Straw

Vacutainer tubes draw the appropriate amount.

1. Open the sterile straw package. Handle the straw only by the upper end/flange.

2. Do NOT touch the portion of the straw that will enter the urine.

3. Submerge the tip of the straw into the urine specimen.

4. Push the ordered tube into the transfer device and hold until flow stops. If both are ordered: GREY first, then SPECKLED.

5. Mix each filled tube after collection.

6. Discard the transfer straw in the sharps container.

KEEP THE URINE-END OF THE STRAW CLEAN. USE ASEPTIC NON-TOUCH TECHNIQUE.

Label Before It Leaves the Bedside

EVERY SPECIMEN MUST BE LABELED CORRECTLY

- Verify 2 positive patient identifiers - name and date of birth preferred.
- Scan the patient armband at the bedside.
- Place the correct label directly on each tube/cup and scan while in the patient's presence.
- Do not send labels loose in the bag or place labels only on the bag.
- Keep labels flat, readable, and correctly oriented.

LABEL + SCAN BEFORE SENDING TO THE LAB

Mission Hospital Urine Culture: Send the Culture Pause form to the lab with the specimen.

Clinical Reminders

EDUCATION
OPPORTUNITY

Southeast Pediatric Trauma Conference

October 2, 2026 | 8:00 AM - 4:00 PM

Location: Asheville-Buncombe Technical Community College, Ferguson Auditorium, 340 Victoria Rd, Asheville, NC 28801. Scan the QR code on the flyer to register.