

Specimen Labeling



All specimens must be labeled correctly before sending to the lab.

Long label goes on specimen container

Color of lab tube for this specimen

Type of specimen source (blood, urine, etc.)

Extra labels, place in confidential shred bin unless in the OR where unused labels will be placed in the bag and sent to the lab

1. Place the correct label on the appropriate tube.
2. The specimen label tells you which tube to place label on.
3. Place unused labels in confidential shred bin unless in the OR where unused labels will be placed in the bag and sent to the lab.

Reminders:

- Verify 2 positive patient identifiers (Name and Date of Birth preferred).
- Scan armband at patients bedside.
- Place labels on specimen and scan while in the patients presence. This should be done prior to specimen being sent to the lab.

Do Not:

- Just place labels in bag
- Stick labels to the bag
- Place label upside down or vertically around specimen.
- Send specimens to the lab with wrinkled labels.

1. Label is applied directly over the manufacturer's label.
2. Label is read from left to right from the tube cap.
3. Label is applied straight from the tube cap downward.
4. Label is flat and without wrinkles.

Specimen tubing reminders

- All Lab Specimens will have the label attached to the specimen prior to tubing them to the lab
- Do not tube non-recollectable or difficult to retrieve specimens, such as CSF, synovial fluid, pleural fluid, abdominal fluid, fine needle aspirates, etc



Clinical Updates

Reminder Mission Hospital: Patient Specific Bins: Go-Live 2/25/26

- Pharmacy completed a review of patient specific pyxis bins and identified opportunities for improving pharmacy and nursing workflow.
- Historically, pharmacy place patient name, MRN and DOB on each bin and keep them updated each day. This practice is no longer necessary.
- On 2/25, pharmacy began utilizing the bin numbers exclusively for all patient specific products.

Mission Hospital-Ordering a Bariatric Recliner

- Mission has 5 bariatric recliners available in house. Use **Service Central-Requesting Medical Equipment** to have one of these recliners brought to a patient room to support the bariatric patient.

Home > Requests > Divisions & Facilities > Medical Equipment Request

☆ Add to My favorites

Medical Equipment Request

Create a request for mobile medical equipment needs that will be handled by HealthTrust Supply Chain Equipment Management Team

This request will be sourced by HealthTrust Supply Chain based upon the answers given in the questionnaire; you should receive a confirmation / response within 30 minutes of your request.

Please provide as many specific details as possible in the appropriate fields so that sourcing can begin as soon as possible. Any incomplete or missing information will delay the request completion process, and may cause cancellation of the request itself.

Please do not include PHI/PII within this request.



Waste Compliance: General Trash

The following items should be disposed of in regular trash bins:

- 🗑️ *Open* alcohol prep pads
- 🗑️ *Empty* medication vials
- 🗑️ *Empty* IV bags
- 🗑️ *Empty* super sani-cloth containers
- 🗑️ Iodine prep pads
- 🗑️ Packaging
- 🗑️ Office supplies
- 🗑️ Food
- 🗑️ Personal care products, such as bath wipes, shampoo, mouthwash, etc.
- 🗑️ Ultrasound gel
- 🗑️ Lubricating jelly

The following items should **NOT** be disposed of in regular trash bins:

- ❌ *Unopen* alcohol prep pads → black hazardous waste bin
- ❌ Medication vials containing liquid → black hazardous waste bin
- ❌ IV bags containing liquid → black hazardous waste bin
- ❌ Chloraprep swabs → black hazardous waste bin
- ❌ Hand sanitizer → black hazardous waste bin
- ❌ Batteries → brown battery bucket
- ❌ SpO₂ sensors → white SpO₂ bucket
- ❌ Soiled linens → laundry hamper



Waste Compliance: Sharps

The following items MUST be disposed of in the red sharp bins:

- Any device with sharp points that can puncture or cut skin
- Needles
- Safety lancets
- Flush syringes *with or without* a needle
- Ampules *except chemo*
- Broken vials and glass
- Razors and scalpel blades
- Scissors

Improperly discarded sharps can lead to needle-stick injuries and disease transmission.

If your red sharp bin is over $\frac{3}{4}$ full, please contact dispatch to request a replacement. Please specify the color of the bin that is needed. Dispatch can be reached at 828-213-2028.



Waste Compliance: Hazardous Waste

The following items MUST be disposed of in the black hazardous waste bins:

- ☒ Pharmaceuticals
- ☒ Medication vials containing liquid
- ☒ IV bags containing liquid
- ☒ Super sani-cloth containers with liquid or wipes inside
- ☒ *Unopen* alcohol prep pads
- ☒ Chloraprep swabs
- ☒ Hand sanitizer
- ☒ Unlabeled substances

Alcohol prep pads may only be placed in the regular trash if they are *open*.

Pharmaceutical packaging may only be placed in the regular trash if there is no residue left inside.

If your black hazardous bin is almost full, please contact dispatch to request a replacement. Please specify the color of the bin that is needed. Dispatch can be reached at 828-213-2028.



Waste Compliance: Regulated Medical Waste

The following items MUST be disposed of in the red biohazard bins with red liners:

- 🗑️ Human body parts removed at surgery
- 🗑️ Infectious surgery specimens
- 🗑️ Skin tags, bone fragments, fatty tissue, limbs, placentas, other organs
- 🗑️ Visibly bloody gloves or PPE
- 🗑️ Visibly bloody plastic tubing
- 🗑️ Saturated bandages and gauze
- 🗑️ Blood and body fluids
- 🗑️ Walled suction canisters containing blood

Regulated medical waste will be disposed of via incineration, autoclave, microwave, or other approved method.

If your red biohazard bin is almost full, please contact dispatch to request a replacement. Please specify the color of the bin that is needed. Dispatch can be reached at 828-213-2028.



PIP Tip of the Week: Assessing PI Risk

Start thinking about PI Risk during the admission process

Clinical Judgement

is a necessary component of risk estimation

Don't just rely on the Braden Scale score to estimate a patient's risk of developing a HAPI



<https://www.kqed.org/futureofyou/219877/hospitals-create-separate-units-to-accommodate-elderly>

Braden Scale Elements

Moisture
Out of bed activity
In bed mobility
Nutrition
Friction/Shear

Skin assessment

Has a PI?
Is the skin fragile?
Or exposed to incontinence?
Is there a scar from an old PI?
Other types of wounds?

HAPI Risk?

Pain Assessment

Does pain make it difficult to move?

Co-Morbidities?

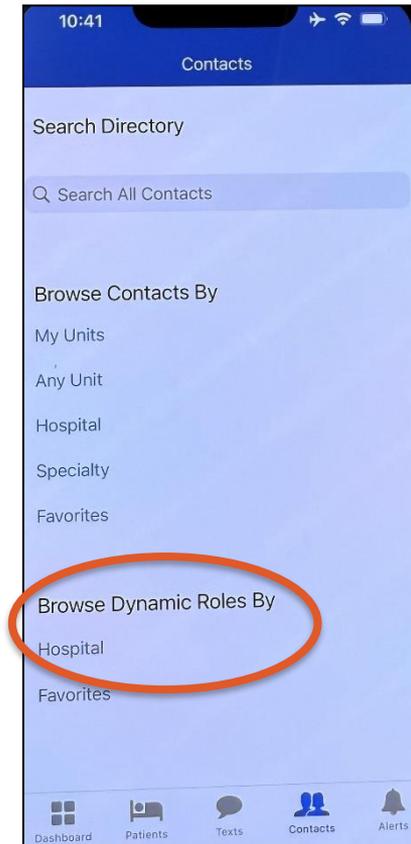
COPD
Neuropathy
PVD/PAD
Vision or hearing impairment
Dementia

Communicating with Imaging Departments



When communicating with Imaging Departments (CT, X-Ray, MRI, Nuc Med, Ultrasound) nurses should use iMobile.

- ❑ Do **not** call the department desk phone. Staff are not stationed at this phone.
- ❑ All imaging departments will show up in iMobile when searching imaging.
 - ❑ **Contacts- Dynamic Role Hospital- Search Imaging**
- ❑ Search Imaging Services Coordinator only for escalation needs. There is someone logged into this role 24x7.
 - ❑ **Contacts- Dynamic Role Hospital- Imaging Services Coordinator**



Updated: 3/9/26

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Not intended for external distribution.

Mission Hospital - Communication with MRI Department

All communication with the MRI department should be conducted via **iMobile**.

Key Information for Nurses

☐ Screening Forms

- Do **not** write “see history.”
- All screening forms must be fully completed, including a list of surgeries.
- If the patient answers **yes** to anxiety with a previous MRI:
 - ❖ Ensure medication is ordered.
 - ❖ Do **not** administer until speaking with MRI.

☐ Screening X-rays

- May be required if patients are unable to answer screening questions.

☐ Implant Devices

- Devices may require a representative and must be researched for MRI compatibility.
- Obtain documentation:
 - ❖ Manufacturer, make, and model.
 - ❖ Scan card into EMR or fax to the MRI department at 213-1390.
- Ensure remotes are located, charged, and brought in.
- Contact manufacturers if additional information is needed.
- Do not place the remote in MRI mode—the technologist will handle this prior to scanning.

☐ Exam Prioritization

- STAT exams take priority over all other cases.
- Do not give patients a timeframe for when the exam will be done unless you have spoken with MRI.

☐ Anesthesia Cases

- Scheduled for Mondays.
- Typically occupy the scanner for 4–6 hours.
- Outpatient Scheduling
- Outpatients are scheduled daily in addition to inpatient cases.

☐ Vented Patients

- Must be transported with both an RN and Respiratory Therapy available.

☐ Abdomen Exams

- Require NPO status for **4–6 hours** prior to the exam.

Radial Compression Band Monitoring and Removal Guidelines Updates: Go-Live 3/17/26

The Radial Compression Band Monitoring and Removal Guidelines have been updated with a few minor but important changes. Please review the revisions below to ensure consistent and safe practice.

Changes include:

- ❑ **Oxygen Saturation Probe Placement:** To assess hand perfusion, the guideline now specifies placing the oxygen saturation probe on the thumb or index finger of the patient's operative hand.
- ❑ **Removal Process:** The updated protocol includes the following steps
 - Remove 3–5 mL of air every 10–15 minutes.
 - If bleeding occurs: Re-inject 3–5 mL of air at a time until bleeding stops. Notify the provider.
 - 15–30 minutes after re-inflation, attempt air removal again.
 - Call the provider immediately if a hematoma is observed.

Radial Compression Band Monitoring and Removal Guidelines Updates

Changes highlighted:

Radial Compression Band Monitoring & Removal Guidelines

Radial Compression Device Monitoring Prior to Removal

- For **Diagnostic** cases, the Radial Compression Device band should be left on with appropriate compression for 60 minutes post procedure or as ordered by Physician.
- For **interventional** cases, the Radial Compression Device should be left on with appropriate compression for 120 minutes post procedure (given the additional anticoagulation use) or as ordered by Physician.
- Assess and document vital signs, site condition, pulse, color, temperature, capillary refill q15 minutes x4, q30 minutes x2, q1hr x4.
 - **NOTE*** While the Radial Compression band is in place, an oxygen saturation probe must be placed on the patient's operative hand (**thumb or index finger of access site hand**) to monitor adequate hand perfusion. Assess for a decrease in oxygen saturation.

Radial Artery Compression Device: Removal Process

1. Once it is time to remove the Radial Compression Device, withdraw **3-5 ml of air every 10-15 minutes** while observing for bleeding, until band is fully deflated.
 - If bleeding occurs, **re-inject 3-5 ml of air at a time** until bleeding stops or original inflation volume is reached.
 - **Call provider.**
 - **15 - 30 minutes post re-inflation**, reattempt removal of air following procedure above.
2. Once Radial Compression Device is completely deflated and hemostasis is maintained:
 - Remove and discard Radial Compression Device and apply Tegaderm over the radial percutaneous site.
3. In the event of hematoma
 - Apply direct manual pressure immediately proximal, distal, and directly over insertion site for a minimum of 5 minutes or until hemostasis is achieved.
 - **Call provider.**
4. The patient should be instructed not to manipulate the wrist for 48 hours.
5. Document patient education in IVIEW including patient education.