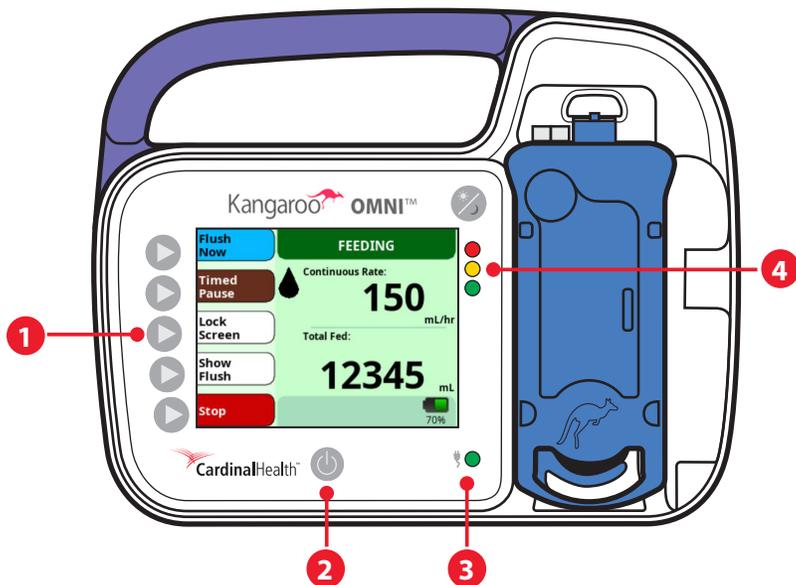**Cardinal**Health™

Kangaroo™

KANGAROO OMNI™ Enteral Feeding Pump

Quick Reference Guide

■■ **en –**

1. Selection Buttons
Press a key to select the option that appears next to it on the screen.

2. Power Button
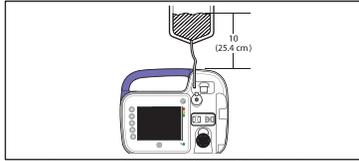Press once to power on. Press and hold to power off.

3. Power Source
Shines a green light when the pump is connected to AC power.

4. Pump Status
● = Warning Alarm
● = Notice or Caution Alarm
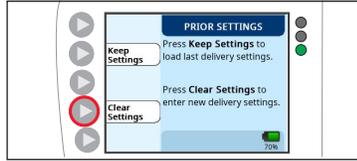● = Standby or Feeding

See reverse for more information. ➘

Set Up the Pump

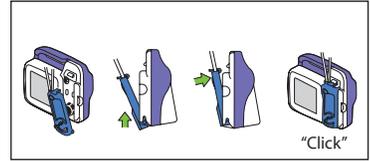
1. Make sure the top of the fluid column is placed at 10 inches (25.4 cm) above the top of the pump.

2. Press **Power** button.

PRIOR SETTINGS

Keep Settings — Press **Keep Settings** to load last delivery settings.

Clear Settings — Press **Clear Settings** to enter new delivery settings.

3. Select **Clear Settings** to enter new feed parameters. Select **Keep Settings** to keep old feed parameters.
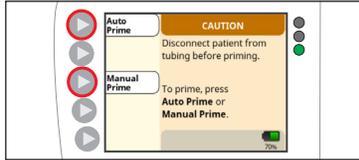

"Click"

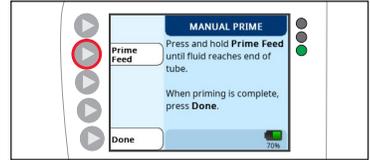4. Load Set. Insert from bottom and snap into place.

Prime the Pump

SET LOADED

✔

Adjust Feed

More Options — Feeding Set Detected

Skip Prime

Prime

1. Select **Prime**.

CAUTION

Auto Prime — Disconnect patient from tubing before priming.

Manual Prime — To prime, press **Auto Prime** or **Manual Prime**.

2. Select Priming Mode.

PRIMING

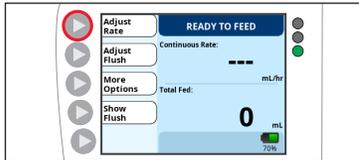Wait for auto prime to complete or press **Stop** if fluid reaches end of tube.

Stop

If you selected Auto Prime:
3. Wait for pump to finish priming.

MANUAL PRIME

Prime Feed — Press and hold **Prime Feed** until fluid reaches end of tube.

When priming is complete, press **Done**.

Done

If you selected Manual Prime:
4. Press and hold **Prime Feed** until fluid reaches end of tubing.

For additional operations or information, see the Kangaroo OMNI™ Enteral Feeding Pump Instructions for Use.

NON STERILE

Rx ONLY

mycardinalmsds.com

Follow instructions for use. Symbol appears blue on device.

MR MR Unsafe

Avoid temperature extremes
122°F 50°C
-13°F -25°C

MR Unsafe – an item that is known to pose hazards in all MR environments.

Visit the Kangaroo™ Learning Center at www.mykangaroolearning.com for more information.

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Rev. A 2023-03 • cardinalhealth.com • HP115204

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Start a New Feed

READY TO FEED

Adjust Rate — Continuous Rate: ---

Adjust Flush — mL/hr

More Options — Total Fed:

Show Flush — 0 mL

If you selected Clear Settings:
1. **Select Adjust Rate**.

ADJUST RATE

+
−

Feed Rate: **150** mL/hr

Cancel — Maximum: 400

OK
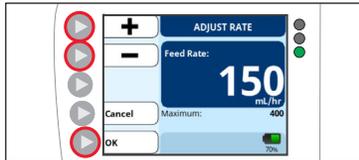
2. Press the **+** and **−** buttons to enter the rate, then select **OK**.

READY TO FEED

Adjust Rate — Continuous Rate: **150** mL/hr

Adjust Flush

More Options — Total Fed:

Show Flush — 0 mL

Start

3. When ready to begin feeding, select **Start**.

Pause the Feed

FEEDING

Flush Now — Continuous Rate: **150** mL/hr

Timed Pause

Lock Screen — Total Fed:

Show Flush — **12345** mL

Stop
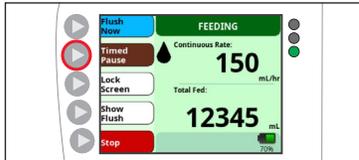
1. To suspend the feeding, select **Timed Pause**.

PAUSED

Adjust Duration — Feeding will resume in: **5:00**

Lock Screen — Or press **Resume** to resume feeding now.
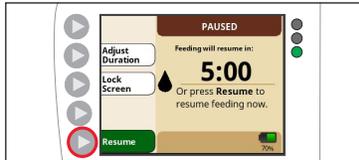
Resume

2. To resume feeding, select **Resume**. Pump will resume on its own after time expires.

Power Down the Pump

1. Press **Power** button.

Kangaroo OMNI™
Enteral Feeding Pump videos

Scan the QR codes for instructional videos on the Kangaroo OMNI™ pump's most frequently asked questions

Preparing to feed	Cleaning	
Accessing more options	Night mode	
Priming	Interruption monitor	
Adjusting the rate	Pump status indicators	
Begin feed	Silencing alarms	
Additional options	Verifying alarm functionality	

For more educational resources and information, visit the Kangaroo™ Learning Center | **mykangaroolearning.com**

📢 **Clinical Updates**

Update to C. difficile PCR Testing Platform – New 027-NAP1-B1 Result Component: Go Live Date: 2/24/26

➢ C. difficile PCR testing will transition to a new molecular testing platform.
➢ As part of this update, detection of the 027-NAP1-B1 strain will be included and reported with results when present.
➢ There will be no changes to current C. difficile ordering or collection practices.

Results	02/17/2026 09:24 EST
INFECTIOUS DISEASES	
Toxigenic Clostridioides difficile	See PCR Result
Clostridioides difficile Comment	No Comment
Clostridioides difficile PCR	Negative
027-NAP1-B1	Presumptive Negative

New Oral Supplements Adult and Oral Supplements Pediatric: Go-Live 2/24/26

➢ 5 additional Oral Supplement choices to be available to order.

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MISSION HEALTH

Critical Blood Glucose

CBG <20 or >500 require a venous sample to be collected NOW and sent to the lab.

❑ This is to verify the elevated CBG and provide an accurate glucose level.

❑ The lab glucose order will fire automatically.

❑ The order is for a nurse collect; the nurse must collect and send to the lab within 1.5 hours of the original CBG.

  ❑ Lab should be collected by the nurse at the bedside.

  ❑ If there are barriers to the nurse collecting the lab on the unit, contact phlebotomy.

❑ The <u>first</u> out-of-range result each day, must be verified by a Lab-performed serum glucose. The clock starts at 0000 (midnight).

Barcode Scanner

Scan button is here. Touch and release.

H U D D L E   C A R D

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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.

Updated: 2/19/26

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MISSION HEALTH

Blood Transfusion: Documentation Using Bridge

❑ **Use Bridge to document:**

- Verification blood product is correct for patient (verification will occur prior to spiking the blood):

  - Scan the patient and product

  - If Bridge is unavailable or blood is being administered emergently, use the two-person verification process to verify that the blood product is correct for the patient. Document this verification on the paper form that is included with the blood.

- Pre-transfusion vital signs

- Start of blood product

- Vital signs 15 minutes after transfusion begins

- End of transfusion

- Post-transfusion vital signs
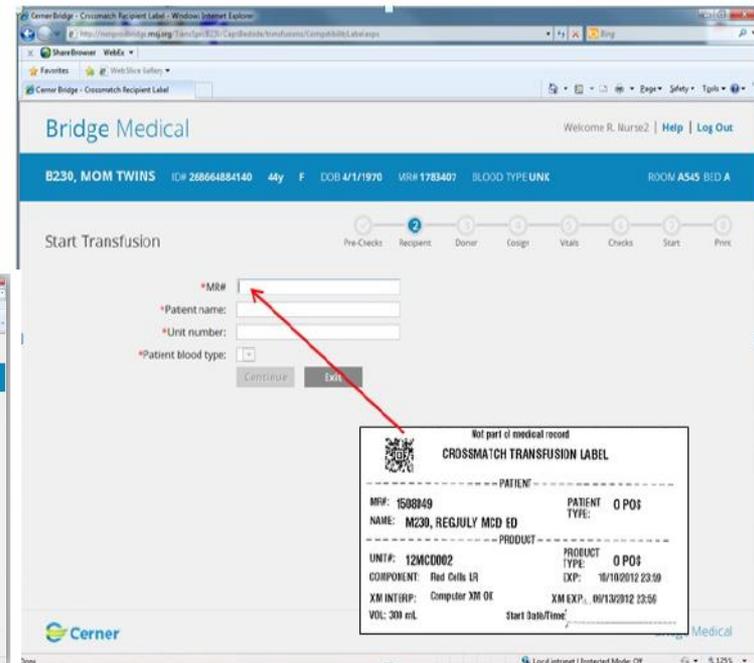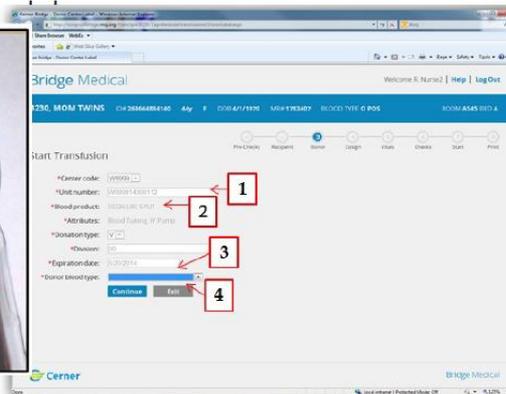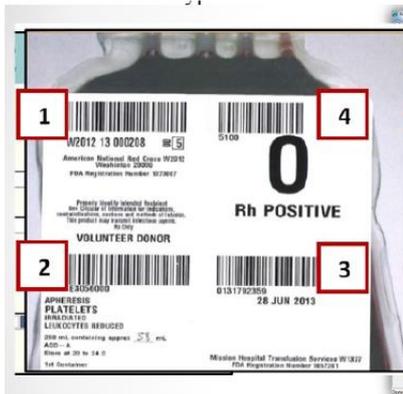
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Blood Transfusion Packed Red Blood Cells (PRBCs):

- Initiate at a slower rate to monitor for signs of a reaction. (Recommended rate 1-2 mL/min, or **60-120 mL/hr**). In emergent situations blood may be infused as fast as necessary.

- For pediatric patients, the recommended maximum infusion rate for any blood product is 3-5mL/kg/hour unless otherwise ordered.

- **Stay with the patient for the first 15 minutes** to observe for signs/symptoms of transfusion reaction.

- Check **complete set of vital signs 15 minutes into the transfusion**.

- During the first **30 minutes** of the transfusion, the **patient will remain in the nursing care** unit unless accompanied by an RN.

- If no signs/symptoms of transfusion reaction after 15 minutes, increase infusion rate. Infusion rate may be increased based on patient condition, tolerance or LIP/AP order.

- **Infusion must be completed or discontinued within 4 hours of picking up from Transfusion Services.**

- Record vital signs during the transfusion. A minimum of three sets (blood pressure, pulse, temperature and respiration) must be recorded: pre-transfusion (baseline), 15 minutes after start, and at end of transfusion.

> Policy: Blood and Blood Component Administration (Blood Transfusion) – Adults and Pediatrics (Excludes NICU), 1PC.NRS.0015

MISSION HEALTH

Updated: 02/23/26

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Blood Transfusion Reaction reminders

If a hemolytic or febrile nonhemolytic transfusion reaction or reaction due to contaminated blood is suspected, complete the following steps immediately:

- ❑ **STOP the transfusion immediately.** Disconnect blood and all tubing from the patient but do not discard. (Bridge refers to this as HOLD).
- ❑ <u>**Do Not**</u> infuse blood remaining in filter or the tubing as this may worsen the transfusion reaction.
- ❑ Begin infusing saline at KVO through <u>**new**</u> IV tubing connected to a <u>**new**</u> needless connector directly to the hub of the IV catheter to maintain IV access.
- ❑ Check the blood bag label against bar coded label and patient armband to determine if the correct unit was transfused to the correct patient.
- ❑ **Notify the LIP/AP for instructions on patient care.**
- ❑ Order a Transfusion Reaction Protocol (TRP) in Cerner.

- ❑ Notify Transfusion Services.
- ❑ Complete Bridge bar coding in Cerner. If the electronic system is not being used, document reaction on "Transfusion Services Transfusion Reaction Report"
- ❑ **Send the first voided urine specimen to the Lab. Label "For Transfusion Reaction".**
- ❑ A post-transfusion blood specimen must also be obtained and sent to Transfusion Services.
- ❑ Place blood bag, attached IV solution and the tubing set in a biohazard bag. Clamp tubing and aseptically cap end of tubing. Transport immediately to Transfusion Services (do not use tube system).

Blood and Blood Component Administration (Blood Transfusion) – Adults and Pediatrics (Excludes NICU), 1PC.NRS.0015

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Updated:2/23/26

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Mission Hospital
Ketamine 500mg/260 mL V2B Infusion Kit

- Due to wasting issues with the current build of Ketamine 500 mg/260 mL infusions, the Cerner build has been modified.

- Ketamine 500 mg infusion kits will be dispensed in Pyxis
  - Kit will contain: 1- ketamine 500 mg/10 mL vial, 1- 0.9% Sodium Chloride 250 mL bag, 1- 20 mm V2B adapter.

- The new Cerner build will allow nurses to document waste of up to the entire volume of the infusion bag in Pyxis when order discontinued.

- Pyxis label will print at time of dispense which will allow the nurse to scan upon administration

- Anticipated kit go live = 2/24/26

Mission Hospital: Isolation Cart Restock

Please restock carts as needed with the unit supply of PPE before reaching out for additional supplies from Equipment Distribution.

Carts can be shared between more than one patient; Each patient does not need a card outside their room.

If isolation carts are needed due to a high number of isolated patients, PPE supply is running low, or there are excess carts on the unit, please contact Equipment Distribution via one of the methods provided below:

Mission Hospital Equipment Distribution Phone Number

(828) 213-0200

HCA ServiceCentral Medical Equipment Request:

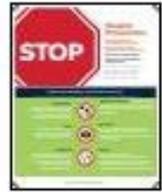Under "Requesting Equipment", select **Add**

Equipment Type: Other

Quantity: # of Carts Needed

Request Priority: How Quickly Needed

Save, then type "Isolation Cart(s)" in the Additional Comments section

MISSION HEALTH

HCA Healthcare®

New Product at Mission Hospital: Sara Flex lift – Rehab use only

- The acute rehab department at Mission Hospital now has access to the Sara Flex lift
- Physical and occupational therapy will determine patient appropriateness for use of this product
- Nursing staff should **NOT** attempt to use this product with patients
- Sling attachments are reusable and need to be cleaned between patients. If a sling is found, please contact the rehab department at 828-213-8660.

Created: 02/18/2026

MISSION HEALTH

Non-Sterile Ultrasound Gel Expiration Date

Non-sterile ultrasound gel is now only able to be used for 28 days after opening.

☐ Per policy: Non-sterile ultrasound gel is discarded within **28 days of opening**, according to product IFU, or the manufacturer's expiration date, whichever is earliest. **Bottles of gel are labeled upon opening**.

☐ 🚫 **Do NOT Use Nonsterile Gel (bottled ultrasound gel)**

- ○ **Never** use nonsterile bottled ultrasound gel for procedures involving skin puncture or surgical sites.

- ○ Do not use nonsterile ultrasound gel for **pre-procedure visualization**

Policy: Viewing Safe Handling of Non-prescription Gels, Lotions, Liquids, Creams, Ointments and Salves Used in the Medical Setting, IC.IP.0005

Expires: 3/16/25

Expires: 3/16/25

MISSION HEALTH

Updated: 2.23.26

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