

Powered Air Purifying Respirator (PAPR)

- **PAPRs are supplied by Equipment Distribution. PAPRs can be requested by placing a Service Central Medical Equipment Request:**

- Under "Requesting Equipment", select Add
- Equipment Type: Other
- Quantity: # of PAPRs needed
- Request Priority: How Quickly Needed
- Save, then write "PAPR(s)" in the Additional Comments section



- **Please return PAPRs to Equipment Distribution when no longer needed**

- Return via Service Central Medical Equipment Request, select "Returning Equipment"

- **Alternatively, you may call Equipment Distribution to request or return PAPRs @ 828-213-0200**

PAPR: How to

Click or
Scan



How to use

- Donning should take place in a clean, hazard-free environment
 - Place the blower unit and belt around the waist and adjust to good fit
 - Turn on the blower unit
 - Place head cover on head with padded part of head strap centered on forehead
 - Enter contaminated (infected) area breathing normally
- Remove the blower unit and head cover in a safe, hazard-free area
 - Remove the head cover (hood)
 - Remove the belt and blower from waist
 - Turn blower off

How to clean/maintain

- Wipe PAPR blower unit, battery pack and head cover with hospital approved disinfectant—e.g. purple top super sani cloth
- Do not spray or submerge this equipment
- Each hood is meant to be reused by the same person if properly cleaned and maintained
- After cleaning place hood back in the round cardboard canister or a bag and mark your name on it
- Dispose of head cover if it is badly soiled, torn, elastic is no longer tight or face shield is cracked or bent
- Never try to clean filters or blow into the filter
- Contact equipment distribution to change filters, treat used filters as contaminated



The order is your source of truth: review the MAR order for EVERY patient before starting or titrating a drip



Why This Matters...

- Titration parameters are now visible within new IV titratable medication orders.
- Default parameters in PowerPlans align with standardized options.
- Providers may adjust defaults to meet patient-specific needs.
- Purpose: **safer titration, fewer medication errors, better documentation accuracy.**

What Nurses Need To Do...

- **Review the medication order and dose each time you start or titrate.**
- Use the MAR - not memory, badge buddies, or old parameter lists.
- Look for the normalized rate and the titration goal, increment, and frequency.
- Clarify unexpected or unclear orders with the Provider and Pharmacist if needed.

Important safety reminders

"Normalized Rate"

Cerner term for the initial starting rate of an infusion.

[Brackets]

On the order, brackets show the normalized rate, e.g., [5 mcg/kg/min].

Patient-specific orders

Providers can change rates and parameters on each order; for example - ICU and non-ICU parameters may differ.

Where to find titration details in the MAR

Callout: order details show titration instructions

The screenshot shows the MAR interface with a sidebar menu on the left and a main content area. The main content area displays a medication order for DOBUTamine 1,000 mg [5 mcg/kg/min] Premix Diluent IV 250 mL. The order is scheduled for 06/02/26 10:38:00 EDT. The titration instructions are highlighted in a callout box:

Administration Information
 DOBUTamine (Dobutrex) Plan Non ICU Setting: Standard Concentration. 4000 mcg/mL Initiate infusion at 5 mcg/kg/min or as ordered. Notify physician if frequency of ventricular ectopy increases, HR greater than 120 BPM or greater than 20% increase from baseline. For extravasation see reference text.

Practice point: avoid memorizing parameter goals or initial rates. Review the active order, dose, and parameters before each administration or titration.

Questions? Reach out to your Leader, Educator, or Pharmacist.

Hover to Discover: Sedative & Analgesic Titration + Critical-Care Observation Tool (CPOT) Quick Reference

Purpose and scope

- Titration instructions are tied to the active medication order.
- Medication scope: titratable sedatives & analgesics
- Use CPOT when the patient cannot reliably self-report pain.

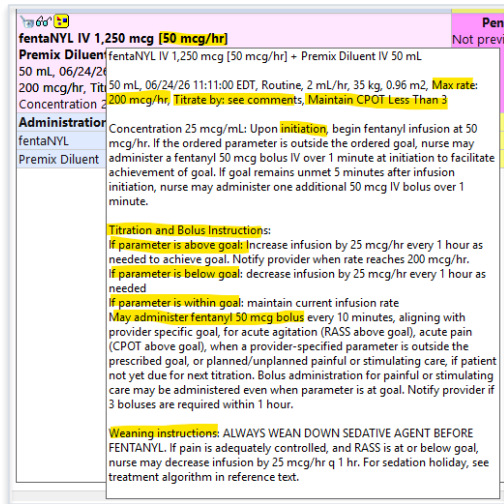
Before titrating

- Order sentence gives key cues: initial rate, max rate, titrate-by language, and patient-specific parameter.
- Order comments are required before titrating.
- Follow active order, order comments, hold parameters, provider direction, and unit standards.

Where to look

- Hover over the medication on the eMAR to display order comments.
- Use Reference Text only when order comments direct you to additional PowerPlan guidance.
- Do not rely on memory or a previous patient order.

eMAR Visual: Hover to Discover



CPOT Quick Scoring Guide - Score Each Domain 0, 1, or 2

Domain	0	1	2
Facial expression	Relaxed or neutral	Tense features	Grimacing
Body movement	Absent/normal	Protection	Restlessness
Muscle tension	Relaxed	Tense/rigid	Very tense/rigid
Intubated: vent compliance	Tolerating	Coughing but tolerating	Fighting ventilator
Extubated: vocalization	Normal/no sound	Sighing or moaning	Crying/sobbing

Use one respiratory domain only: ventilator compliance if intubated, vocalization if extubated. Rate the highest behavior observed during the rating period.

Bedside Steps & Documentation

1: Assess	2: Verify	3: Intervene	4: Reassess																																												
Score CPOT or ordered pain/sedation assessment. Use patient-specific target.	Hover to Discover order comments; confirm max rate, titrate-by, bolus, weaning, holds.	Titrate or bolus only according to the active order and patient status.	Reassess at expected peak effect and document response.																																												
<table border="1"> <thead> <tr> <th colspan="4">Pain Assessment</th> </tr> <tr> <th></th> <th>CPOT (Cri...</th> <th>CPOT (Cri...</th> <th>CPOT (Cri...</th> </tr> </thead> <tbody> <tr> <td>◆ Facial Expression</td> <td>Relaxed, ... Tense (1)</td> <td>Relaxed, ... Relaxed, ...</td> <td>Relaxed, ... Relaxed, ...</td> </tr> <tr> <td>◆ Body Movements</td> <td>Absence ... Restlessn...</td> <td>Absence ... Absence ...</td> <td>Absence ... Absence ...</td> </tr> <tr> <td>◆ Muscle Tension</td> <td>Relaxed (0) Tense, rig...</td> <td>Relaxed (0) Relaxed (0)</td> <td>Relaxed (0) Relaxed (0)</td> </tr> <tr> <td>◆ Ventilated Patient?</td> <td>Yes Yes</td> <td>Yes Yes</td> <td>Yes Yes</td> </tr> <tr> <td>◆ Compliance with Ve...</td> <td>Toleratin...</td> <td>Coughin...</td> <td>Toleratin...</td> </tr> <tr> <td>◆ CPOT Pain Scale Total</td> <td>0</td> <td>5</td> <td>0</td> </tr> <tr> <td>◆ Activity During Scori...</td> <td>At rest</td> <td>At rest</td> <td>At rest</td> </tr> <tr> <td>◆ Pain Rating</td> <td>CPOT Sco...</td> <td>CPOT Sco...</td> <td>CPOT Sco...</td> </tr> <tr> <td>◆ Goal for Pain Manag...</td> <td>No pain-0</td> <td>No pain-0</td> <td>No pain-0</td> </tr> </tbody> </table>				Pain Assessment					CPOT (Cri...	CPOT (Cri...	CPOT (Cri...	◆ Facial Expression	Relaxed, ... Tense (1)	Relaxed, ... Relaxed, ...	Relaxed, ... Relaxed, ...	◆ Body Movements	Absence ... Restlessn...	Absence ... Absence ...	Absence ... Absence ...	◆ Muscle Tension	Relaxed (0) Tense, rig...	Relaxed (0) Relaxed (0)	Relaxed (0) Relaxed (0)	◆ Ventilated Patient?	Yes Yes	Yes Yes	Yes Yes	◆ Compliance with Ve...	Toleratin...	Coughin...	Toleratin...	◆ CPOT Pain Scale Total	0	5	0	◆ Activity During Scori...	At rest	At rest	At rest	◆ Pain Rating	CPOT Sco...	CPOT Sco...	CPOT Sco...	◆ Goal for Pain Manag...	No pain-0	No pain-0	No pain-0
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IV Block Charting: Urgent/Emergent Titration Documentation

Block documentation may be used in limited, urgent or emergent clinical situations where rapid medication titration and frequent patient reassessment are required. The use of block documentation must be consistent with documentation standards, provider orders, and unit-based standards of care.

When & Where

- Use only when the active order, unit standard, and applicable guideline allow. May be used in a 4-hour block during urgent/emergent rapid titration.
- Areas include ICU, Progressive Care/Intermediate when applicable, ED, procedural areas, and others as defined by guidelines.

Important Reminders

- Document rate changes with related patient vital signs or parameters.
- Block charting does not replace all required drip documentation.
- Continue eMAR/IV Drips, volume, and controlled-substance documentation as required.

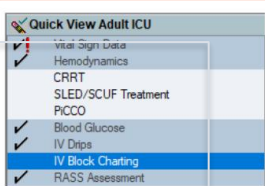
Guardrails

- Stay within ordered parameters.
- Obtain/clarify provider order before documenting titration outside ordered parameters.
- Medication-specific restrictions vary; follow guidelines and order comments.

IV Block Charting Screenshots

1

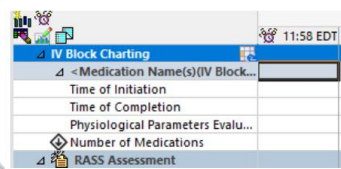
Navigate



In Quick View, select IV Block Charting to open the workflow.

2

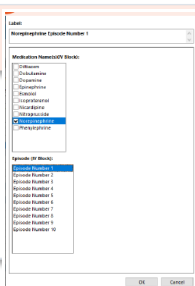
Open Band



The band displays medication name(s), timing, parameters, and medication count.

3

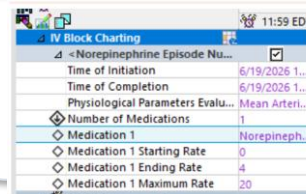
Create Episode



Label the episode, select medication(s), and choose the episode number.

4

Complete Values



Document initiation/completion times, parameter evaluated, starting/ending rate, and maximum rate.

Required Documentation Reminders

Document	Include
Timing	Start and completion time for the block
Medication	Name, starting rate, ending rate, maximum administered rate
Patient parameter	Physiological parameter evaluated and reassessments
Order alignment	Within active order, unit standards, and guidelines

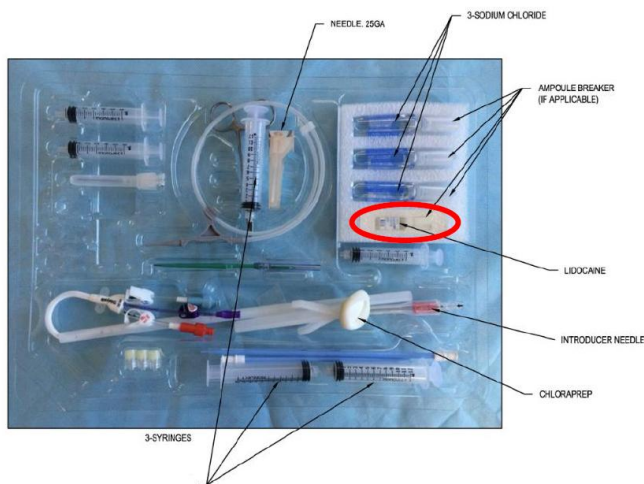
Caution: rapid boluses or titrations can create controlled-substance and volume-accounting needs. Use block charting only when criteria are met and continue all required drip documentation.



Clinical Updates

BD Kit/Procedure Tray Lidocaine Recall

- Certain BD convenience kits and procedure trays contain Lidocaine ampules manufactured by Huons Co., Ltd. that have been recalled due to quality concerns identified during FDA inspection activities.
- At the point of use, upon opening the kit, discard the affected Lidocaine vials and obtain Lidocaine separately through the pharmacy.
- Stickers will be applied to impacted kits.



Example kit with Lidocaine ampule identified (red circle)



Clinical Pharmacology Retiring – Transition to Lexidrug (Lexicomp)

Effective June 30, 2026

What is Changing?

- Clinical Pharmacology will be removed from PowerChart/LaunchPoint as it is being retired. Moving forward, Lexidrug (formerly Lexicomp) will be the primary medication reference resource available to staff.

What Do I Need to Do?

- Continue using the medication reference link in PowerChart/LaunchPoint.
- Use Lexidrug for:
 - Medication information and monographs
 - Drug dosing and administration guidance
 - Drug interactions
 - IV compatibility information (Trissel's® compatibility data)
 - Clinical decision support resources
- No significant changes are expected in how you access medication information.

Finding IV Compatibility Information:

- Many nurses currently use Clinical Pharmacology to check IV compatibility. After the transition:
 - Open Lexidrug (Lexicomp).
 - Search for the medication(s).
 - Access Trissel's IV Compatibility information within Lexidrug.
 - Review compatibility results before administration.

Reminder: Trissel's within Lexidrug will serve as the primary IV compatibility resource after Clinical Pharmacology is removed.

- Searching for Medications in Lexidrug
- Searching in Lexidrug is similar to Clinical Pharmacology:
- Enter the medication name in the search box.
- Select the appropriate medication from the results list.

Lexicomp has recently been renamed Lexidrug. You may continue to hear both names used during the transition. They refer to the same resource.