



Raven Alert for High ORLs

Go Live: 11/18/2025

A Raven alert will be sent to the ED CNCs, House Supervisors, Inpatient Charge RN/CNC, Manager, and Director Dynamic Roles in iMobile when an ORL is assigned has High Risk.

- ☐ ORLs are the Overall Risk Level for suicide and will be determined by the Provider.
- ☐ The Provider will assign no risk, low, moderate, or high risk to the patient. This will take precedence over the CSSRS if levels differ.
- ☐ Providers will reassess patients daily and as needed based on condition. When the ORL is assigned as high risk the Raven alert will be sent to unit leadership.
- ☐ Unit Leadership should then take the appropriate steps to ensure high-risk safety interventions are put in place for that patient.
- ☐ House Supervisors, Charge RNs, CNCs, Managers, and Directors ensure you are logged into the appropriate Dynamic Role in iMobile at the start of shift.



Patients at Risk for Suicide in Non-Behavioral Health Settings: Identification and Monitoring 1PC.PSY.0102

Updated: 11/3/25

CONFIDENTIAL – Contains proprietary information.
Not intended for external distribution.

HCA  **Healthcare®**
**Center for Clinical
Advancement
NC Division**

Remote Telemetry Monitoring Alarm Standardization

Go-Live Week of 11/17/25

To ensure consistency, clarity, and the highest level of patient safety across all our monitoring systems, key alarm settings on telemetry platforms will be updated and standardized.

Key changes to the settings include:

Alarm	Current State	Future State
A-Fib	Medium	Informational
Heart Rate High Parameter	140 bpm	150 bpm
Heart Rate Low Parameter	47 bpm	45 bpm
SP02 Probe Off	Low	Medium
ECG Leads Off	Escalating	Medium
Ventricular Brady	Informational	Medium

Remote Telemetry Monitoring Alarm Standardization

Go-Live Week of 11/17/25

Units will be notified of their specific go-live date.

❖ Day of Go-Live Process:

- ❑ **Med-Surg Process:** Alarm Settings will be automatically updated.
No additional steps needed.
- ❑ **Step-Down Patients:**
 - All Step-down patients will need to be hardwired only (no tele box monitoring) during the transition
 - Step-down patients will be transitioned patient by patient
 - After transition occurs normal tele monitoring can be resumed (combo monitoring, tele box, etc.)

Traversing Wet and Icy Surfaces

Navigating wet and icy surfaces requires some careful consideration to avoid slips and falls. Here are some tips to help you stay safe:

- ❑ **Wear Appropriate Footwear:** Shoes with good traction and non-slip soles can make a big difference. Avoid smooth-soled shoes.
- ❑ **Take Small Steps:** Short, deliberate steps help you maintain better balance and reduce the risk of slipping.
- ❑ **Keep Your Hands Free:** Use your arms for balance, but avoid carrying heavy items that can affect your stability. Use the elevator when carrying bulky items.
- ❑ **Walk Slowly:** Rushing increases the risk of slipping. Take shorter steps at a slower pace.
- ❑ **Keep an Eye Out for Changing Surfaces:** Be aware of the surface you are walking on and adjust your pace when needed. If possible, walk on cleared paths or areas with gravel or sand.
- ❑ **Keep Your Feet Flat:** Walk flat-footed with your feet pointed slightly outward. This increases your contact area and stability. Penguin waddle!
- ❑ **Maintain a Wide Stance:** Spread your feet apart to increase your balance and lower your center of gravity.
- ❑ **Use Handrails:** If available, use handrails or other supports to help with balance.
- ❑ **Avoid Slippery Areas:** Look ahead to spot and avoid particularly slippery surfaces/icy patches.
- ❑ **Be Mindful of Black Ice:** Black ice is hard to see but can be extremely slippery. Be extra cautious in shaded areas or early in the morning.
- ❑ **Use Caution When Entering or Exiting Vehicles:** The areas around cars can be particularly icy. Take extra care when getting in or out.
- ❑ **Practice Falling Safely:** If you do slip and fall, try to fall with your body relaxed to reduce the risk of injury. Aim to fall on your side rather than your back or front.

**All accidents and injuries should be reported using Vigilanz. Call Mission WorkWell (828-213-9600) to be seen if medical attention is required as a result of your injury.



Broset Violence Checklist: Age Change

Go-Live 11/25/25

The Broset Violence Checklist must now be completed for **ALL patients** (exclusions: newborns admitted to MOMB or NICU). This updates the previous policy, which excluded patients under age 12.

- ❑ This is a tool used to evaluate patient's risk upon admission, and as part of ongoing assessment for signs of violence or behaviors that may indicate a risk for impending violence.

Broset Violence Checklist	
Confusion	Disoriented, unaware of time, people, or location
Irritability	Annoyed, angry, unable to tolerate others
Verbal Threatening	Intent to intimidate or threaten another person
Attacking Objects	Throwing or kicking objects, slamming doors
Boisterousness	Overtly loud, yelling
Physically Threatening	Intent to threaten, aggressive stance, clenched fists

1. **Score of Zero (0) = Minimal risk for violence**
2. **Score of one or two (1-2) = Moderate risk for violence**
 - Preventative measures should be taken
3. **Score of greater than two (>2) = High risk for violence**
 - Preventative measures should be taken, and a plan should be created for how to manage/intervene with a violent episode.

Brøset Violence Checklist 1PC.PSYI.0093

Medication Administration Policy Changes

Medication Administration, 1MM.MED.0011

- **Time-Critical Medications** should be given within **30 minutes before or after the scheduled administration time**. These medications include:
 - Scheduled opioids
 - Medications prescribed more frequently than every 4 hours
 - Immunosuppressive agents for the prevention of solid-organ transplant rejection or to treat myasthenia gravis:
 - Mycophenolate mofetil (Cellcept; Myhibbin), mycophenolate sodium (Myfortic)
 - Azathioprine (Azasan; Imuran)
 - Tacrolimus (Prograf; Astagraf XL; Envarsus XR)
 - Cyclosporine (Gengraf; Neoral; Sandimmune)
 - Sirolimus
- **Non-Time Critical Medications:** Exact timing of administration can be extended due to the nature of the order, medication, or patient need. These medications must should be administered within **60 minutes before or after the scheduled administration time**. These include:
 - Frequency of once daily, once weekly, or once monthly
 - Frequency between every 4 hours and once daily
 - Initial doses (delay in administration)

Central Monitoring Unit (CMU)-Bathroom Process

Go-Live 11.17.25

We must ensure that patients continue to receive the appropriate level of monitoring.

- ❑ Patients hardwired to in-room monitors (not utilizing a telemetry box), **must not be removed from the monitor to go to the bathroom.**
- ❑ **CMU will begin escalating any loss of visual.** The previous 15-minute “bathroom grace period” will no longer be observed.
- ❑ **What should caregivers do:**
 - If a patient needs to use the bathroom, **utilize a bedside commode** or **transition to a tele box** with a pulse oximetry cord if needed, consistent with the current monitoring order.



Central Monitoring Unit (CMU)-Shower Process

Adhere to the following steps when removing a patient's telemetry for a shower:

Required Action Steps

- ❖ **Order Required:** Caregivers must have a **physician order** to temporarily remove telemetry for a shower.
- ❖ **Monitor Tech Verification:** Monitor Technicians are **required** to verify the existence of the "removal for shower" order when they are notified of the removal.
- ❖ **Caregiver Supervision:** The **caregiver must stay with the patient** for the entire duration of the shower.
- ❖ **Reapplication Deadline:** Telemetry **must be reapplied** and functional **within 30 minutes** of the initial removal.
- ❖ **Notify CMU:** Caregivers must **call the CMU immediately** upon completion of the shower and reapplication of telemetry to confirm visual monitoring is resumed.



Escalation Procedure

- ❖ **CMU will begin the escalation process if telemetry monitoring has not resumed within 30 minutes of its initial removal.**

New Powder Vial Reconstitution Process

Go-Live December 9th, 2025

Scan the QR Code to complete the required HealthStream module



The new process relocates sterile diluents (water for injection/saline) from the supply room to the Pyxis to ensure the correct diluent is pulled with the medication vial. It requires nurses to scan the diluent and manually adjust the final dose and volume in the electronic documentation to reflect the actual reconstituted product being administered.

The drug and diluent will both show beneath the order on the MAR.

Medication	Dose	Volume	Diluent
acetazolamide	250 mg	2.5 mL IV Push Ant	Sterile Water

Why the Change?

- Enhance Patient Safety: This new process is designed to minimize the risk of medication errors associated with incorrect diluent usage and inaccurate dose/volume documentation.
- Ensure Correct Diluent: Moving the diluents into the Pyxis and linking them to the pull prompt creates a system-level check to help ensure the correct diluent (Sterile Water or Saline) is selected for reconstitution.

Locating Reconstitution Instructions

- Reconstitution can be found in the MAR Note. Left Click the push-pin symbol and select comments. Note the amount of the diluent needed for reconstitution. This will need to be documented when the medication is documented on the MAR.

Medication	Dose	Volume	Diluent
acetazolamide	250 mg	2.5 mL IV Push Ant	Sterile Water

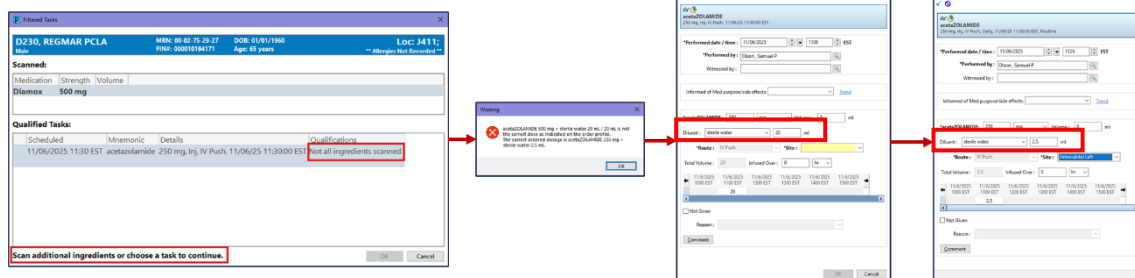
MAR Note
11/06/2025 10:59 EST Tuztl, Zkbaup X 500 mg/min max. Final concentration 100 mg/mL when reconstituted with 5 mL sterile water. ***Pharmacist must ensure volume matches ordered dose based on concentration***

At the Pyxis

- When the medication is pulled from Pyxis, the nurse will be prompted to also remove the diluent (sterile water or sterile saline).
 - Sterile Water and Sterile Saline will no longer be available in the supply room.
- Reconstitution should occur at the patient's bedside.
- Note: If a medication is removed using the Pyxis override function, the nurse will also need to override the diluent (sterile water or sterile saline).

Using the Bar Code Medication Administration (BCMA) Process

- Prior to administration, the nurse will scan the powder medication vial and the diluent (sterile water or sterile saline).
- Adjust the amount of diluent used to reflect the amount indicated on the MAR Note.





Clinical Updates

Fleet Mineral Oil Moving from Supply Room to Pyxis: Go-Live 11/13/25

- Fleet Saline is already loaded in Pyxis machines.
- Nursing Staff will now be able to also pull Fleet Mineral Oil from the Pyxis.

Alaris Pump Library Update: 11/19/25

- The Alaris Pump Library will be updated across the North Carolina Division next Wednesday, November 19th, 2025.
- Please ensure all pumps are plugged in and able to connect to the network to accept the updates.
- Summary of changes:
 - 4 concentration changes
 - Furosemide continuous 2 mg/mL from 1 mg/mL (will keep 10 mg/mL concentration)
 - Furosemide intermittent 2 mg/mL from 1 mg/mL (will keep 10 mg/mL concentration)
 - Insulin 0.2 unit/mL replace 0.1 unit/mL (will keep 1 unit/mL)
 - Nicardipine 200 mcg/mL replace 100 mcg/mL
 - Amiodarone 1.8 mg/mL from 1.5 mg/mL – all profiles (bolus and continuous)
 - Digoxin 20 mg/mL from 10 mg/mL – NICU profiles
 - 9 New Builds
 - Potassium Chloride (KCL) – adding additional concentration (0.1 mEq/mL) to current 0.2 mEq/mL concentration
 - Phenylephrine 400 mcg/mL (100 mcg/mL concentration to remain)
 - Liposomal Amphotericin B 1 mg/mL
 - Potassium PHOSphate – central 0.12 mmol/L
 - Potassium PHOSphate – peripheral 0.05 mmol/L
 - Sodium PHOSphate – central 0.12 mmol/L
 - Sodium PHOSphate – peripheral 0.05 mmol/L
 - Tranexamic acid – 10 mg/mL (bolus and 8-hour infusion) to Peds profiles

- Naloxone – 40 mcg/mL added to NICU and Peds < 25kg profiles; 400 mcg/mL added to Peds profiles
- Fentanyl – adding concentrations to NICU and Peds < 25kg care area
- Other changes
 - Dobutamine – move to current MH concentrations at regional facilities (2000 mcg/mL and 4000 mcg/mL)
 - Fluconazole – remove soft min administration time
 - Meropenem – add to NICU libraries

New Vial-2-bag Medication Conversions: Go-Live 12/10/25

- Amiodarone 150mg/100ml D5W (Bolus)
 - Amiodarone 150mg/3ml vial will be in Pyxis.
 - The D5W 100ml IV bag (Non-PVC bag) may be in Pyxis or in the nursing supply room.
 - Vial-2-bag adapter will be in the nursing supply room.
- Amiodarone 450mg/250ml D5W (Drip)
 - Amiodarone 450mg/9ml vial will be in Pyxis
 - The D5W 250ml IV bag (Non-PVC bag) may be in Pyxis or will be in the nursing supply room.
 - Vial-2-bag adapter will be in the nursing supply room.
- Vasopressin 20 units/100ml NS (Drip)
 - Vasopressin 20 units/1ml vial will be in Pyxis.
 - The NS 100ml IV bag and the vial-2-bag adapter will be in the nursing supply room.
- Vabomere (Meropenem/Vaborbactam) 2gm/250ml NS
 - This is a "restricted" medication and therefore will only be dispensed from the main pharmacy. It will be dispensed as a "kit" that contains the Vabomere vial, 250ml NS, and the Vial-2-bag adapter.