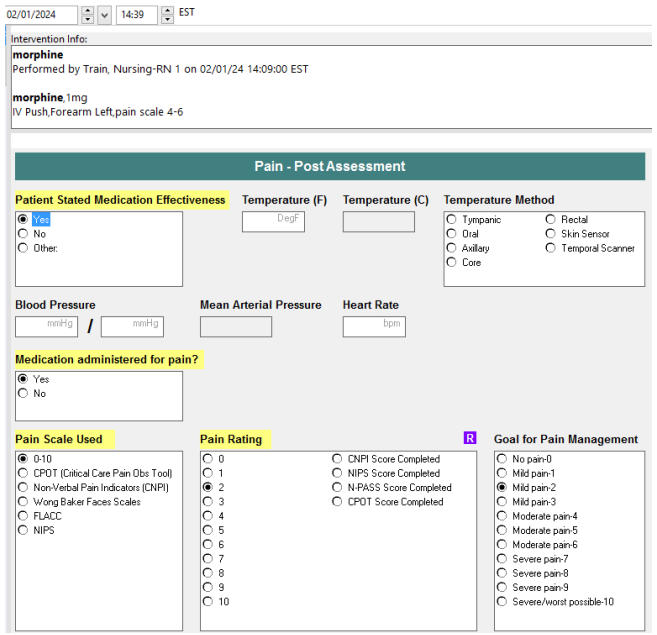
HUDDLE CARD

Reminder: Pain assessment and reassessment

- Pain rating must be documented **prior to the administration of PRN pain medication**.
  - Pain rating levels are **reassessed within 1 hour after PRN pain administration** by any route.
  - To help caregivers complete this documentation within 1 hour of administration, the **pain reassessment reminder task will fire 30 minutes after administration.**
  - Utilize critical thinking skills to determine reassessment timing based on the route of administration. Example: PO medication reassessment completed 30 minutes after administration. IV medication reassessment completed 15 minutes after administration. **No reassessment should be completed 1 minute after administration.**
- The pain/treatment plan is evaluated on an on-going basis and is revised to facilitate achievement of pain goals.



Pain Assessment and Management, 1PC.ADM.0002

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HUDDLE CARD

Controlled Substance Policy Reminders

- ONLY pull medications for one patient at a time
- **Medication must be <u>administered, returned, or wasted immediately</u> (within 30 minutes of removal from Pyxis).**
- Any controlled substance packaged in a larger amount than the dose being administered should be wasted and documented <u>immediately</u> (within 30 minutes from time of removal).
  - Waste is physically witnessed and documented by 2 authorized individuals
  - Both individuals must witness the waste. NEVER document a waste that you did not witness!
- Book bags, briefcases, duffel bags, purses or any other type of personal bag are to be left in lockers and not brought into a patient care area. If essential personal items are brought into a patient care area they must be always kept in a clear bag in plain view.

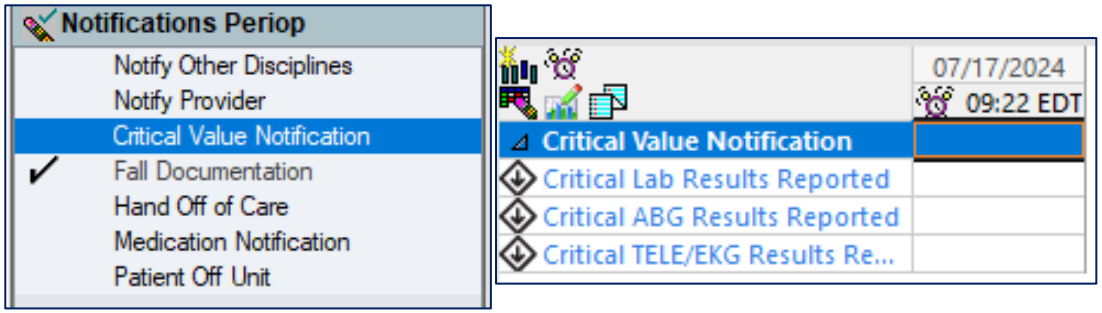
Refer to policy: COG.MM.001 Controlled Substance Monitoring

REGULATORY READINESS

Critical Labs

Critical Lab Results: Labs that fall significantly outside the normal range and may indicate a life-threatening situation.

- Critical results require prompt notification to responsible caregiver
  - **Lab to Caregiver: within 10 minutes** (inpatient), **within 30 minutes** (outpatient) of result. ABG results are called immediately to appropriate caregiver.
- Caregiver receives result and performs read-back of critical value result to testing department
- Notify LIP/AP of critical value notification within required timeframe
  - **Caregiver to Provider:** notification within **one hour** of receipt
- Document LIP/AP notification in the medical record including name of provider notified and time of notification, as well as any orders received.

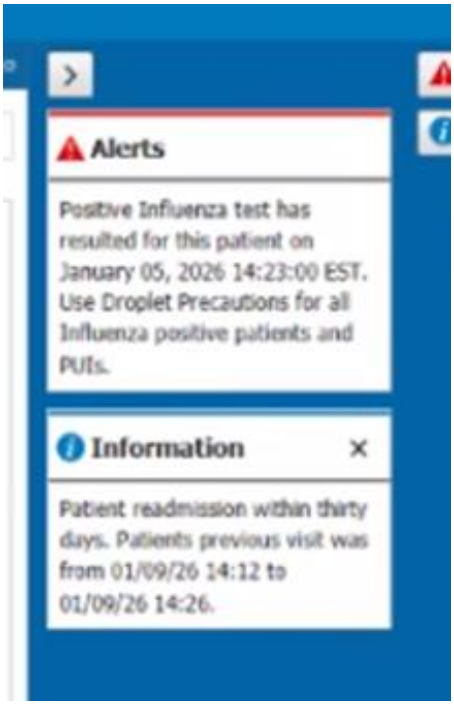


Policies: 1NPSG.ADM.0007 Critical Results Reporting and 1LAB.AD.0511.00 Critical Tests & Critical Value Reporting

Clinical Updates

New Smart Zone Alerts for Positive Flu and Measles

- To promote patient and caregiver safety, a new Smart Zone alert will fire when a patient has a positive Flu or a Positive Measles result.



Critical Tests & Critical Value Reporting, 1LAB.AD.0511.00 Policy Update: Go-Live 2/2/26

- Effective **February 2**, the critical low threshold for Hemoglobin is changing to **<7.0** g/dl from 6.0 g/dl.
- The new critical low threshold for Hemoglobin will be < **7.0 g/dl**.

Reminder- Plastic Bedside Commode Buckets

- Please remember that the plastic commode buckets are single patient use, even when a liner is used.
- Do not reuse these buckets between patients. All body fluids should be removed, and these should be disposed of in the regular trash.

Pharmacy Update: Medication Product Changes
Go-Live 2/3/26

- The following medications will have product presentation changes.
  - Argatroban: Vial-2-Bag Adapter
  - Ketamine: Vial-2-Bag Adapter
  - Cefazolin: Mini-Bag Plus
  - Diltiazem: Mini-Bag Plus
  - Tranexamic acid: Premixed Bag

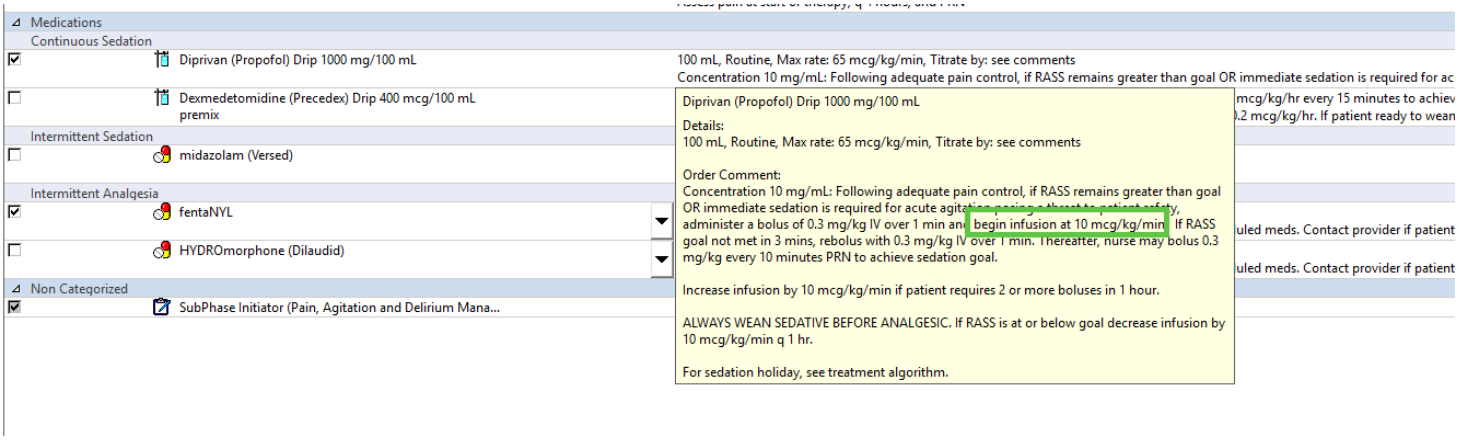
Current Product	New Product
Diltiazem 100 mg/100 mL AddVantage Bag (no longer manufactured)	Diltiazem 50 mg/10 mL vial + 50 mL NS minibag plus bag. New concentration: 50 mg/60 mL
Ketamine 200 mg/100 mL (compounded) Ketamine 500 mg/250 mL (compounded)	Ketamine 500 mg vial + 250 mL NS using V2B adapter
Cefazolin 3g/15 mL compounded syringe	Cefazolin 3g vial + 100 mL NS minibag plus
Argatroban 250 mg/250 mL compounded	Argatroban 250 mg/252.5 mL NS using V2B adapter

Mission Hospital: Regional Transport Services (RTS) Pick-Up Times for Discharged Patients

- **Scheduling:** Case Management schedules all RTS pickup times for home or outside facility discharges. The CM Checklist will be completed prior to scheduling transport.
- **Communication:** Nursing is responsible for notifying the patient and family of the scheduled time.
- **Patient Prep:** * Begin packing the patient 2 hours prior to pickup.
- Ensure the patient is fully ready to depart by the scheduled time.
- **Meds to Beds:** Requests must be completed and delivered before the RTS pickup.
  - Allow a 2-hour window for pharmacy delivery.
- **Facility Transfers**: Always include all physical prescriptions in the discharge packet for skilled nursing facilities.

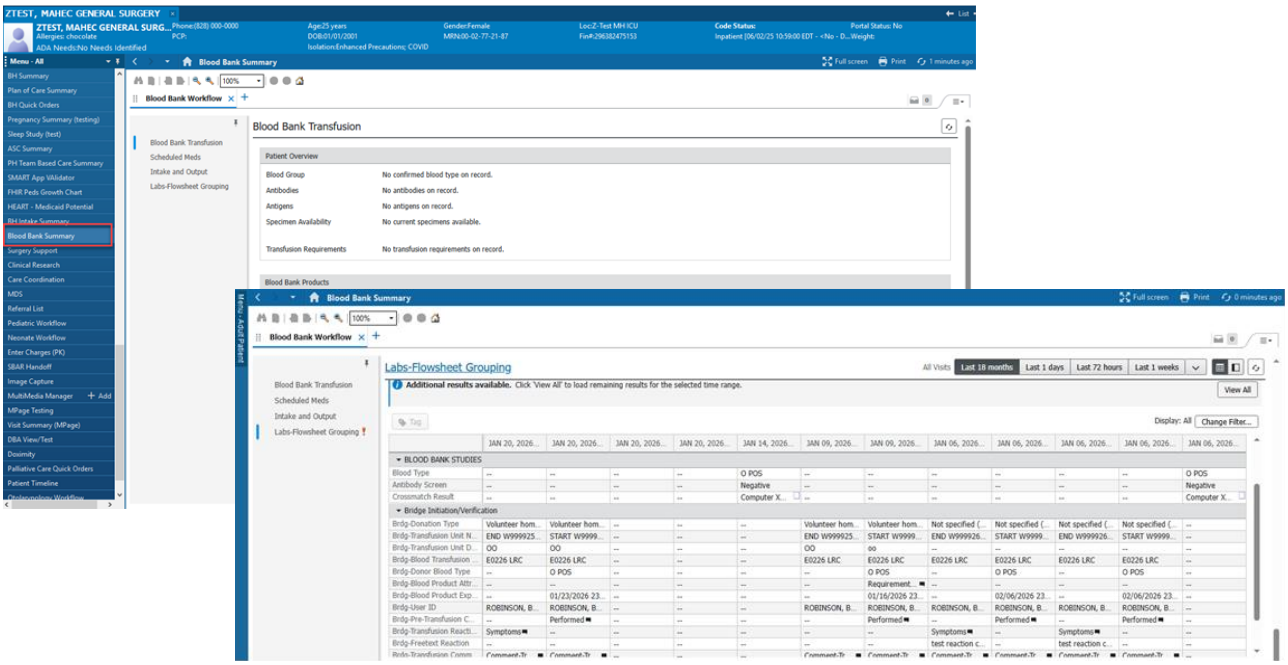
Updated order comments for the following plans: Go-Live 2/2/26

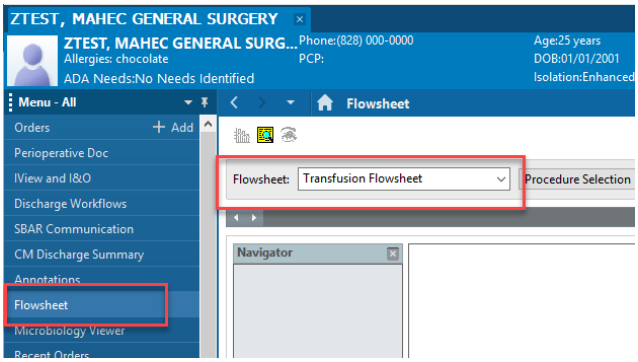
- Sedation, Analgesia and Delirium Management for Critically Ill Patients Plan (System)
- FSER Pain, Agitation, and Delirium Management for Critically Ill Patients Plan
- Order comments are changing to be more specific with initial rates to all the drips that are reflective in Baxter pump libraries.



Transition to Digital Blood Bank Documentation for the Operating Room- Effective Date: 2/2/26

- A transition to digital-only transfusion records is now in effect.
- Clinical workflows remain unchanged.
- Discontinuation of Paper Records: Standard transfusion records will no longer be delivered with blood units to the OR. All transfusion data is now integrated within the Electronic Health Record (EHR).
- Transfusion information is accessible through iView and the Blood Bank Summary Tab (see screenshots below).
- Exceptions for Paper Documentation During the initial implementation phase, paper copies will be issued only under the following circumstances:
    - Emergency Releases (e.g., MTP or Stat protocols).
    - Exceptional Instances identified by the Blood Bank during system stabilization.





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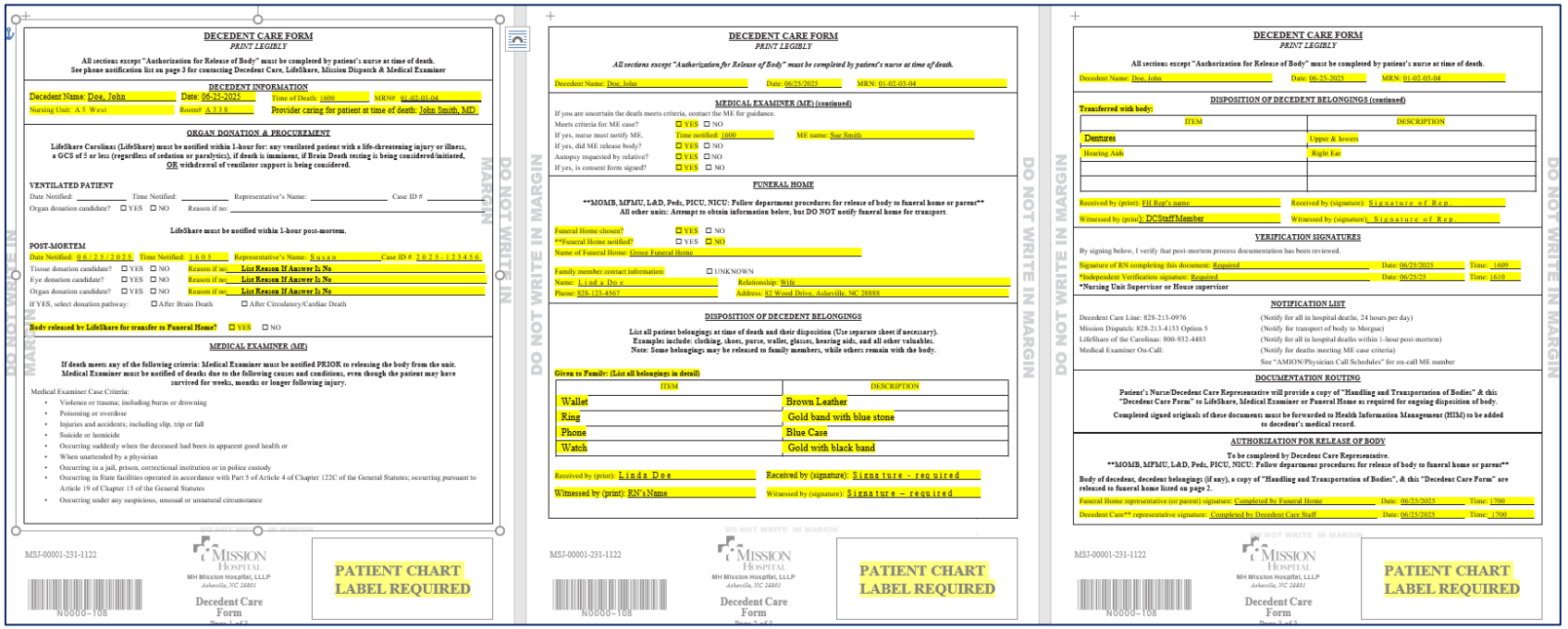
HUDDLE CARD

Mission Hospital-Decedent Care Form Completion

The Decedent Care Form must be completed entirely as part of the Death Packet Completion.

- The Death Packet Consists of two forms: Decedent Care Form-3 pages (Mission Hospital) and the Handling and Transportation of Bodies Form.
- Follow instructions for each section carefully and fill out the forms completely.
- Decedent Care Form: **All sections** except "Authorization for Release of Body" **must be completed by patient's nurse at time of death**.



DECEDENT CARE FORM
PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.
See phone notification list on page 3 for contacting Decedent Care, LifeShare, Mission Dispatch & Medical Examiner

DECEDENT INFORMATION
Decedent Name: Doe, John | Date: 06-25-2025 | Time of Death: 1600 | MRN#: 01-02-03-04
Nursing Unit: A 3 West | Room#: A 338 | Provider caring for patient at time of death: John Smith, MD

ORGAN DONATION & PROCUREMENT
LifeShare Carolinas: (LifeShare) must be notified within 1-hour for: any ventilated patient with a life-threatening injury or illness, a GCS of 5 or less (regardless of sedation or paralytics), if death is imminent, if Brain Death testing is being considered/initiated. OR withdrawal of ventilator support is being considered.

VENTILATED PATIENT
Date Notified: ____ Time Notified: ____ Representative's Name: ____ Case ID #: ____
Organ donation candidate? ☐ YES ☐ NO Reason if no: ____
LifeShare must be notified within 1-hour post-mortem.

POST-MORTEM
Date Notified: 06/25/2025 Time Notified: 1603 Representative's Name: Susan Case ID #: 2025-123456
Tissue donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No
Eye donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No
Organ donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No
If YES, select donation pathway: ☐ After Brain Death ☐ After Circulatory/Cardiac Death
Body released by LifeShare for transfer to Funeral Home? ☐ YES ☐ NO

MEDICAL EXAMINER (ME)
If death meets any of the following criteria: Medical Examiner must be notified PRIOR to releasing the body from the unit. Medical Examiner must be notified of deaths due to the following causes and conditions, even though the patient may have survived for weeks, months or longer following injury.
Medical Examiner Case Criteria:
- Violence or trauma; including burns or drowning
- Poisoning or overdose
- Injuries and accidents; including slip, trip or fall
- Suicide or homicide
- Occurring suddenly when the deceased had been in apparent good health or
- When unattended by a physician
- Occurring in a jail, prison, correctional institution or in police custody
- Occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 15 of the General Statutes
- Occurring under any suspicious, unusual or unnatural circumstance

MSJ-00001-231-1122 | N0000-108 | MISSION HOSPITAL | MH Mission Hospital, LLLP Asheville, NC 28801 | Decedent Care Form | PATIENT CHART LABEL REQUIRED

DECEDENT CARE FORM
PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.
Decedent Name: Doe, John | Date: 06/25/2025 | MRN: 01-02-03-04

MEDICAL EXAMINER (ME) (continued)
If you are uncertain the death meets criteria, contact the ME for guidance.
Meets criteria for ME case? ☐ YES ☐ NO
If yes, nurse must notify ME. Time notified: 1600 ME name: Sue Smith
If yes, did ME release body? ☐ YES ☐ NO
Autopsy requested by relative? ☐ YES ☐ NO
If yes, is consent form signed? ☐ YES ☐ NO

FUNERAL HOME
MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent
All other units: Attempt to obtain information below, but DO NOT notify funeral home for transport.
Funeral Home chosen? ☐ YES ☐ NO
**Funeral Home notified? ☐ YES ☐ NO
Name of Funeral Home: Grace Funeral Home
Family member contact information: ☐ UNKNOWN
Name: Linda Doe Relationship: Wife
Phone: 828-123-4567 Address: 82 Wood Drive, Asheville, NC 28805

DISPOSITION OF DECEDENT BELONGINGS
List all patient belongings at time of death and their disposition (Use separate sheet if necessary).
Examples include: clothing, shoes, purse, wallet, glasses, hearing aids, and all other valuables.
Note: Some belongings may be released to family members, while others remain with the body.
Given to Family: (List all belongings in detail)

ITEM	DESCRIPTION
Wallet	Brown Leather
Ring	Gold band with blue stone
Phone	Blue Case
Watch	Gold with black band

Received by (print): Linda Doe | Received by (signature): Signature - required
Witnessed by (print): RN's Name | Witnessed by (signature): Signature - required

MSJ-00001-231-1122 | N0000-108 | MISSION HOSPITAL | MH Mission Hospital, LLLP Asheville, NC 28801 | Decedent Care Form | PATIENT CHART LABEL REQUIRED

DECEDENT CARE FORM
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All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.
Decedent Name: Doe, John | Date: 06-25-2025 | MRN: 01-02-03-04

DISPOSITION OF DECEDENT BELONGINGS (continued)
Transferred with body:

ITEM	DESCRIPTION
Dentures	Upper & lowers
Hearing Aids	Right Ear

Received by (print): FH Rep's name | Received by (signature): Signature of Rep.
Witnessed by (print): DCStaffMember | Witnessed by (signature): Signature of Rep.

VERIFICATION SIGNATURES
By signing below, I verify that post-mortem process documentation has been reviewed.
Signature of RN completing this document: Required Date: 06/25/2025 Time: 1609
*Independent Verification signature: Required Date: 06/25/25 Time: 1610
*Nursing Unit Supervisor or House supervisor

NOTIFICATION LIST
Decedent Care Line: 828-213-0976 (Notify for all in hospital deaths, 24 hours per day)
Mission Dispatch: 828-213-4133 Option 5 (Notify for transport of body to Morgue)
LifeShare of the Carolinas: 800-932-4483 (Notify for all in hospital deaths within 1-hour post-mortem)
Medical Examiner On-Call: (Notify for deaths meeting ME case criteria)
See "AMION/Physician Call Schedules" for on-call ME number

DOCUMENTATION ROUTING
Patient's Nurse/Decedent Care Representative will provide a copy of "Handling and Transportation of Bodies" & this "Decedent Care Form" to LifeShare, Medical Examiner or Funeral Home as required for ongoing disposition of body.
Completed signed originals of these documents must be forwarded to Health Information Management (HIM) to be added to decedent's medical record.

AUTHORIZATION FOR RELEASE OF BODY
To be completed by Decedent Care Representative.
MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent
Body of decedent, decedent belongings (if any), a copy of "Handling and Transportation of Bodies", & this "Decedent Care Form" are released to funeral home listed on page 2.
Funeral Home representative (or parent) signature: Completed by Funeral Home Date: 06/25/2025 Time: 1700
Decedent Care** representative signature: Completed by Decedent Care Staff Date: 06/25/2025 Time: 1700

MSJ-00001-231-1122 | N0000-108 | MISSION HOSPITAL | MH Mission Hospital, LLLP Asheville, NC 28801 | Decedent Care Form | PATIENT CHART LABEL REQUIRED

MISSION HEALTH

Updated: 7/9/25

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NC Division

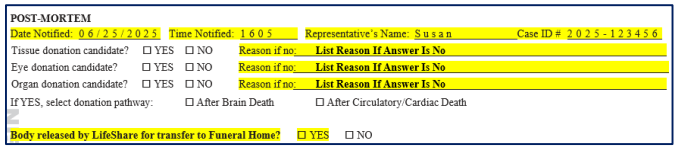
HUDDLE CARD

Mission Hospital-Decedent Care Form Completion

Common Form Errors

- Provider Caring for the Patient at the Time of Death: This section should list *the provider* that received notification of patient's death. The patient's nurse should not be listed in this section.

- LifeShare Case ID and Reasons given if not a donation candidate.
  - These sections are often left blank.



- "Disposition of Decedent Belongings" is a common section that is forgotten.
  - List ALL patient belongings at the time of death and their disposition in detail (Examples: clothing, shoes, purse, wallet, glasses, hearing aids and all other valuables)

- Use the Decedent Care Form Completion ***Example*** to ensure the form is accurately completed in it's entirety

DECEDENT CARE FORM

PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.
See phone notification list on page 3 for contacting Decedent Care, LifeShare, Mission Dispatch & Medical Examiner

DECEDENT INFORMATION

Decedent Name: Doe, John | Date: 06-25-2025 | Time of Death: 1600 | MRN# 01-02-03-04

Nursing Unit: A 3 West | Room# A 3 3 8 | Provider caring for patient at time of death: John Smith, MD

ORGAN DONATION & PROCUREMENT

LifeShare Carolinas (LifeShare) must be notified within 1-hour for: any ventilated patient with a life-threatening injury or illness, a GCS of 5 or less (regardless of sedation or paralytics), if death is imminent, if Brain Death testing is being considered/initiated, OR withdrawal of ventilator support is being considered.

DO NOT WRITE IN MARGIN

VENTILATED PATIENT

Date Notified: _____ Time Notified: _____ Representative's Name: _____ Case ID # _____

Organ donation candidate? ☐ YES ☐ NO Reason if no: _____

LifeShare must be notified within 1-hour post-mortem.

POST-MORTEM

Date Notified: 0 6 / 2 5 / 2 0 2 5 Time Notified: 1 6 0 5 Representative's Name: S u s a n Case ID # 2 0 2 5 - 1 2 3 4 5 6

Tissue donation candidate? ☐ YES ☐ NO Reason if no: **List Reason If Answer Is No**

Eye donation candidate? ☐ YES ☐ NO Reason if no: **List Reason If Answer Is No**

Organ donation candidate? ☐ YES ☐ NO Reason if no: **List Reason If Answer Is No**

If YES, select donation pathway: ☐ After Brain Death ☐ After Circulatory/Cardiac Death

Body released by LifeShare for transfer to Funeral Home? ☐ YES ☐ NO

MEDICAL EXAMINER (ME)

If death meets any of the following criteria: Medical Examiner must be notified PRIOR to releasing the body from the unit. Medical Examiner must be notified of deaths due to the following causes and conditions, even though the patient may have survived for weeks, months or longer following injury.

Medical Examiner Case Criteria:

- Violence or trauma; including burns or drowning
- Poisoning or overdose
- Injuries and accidents; including slip, trip or fall
- Suicide or homicide
- Occurring suddenly when the deceased had been in apparent good health or
- When unattended by a physician
- Occurring in a jail, prison, correctional institution or in police custody
- Occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 15 of the General Statutes
- Occurring under any suspicious, unusual or unnatural circumstance

PATIENT CHART LABEL REQUIRED

DECEDENT CARE FORM

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Decedent Name: Doe, John Date: 06/25/2025 MRN: 01-02-03-04

MEDICAL EXAMINER (ME) (continued)

If you are uncertain the death meets criteria, contact the ME for guidance.

Meets criteria for ME case? ☐ YES ☐ NO

If yes, nurse must notify ME. Time notified: 1600 ME name: Sue Smith

If yes, did ME release body? ☐ YES ☐ NO

Autopsy requested by relative? ☐ YES ☐ NO

If yes, is consent form signed? ☐ YES ☐ NO

FUNERAL HOME

****MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent****
All other units: Attempt to obtain information below, but DO NOT notify funeral home for transport.

Funeral Home chosen? ☐ YES ☐ NO

**Funeral Home notified? ☐ YES ☐ NO

Name of Funeral Home: Groce Funeral Home

Family member contact information: ☐ UNKNOWN

Name: Linda Doe Relationship: Wife

Phone: 828-123-4567 Address: 82 Wood Drive, Asheville, NC 28888

DISPOSITION OF DECEDENT BELONGINGS

List all patient belongings at time of death and their disposition (Use separate sheet if necessary).
Examples include: clothing, shoes, purse, wallet, glasses, hearing aids, and all other valuables.
Note: Some belongings may be released to family members, while others remain with the body.

Given to Family: (List all belongings in detail)

ITEM	DESCRIPTION
Wallet	Brown Leather
Ring	Gold band with blue stone
Phone	Blue Case
Watch	Gold with black band

Received by (print): Linda Doe Received by (signature): Signature - required

Witnessed by (print): RN's Name Witnessed by (signature): Signature – required

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

PATIENT CHART LABEL REQUIRED

DECEDENT CARE FORM

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All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.

Decedent Name: Doe, John Date: 06-25-2025 MRN: 01-02-03-04

DISPOSITION OF DECEDENT BELONGINGS (continued)

Transferred with body:

ITEM	DESCRIPTION
Dentures	Upper & lowers
Hearing Aids	Right Ear

Received by (print): FH Rep's name Received by (signature): Signature of Rep.

Witnessed by (print): DCStaff Member Witnessed by (signature): Signature of Rep.

VERIFICATION SIGNATURES

By signing below, I verify that post-mortem process documentation has been reviewed.

Signature of RN completing this document: Required Date: 06/25/2025 Time: 1609

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Completed signed originals of these documents must be forwarded to Health Information Management (HIM) to be added to decedent's medical record.

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To be completed by Decedent Care Representative.
****MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent****

Body of decedent, decedent belongings (if any), a copy of "Handling and Transportation of Bodies", & this "Decedent Care Form" are released to funeral home listed on page 2.

Funeral Home representative (or parent) signature: Completed by Funeral Home Date: 06/25/2025 Time: 1700

Decedent Care** representative signature: Completed by Decedent Care Staff Date: 06/25/2025 Time: 1700

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

DO NOT WRITE IN MARGIN

PATIENT CHART LABEL REQUIRED