

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.

Medications	02/01/2024 14:39 EST	02/01/2024 14:10 EST	02/01/2024 14:09 EST
PRN morphine 1 mg, Inj, IV Push, Q3HR, PRN, pain scale 4-6, 02/01/24 14:08:00 EST	PRN Pain Response	1 mg Last given: 02/01/24 14:09 EST	
morphine			1 mg IV Push Fore
Pain Assessment Pain Rating			7 Auth (Verified)
POSS Sedation			0 Auth (Verified)
Informed of Med purpose			Patient/family/key

Fires 30 minutes after administration

02/01/2024 14:39 EST

Intervention Info:
morphine
 Performed by Train, Nursing-RN 1 on 02/01/24 14:09:00 EST
morphine, 1mg
 IV Push, Forearm Left, pain scale 4-6

Pain - Post Assessment

Patient Stated Medication Effectiveness
☒ Yes
☐ No
☐ Other

Temperature (F) **Temperature (C)**
Temperature Method
☐ Tympanic ☐ Rectal
☐ Oral ☐ Skin Sensor
☐ Axillary ☐ Temporal Scanner
☐ Core

Blood Pressure / **Mean Arterial Pressure** **Heart Rate**

Medication administered for pain?
☒ Yes
☐ No

Pain Scale Used
☒ 0-10
☐ CPOT (Critical Care Pain Obs Tool)
☐ Non-Verbal Pain Indicators (CNPI)
☐ Wong Baker Faces Scales
☐ FLACC
☐ NIPS

Pain Rating
☐ 0
☐ 1
☒ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

Goal for Pain Management
☐ No pain-0
☐ Mild pain-1
☒ Mild pain-2
☐ Mild pain-3
☐ Moderate pain-4
☐ Moderate pain-5
☐ Moderate pain-6
☐ Severe pain-7
☐ Severe pain-8
☐ Severe pain-9
☐ Severe/worst possible-10



Pain Assessment and Management, 1PC.ADM.0002

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Not intended for external distribution.


Updated: 1/30/26

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






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.

 **Notifications Periop**

- Notify Other Disciplines
- Notify Provider
- Critical Value Notification
- ✓ Fall Documentation
- Hand Off of Care
- Medication Notification
- Patient Off Unit

	07/17/2024 09:22 EDT
 Critical Value Notification	
 Critical Lab Results Reported	
 Critical ABG Results Reported	
 Critical TELE/EKG Results Re...	

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

PIP Tip of the Week: Know Your Stages

Recognition is the first step in prevention



Stage 1
Nonblanchable
erythema

Skin intact
May be painful
Have plenty of
light to assess



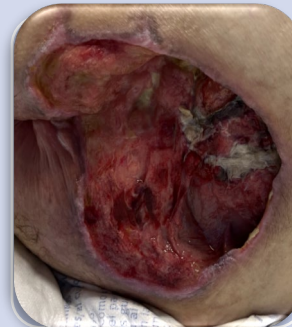
Stage 2
Partial
thickness
tissue damage

Maybe a clear
blister
Wound bed pink
or red



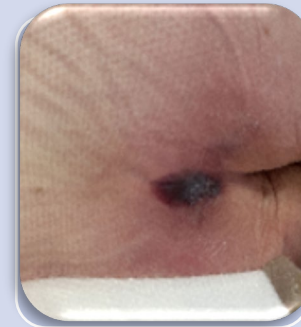
Stage 3
Full thickness
tissue damage

May see some
necrotic or
granulation
tissue



Stage 4
Full thickness
tissue damage

Bone, muscle,
cartilage, tendon,
or fascia visible or
palpable
May see necrotic
or granulation
tissue



Deep Tissue
Pressure Injury
Purple or
maroon intact
skin

May be a blood-
filled blister
Use light and
palpation to
assess



Unstageable
Necrotic or
nonviable
tissue
obscures
wound bed

Extent of
tissue damage
cannot be
determined



Clinical Updates

Documenting Critical Lab Notifications

- Critical lab notifications to providers must be documented in the **Critical Lab Notification Band** in I-View.

Cerner **Critical Lab Notification**

Press ALT+F6 to tab out of content or CTRL+Tab to skip content

Critical Labs Notification has not been charted for these task(s). Document the provider notification using the Critical Value Notification task on the task list.

Education
Diagnosis Education
Therapeutic Monitoring
POC
Notifications
Admission Transfer
Discharge
Belongings
Critical Value Notification
Fall Documentation
Family Contact

02/06/2026 14:36 EST

Critical Value Notification
Critical Lab Results Reported
Critical ABG Results Reported
Critical TELE/EKG Results Reported

- The notify provider band should not be used for Critical Lab Notification documentation. Alerts will continue to fire!

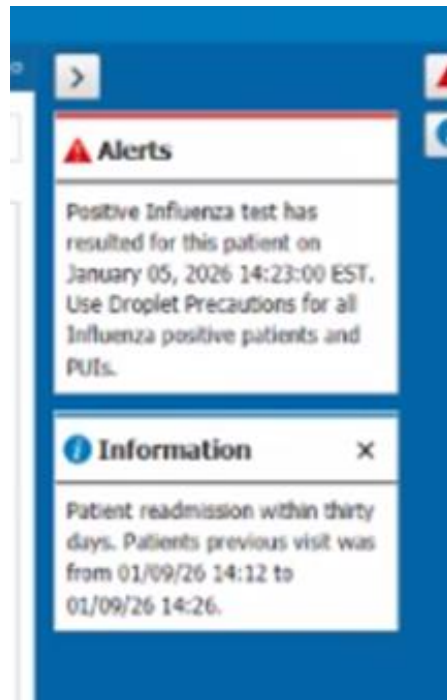


Hand Off of Care
Medication Notification
Notify Other Disciplines
Notify Provider
Procedures
Respiratory Therapy
Care Management

Notify Provider
Provider Name
Notification Method
Notification Reason
Orders Received
Provider Notification Note
Non-Urgent Provider Communication

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 (Concentration Change for ICU Only)
 - 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.

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.

The top screenshot displays the 'Blood Bank Workflow' page in the Epic EMR system. The left sidebar shows the 'Menu - All' with 'Blood Bank Summary' highlighted. The main content area shows the 'Blood Bank Transfusion' summary, including 'Patient Overview' (Blood Group, Antibodies, Antigens, Specimen Availability, Transfusion Requirements) and 'Blood Bank Products'. The bottom screenshot shows the 'Blood Bank Workflow' page with a 'Blood Bank Transfusion' summary and a 'Blood Bank Transfusion' summary.

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