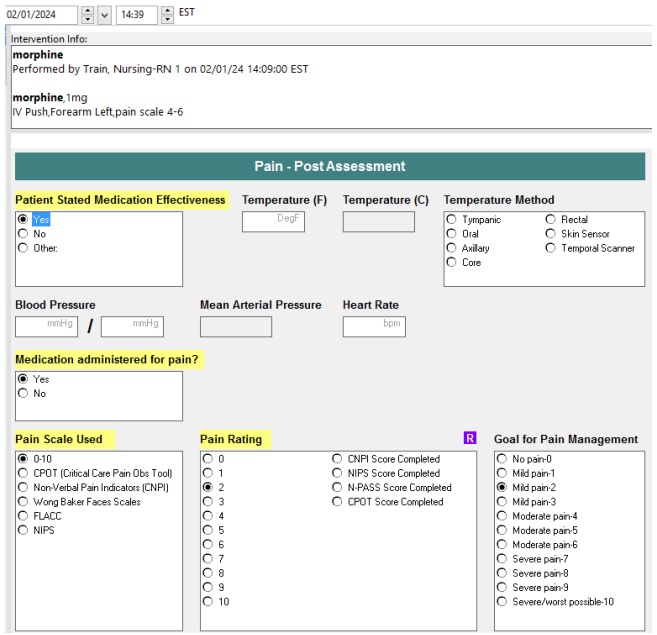
HUDDLE CARD

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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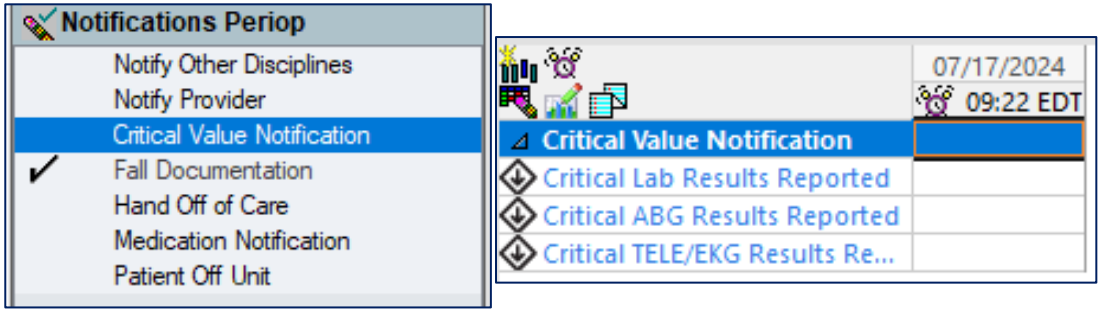
REGULATORY READINESS

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

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

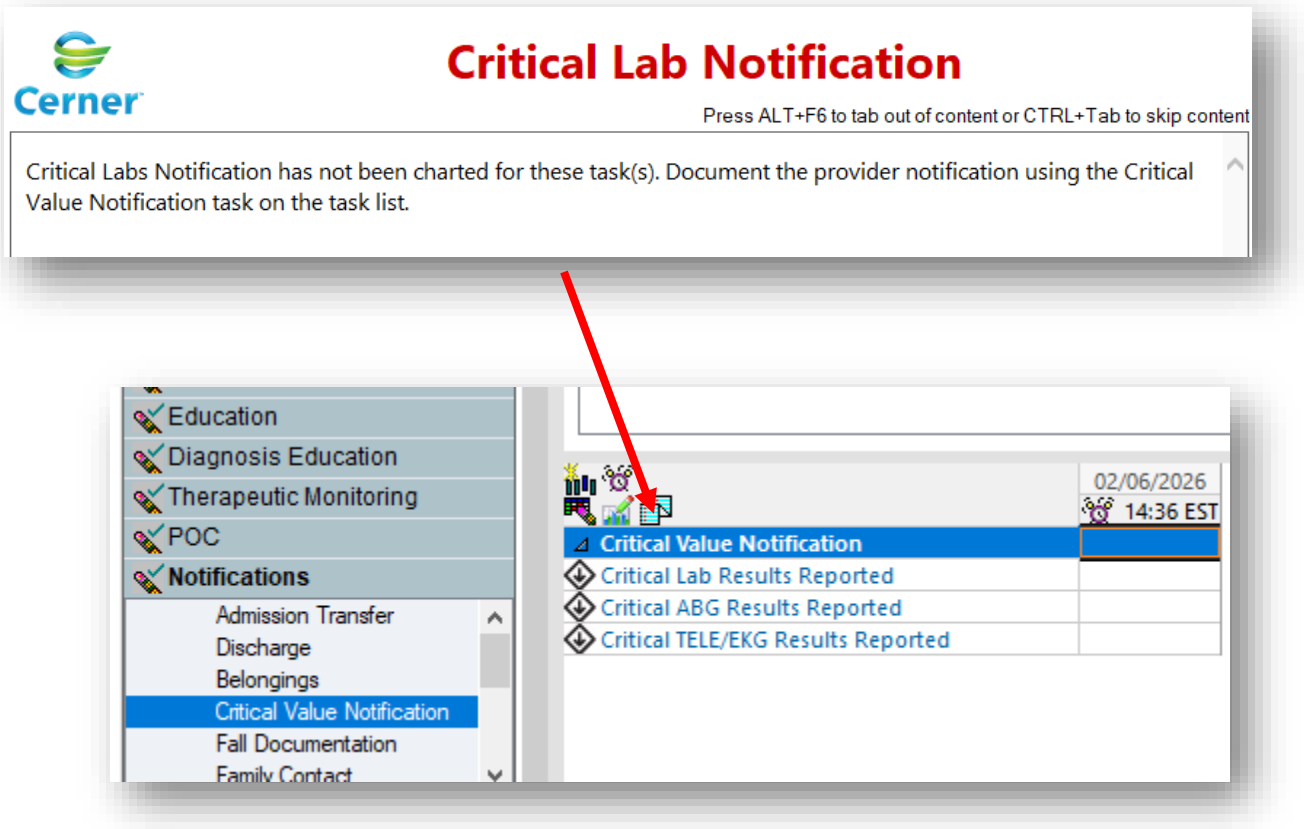
Necrotic or nonvialble tissue obscures wound bed

Extent of tissue damage cannot be determined

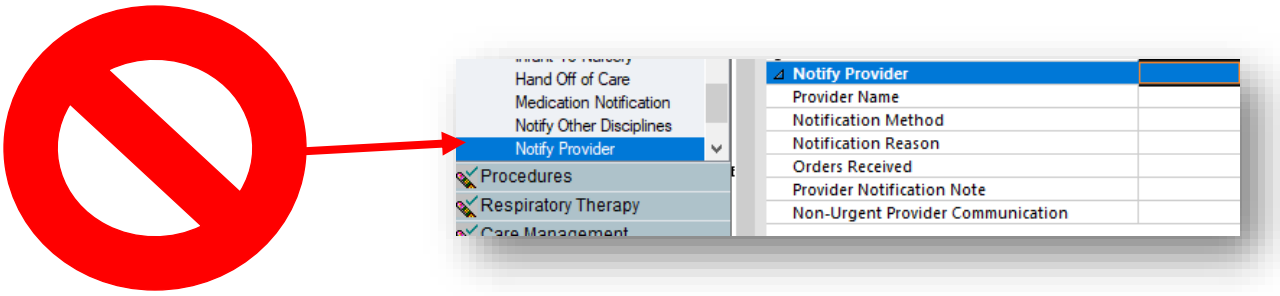
Clinical Updates

Documenting Critical Lab Notifications

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

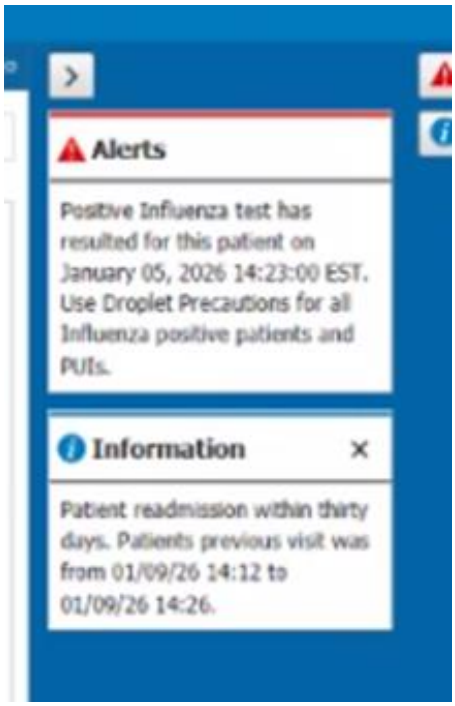


- The notify provider band should not be used for Critical Lab Notification documentation. Alerts will continue to fire!



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

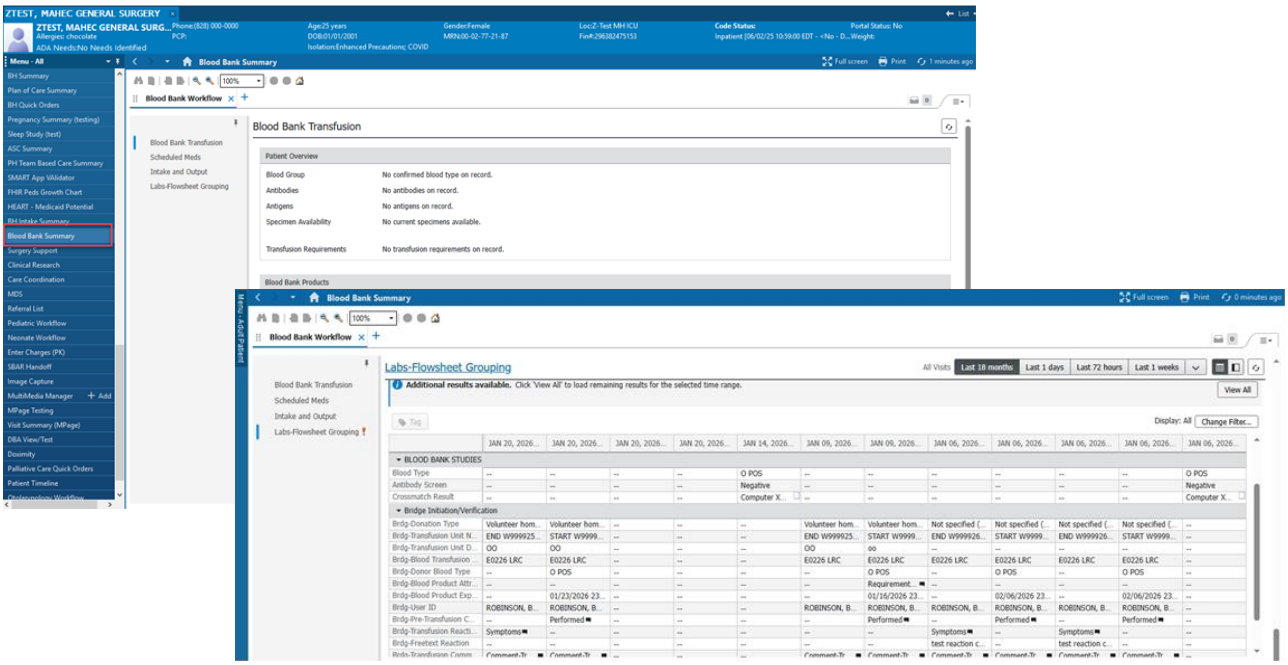
Current Product	New Product
Diltiazem 100 mg/100 mL AddVantage Bag (no longer manufactured)	Diltiazem 50 mg/10 mL vial + 50 mL NS minibag plus bag. New concentration: 50 mg/60 mL
Ketamine 200 mg/100 mL (compounded) Ketamine 500 mg/250 mL (compounded)	Ketamine 500 mg vial + 250 mL NS using V2B adapter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

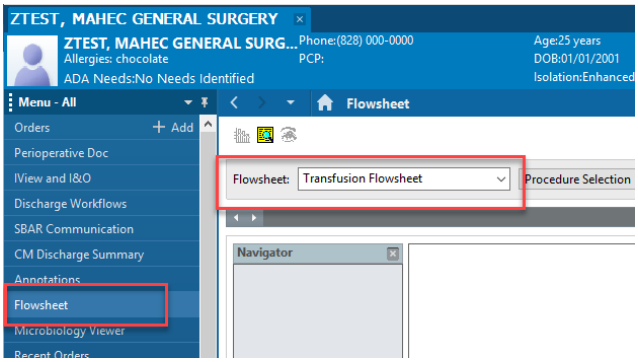
Mission Hospital: Regional Transport Services (RTS) Pick-Up Times for Discharged Patients

- **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.





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