

Independent Double Check Documentation

- Additional medications will be added to the High Alert Medication Independent Double Check (IDC) documentation requirements beginning November 4th.
- ***In addition to the current IDC requirements, medications that will prompt a co-sign in the MAR will now include:***
 - IV insulin
 - IV opioid infusions
 - Neuromuscular blocking agents
 - Hypertonic solutions (>0.9% NaCl)
 - IV push sedative agents (Ketamine, Phenobarbital)
 - Argatroban
 - TPN
 - Population Specific Requirements Remain
 - Mannitol (Pediatrics only)
 - Concentrated electrolytes (Potassium Chloride) – Pediatrics and NICU only
 - All controlled substances (NICU only)
 - Antiarrhythmics (NICU only)

Follow required IDC process and obtain a second RN co-sign in the EMR:

*Performed date / time : 10/02/2026 1445 EDT

*Performed by : Administering RN «No Matches»

*Witnessed by : Documenting RN «No Matches»

*Performed date / time : 10/02/2026 1445 EDT

*Performed by : Tran, Nhung RN, I

*Witnessed by : [Signature]

*By : [Signature]

*Volume : [Field]

*Rate (ml) : [Field]

*hePARIN IV in 1/2 : [Field]

*We : [Field]

Cerner Millennium

Username : [Field]

Password : [Field]

Domain : [Field]

OK Cancel

Refer to 1MM.MED.0001 “High Alert Medications and Independent Double Check (IDC) – Adults and Pediatrics” policy



Clinical Reminders

GO LIVE
NOV 4

Stepdown IV Infusion Changes

Ketamine + RASS | Cardene | Precedex

Three anchors: KETAMINE + RASS = NO RN TITRATION • ASSESS • SCORE • ACT | CARDENE = TITRATE TO ORDER | PRECEDEX = ≤ 0.4 BEFORE TRANSFER • WEAN ONLY ON STEPDOWN

KETAMINE + RASS

DOSE Start 0.1 mg/kg/hr using IBW; provider may order one increase to max 0.2 mg/kg/hr. No bolus.

SET UP Adult low-dose PowerPlan + Guardrails Progressive/Intermediate profile + portless tubing + lock box.

MONITOR q30 min first hour, then at least q4h: pain, RASS/POSS, HR, BP, RR.

STOP / ESCALATE Mental-status/emergence change, RASS < -2 , POSS 2-3, or significant CV/respiratory change.

SCENARIO Pain 8/10 at 0.1: reassess + call provider; do not increase rate.

CARDENE

ORDER Match indication-specific PowerPlan. Know target/limits + dose range + increment + interval.

TITRATE Use current BP + complete active order first. Never create a target or shorten/invent an interval.

MONITOR Continuous ECG; BP/HR per order; neuro as appropriate; reassess after each rate change.

IV / ESCALATE Avoid hand/wrist IV; rotate q12h; central >24 hr/max concentration. Escalate below limit, intolerance, neuro worsening, range failure, or mismatch.

SCENARIO BP goal ordered but titration interval missing: clarify before changing rate.

PRECEDEX

NEW Severe-agitation PowerPlan uses RASS; do not carry CIWA workflow unless separately ordered.

TRANSFER Must be ≤ 0.4 mcg/kg/hr before Stepdown transfer.

LIMITS No initiate, re-initiate, or upward titration on Stepdown. Decrease/wean only within active order.

MONITOR Telemetry + hypotension/bradycardia monitoring; correct smart-pump medication/care area.

SCENARIO Precedex 0.6 and a Stepdown bed is ready: do not transfer; clarify level of care first.

Resolve order, monitoring, rate, IV/pump, or level-of-care gaps BEFORE transfer, start, or titration.



Clinical Reminders

EDUCATION BOOST

SAFE INFUSION CHECK

Ketamine + RASS | Safe Infusion Check

Use the cues - not a script. Ask one question, correct the gap, and move on.

RASS sequence: Observe > Voice > Physical stimulation. Stop when the response determines the score.

AGITATION / AWAKE

- +4** Combative / violent danger
- +3** Very agitated - pulls lines/tubes; aggressive
- +2** Agitated - frequent nonpurposeful movement
- +1** Restless / anxious; not aggressive
- 0** Alert & calm

SEDATION

- 1** Eye contact >10 sec to voice
- 2** Eye contact <10 sec to voice
- 3** Movement to voice; no eye contact
- 4** Movement only to physical stimulation
- 5** No response to voice or physical stimulation

1 OBSERVE

~30 sec: calm = 0; agitation = +1 to +4.

2 VOICE

>10 sec = -1; <10 sec = -2; movement/no eye contact = -3.

3 PHYSICAL

No voice response: movement = -4; no response = -5.

CONNECT: RASS < -2 while ketamine is running -> STOP INFUSION + NOTIFY PROVIDER.

7-POINT GO / NO-GO SCAN

1 PLAN

Medication + indication + PowerPlan match.

2 RATE

Within Stepdown limits.

3 PARAMETERS

Target + interval + hold/stop + monitoring complete.

4 MONITOR

Telemetry/ECG, BP, pain/sedation/RASS ready.

5 IV + PUMP

Right site, drug and care-area profile.

6 KETAMINE

Lock box + portless tubing + handoff/waste.

7 ESCALATE

Know stop / provider / Rapid Response / higher-level triggers.

IF NO

Resolve gap before transfer, start, or titration.

NEXT: HealthStream - complete the assigned test independently. | K+R: no RN titration + assess • score • document • act | C: titrate to order | P: <=0.4 + wean only