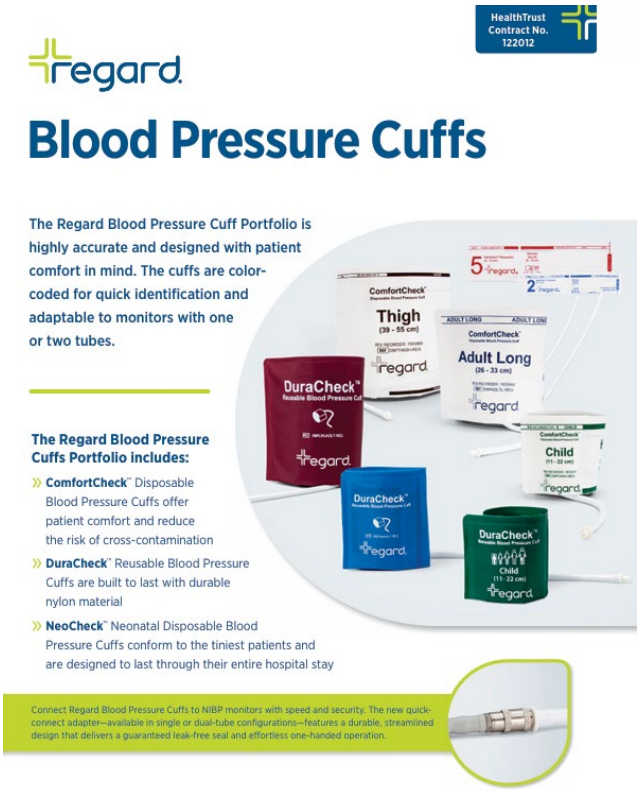
Clinical Reminders

ROLLING GO-LIVE
OCTOBER

Disposable BP Cuff Conversion: GE -> ROI/Regard

NCDV go-live throughout October with rolling facility start dates

HCA is transitioning all GE disposable blood pressure cuffs to ROI/Regard disposable cuffs across the North Carolina Division. Facility conversions will occur on rolling dates throughout October.



CURRENT STATE

BP monitors/hoses have distal GE BP cuff connections.

FUTURE STATE

Current hose connections will be changed/converted to accommodate ROI/Regard cuffs. GE and ROI cuffs are not interchangeable; both use proprietary connectors.

What staff and leaders should know

- Airlife/ROI will support each facility conversion and change the BP cuff adaptors on affected monitors on the scheduled go-live day.
- Supply Chain will implement PAR-location changes as monitors are converted.
- Stock ROI cuffs are available through the NCD warehouse for go-live staging.
- Non-stock cuffs should be ordered directly through ROI/Regard as needed.

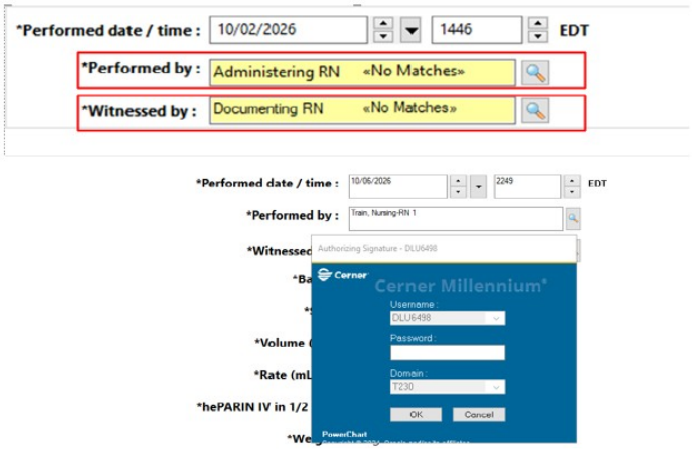
BEDSIDE TAKEAWAY: GE and ROI/Regard cuffs are not interchangeable. Use the cuff/connector appropriate for your facility after conversion.

GO LIVE
NOV 5

Independent Double Check Documentation

- Additional medications will be added to the High Alert Medication Independent Double Check (IDC) documentation requirements.
- ***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:



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

Clinical Reminders

EDUCATION BOOST
WOUND & SKIN

Wound & Skin Update

Three practice reminders from the Mission Inpatient WOC Team

Pressure Injury Prevention: The Fewer the Better

What's Under Your Patient?

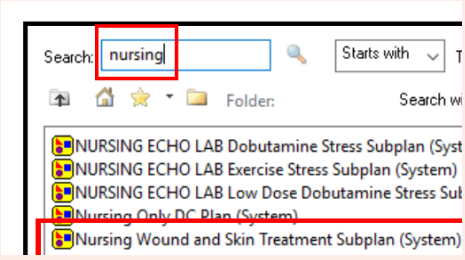
- 2 layers: fitted sheet and breathable pad
- Extra linen = wrinkles, heat, and moisture
- Extra linen = risk of pressure injury

Nursing Wound and Skin Treatment Subplan

The Nursing Wound and Skin Treatment Subplan continues to be underutilized. Increase awareness and use the subplan when indicated.

In Cerner: Search for and initiate the Nursing Wound and Skin Treatment Subplan.

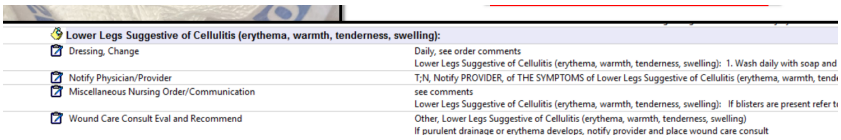
- Dressing change orders are placed directly from the plan
- Wound Care consults can be placed directly from the plan based on wound characteristics
- Patients' wounds are treated as soon as possible, according to evidence
- based practices and on a cadence that is appropriate for the wound and the
- dressing type.



Wound of the Week (WOW): Lower Leg(s) Suggestive of Cellulitis

Redness, warmth, swelling, tenderness

Initiate the Nursing Wound and Skin Treatment Subplan.



Clinical Reminders

GO LIVE
NOV 5

Vasopressor Concentration Standardization (Adults and Pediatrics)

EPINEPHrine • norepinephrine • phenylephrine

All HCA facilities are moving to standard drug concentrations for certain vasopressor infusions.

The Why

- Currently, HCA facilities use a variety of concentrations for these medications. However, guidelines and national societies for medication safety recommend limiting the number of available drug concentrations.
- Standardization of concentrations is being implemented to help decrease medication errors, such as under or over-dosing, especially when moving between facilities.

Infusion Initiation

When programming the IV pump, if the new standard concentrations are NOT listed in the pump library, STOP and do the following:

- Take the pump out of service and tag it for inspection, according to your facility policy.
- Obtain a new pump and verify that it has the updated medication library and the correct concentration option. Program pump according to orders/protocol.
- Always scan the barcode on the medication bag to ensure the correct concentration is infused.
- Always scan the medication and patient to ensure right drug and right patient.
- Always use the IV pump medication library with safety guardrails.
- Double check the concentration in the pump against the medication label and the patient's order before starting the infusion.
- Do NOT use a memorized dose.
- Always refer to patient's order for initial dose and titration information.

Clinical Reminders

GO LIVE
NOV 5

Vasopressor Concentration Changes - Adult

IV pump and preparation changes

EPINEPHrine

Current Preparation	New Formulation	IV Pump Library Changes	Code Cart Changes
16 mcg/mL (4mg/250mL compound/cmp premix)	20 mcg/mL (5 mg/250mL) PREMIX	New Concentration build	Adult Code Cart
40 mcg/mL (10mg/250mL compound)	40 mcg/mL (10 mg/250mL) Vial 2 Bag (V2B)	Formulation change (260mL total volume in pump)	

norepinephrine

Current Preparation	New Formulation	IV Pump Library Changes	Code Cart Changes
16 mcg/mL (4mg/250mL compound/cmp premix)	16mcg/mL (4 mg/250mL) V2B	Formulation change (254mL total volume in pump)	Adult Code Cart (kit to include 250mL bag, V2B adapter and label)
64 mcg/mL (16mg/250mL compound/cmp premix)	64 mcg/mL (16 mg/250mL) from pharmacy	Formulation change (266mL total volume in pump)	

phenylephrine

Current Preparation	New Formulation	IV Pump Library Changes	Code Cart Changes
100 mcg/mL (50mg/500mL compound/cmp premix)	200 mcg/mL (50 mg/250mL) V2B	New Concentration build (255mL total volume in pump)	Adult Code Cart (kit to include 250mL bag, V2B adapter and label)
200 mcg/mL (100mg/500mL) compound	400 mcg/mL (100 mg/250mL) V2B	New Concentration build (260 mL total volume in pump)	
	100 mcg/mL (10 mg/100mL) Vial 2 Bag **Anesthesia only**	101mL total volume in pump	

ADULT Concentration and formulation changes will increase availability of drips on the floor. Concentration changes affect EPINEPHrine and phenylephrine. Formulation changes affect EPINEPHrine, norepinephrine and phenylephrine. cmp = compounded

Concentration change education support

- Pyxis Clinical Decision Category (CDC) concentration alerts will display for pyxis stocked products (for 90 days post go-live).
- Pharmacy prepared formulations will be labeled with concentration change sticker (for 90 days post go-live).
- Pyxis fliers with notification of concentration change and distribution method.

***Caution* norepinephrine concentration standardized to 4 mg/250 mL.** Prepare by attaching 4 mg vial to 250 mL bag using orange Vial-2-Bag adapter.

Clinical Reminders

GO LIVE
NOV 5

Vasopressor Titration Instruction Updates

- **Adult titration verbiage will be updated to more clearly define titration instructions. An example using EPINEPHrine is provided below, but adult norepinephrine and adult phenylephrine titration verbiage will be updated as well.**

EPINEPHrine Infusion

Starting dose: 2 mcg/min, Maximum dose: 12 mcg/min, Goal: Keep MAP ≥ 65 mmHg
If BELOW goal: Increase the infusion rate by 2 mcg/min every 3 minutes until goal is reached. Contact provider if maximum dose is reached and goal parameter is not met.
If at goal: maintain current infusion rate
If ABOVE goal: Decrease the infusion rate by 2 mcg/min every 3 minutes until goal is reached.
Weaning Instructions: When directed to wean by provider order, decrease the infusion rate by 2 mcg/min every 3 minutes until the infusion is off. If the patient is receiving more than one vasopressor, clarify with the provider which medication should be weaned first.
Additional Information: Standard concentration: 20 mcg/mL. For suspected extravasation (medication leaking outside the vein), follow the Extravasation Non-Cytotoxic Plan, Adult (System) and notify the provider for treatment orders.

Clinical Reminders

GO LIVE
NOV 5

Vasopressor Concentration Changes - Pediatrics

IV pump and preparation changes

EPINEPHrine

Current Preparation	New Formulation	IV Pump Library Changes	Code Cart Changes
50 mcg/mL [NICU/PEDS] 20mL syringe (1,000mcg/20mL)	20 mcg/mL (5 mg/250mL) PREMIX	New Concentration build	Pediatric Code Carts
50 mcg/mL [NICU] 3mL syringe (150 mcg/3mL)	20 mcg/mL (0.06 mg/3mL) syringe from pharmacy	New Concentration build	
50 mcg/mL [PEDS] bag (25mg/500mL)	20 mcg/mL (1 mg/50mL) syringe from pharmacy	New Concentration build	
	40 mcg/mL (10mg/250mL) Vial 2 Bag	New formulation (260mL total volume in pump)	

norepinephrine

Current Preparation	New Formulation	IV Pump Library Changes	Code Cart Changes
64 mcg/mL [NICU] 3mL syringe	16 mcg/mL (4 mg/250mL) Vial 2 Bag	New formulation (254mL total volume in pump)	Pediatric Code Carts (kit to include 250mL bag, V2B adapter and label)
64 mcg/mL [PEDS] 50mL syringe	16 mcg/mL (0.048 mg/3mL) syringe from pharmacy	New formulation	
64 mcg/mL [PEDS] bag (16mg/250mL)	16 mcg/mL (0.8 mg/50mL) syringe from pharmacy	New formulation	
	64 mcg/mL (16mg/250mL) from pharmacy	No change (266mL total volume in pump)	

phenylephrine

Current Preparation	New Formulation	IV Pump Library Changes	Code Cart Changes
100 mcg/mL [PEDS] Standard 50mL syringe	80 mcg/mL (40mg/500mL NS) from pharmacy	New Concentration build	
	80 mcg/mL (0.24mg/3mL) syringe from pharmacy	New formulation	
	80 mcg/mL (4mg/50mL) syringe from pharmacy	New formulation	
	400 mcg/mL (100mg/250mL NS) Vial 2 Bag	New Concentration build (260mL total volume in pump)	

PEDIATRIC Concentration and formulation changes. Concentration changes affect EPINEPHrine, norepinephrine and phenylephrine. Formulation changes affect EPINEPHrine, norepinephrine and phenylephrine.

Concentration change education support

- Pyxis Clinical Decision Category (CDC) concentration alerts will display for pyxis stocked products (for 90 days post go-live).
- Pharmacy prepared formulations will be labeled with concentration change sticker (for 90 days post go-live).
- Pyxis fliers with notification of concentration change and distribution method.

CAUTION: NEW STANDARD CONCENTRATION
Please Verify Pump Settings

***Caution* norepinephrine concentration standardized to 4 mg/250 mL.** Prepare by attaching 4 mg vial to 250 mL bag using orange Vial-2-Bag adapter.

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

Additional Adult and Pediatric Code Cart Changes

ADULT
- Dopamine Premix - Remove
- D50W Syringe - Add 1 additional syringe

PEDIATRIC
- 4.2% Infant Bicarb - remove from Peds Code Cart Tray
- 8.4% bicarb - Add 1, 50 mEq syringe
- Calcium gluconate - remove from Peds Code Cart Tray
- Calcium chloride - Add 2, 1 gm syringes
- Pediatric Code Sheet - Add
- Dopamine Premix - remove from Peds Code Cart Tray
- D50W Syringe - Add 1 additional syringe

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

Clinical Reminders

EDUCATION BOOST
PATIENT SAFETY

Blood Transfusion Consent: Verify Before Requesting Blood

Validate the consent before requesting the blood product

Transfusion Services has identified recent blood-product waste associated with failure to validate consent before blood was requested. Verify the consent is complete before requesting the product.

Complete consent requirements

- The patient or patient representative must be educated regarding the procedure and potential transfusion reactions **prior** to receiving a transfusion.
- The patient must check one of the three boxes signifying consent to receive or refusal to receive blood products.
- All required signatures must include a date and time.
- A minimum of FOUR dates and times are required for a complete blood transfusion consent: 1) Printed patient name, 2) Patient signature, 3) Witness signature, 4) Physician signature.

BEDSIDE TAKEAWAY: Verify the consent is complete BEFORE requesting blood.

Clinical Reminders

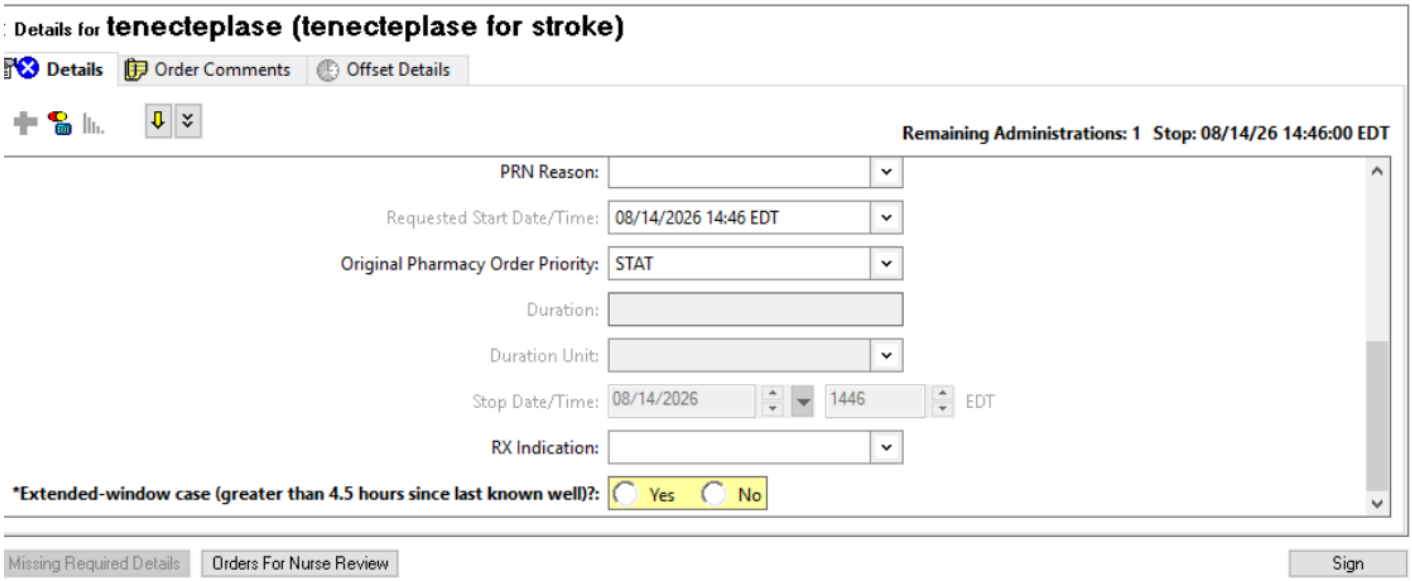
GO LIVE
NOV 3

Cerner 2026: Tenecteplase Extended-Window Query

Reuse of prior Change Week content with updated go-live date

For tenecteplase orders placed from stroke PowerPlans, providers receive a required Yes/No query identifying an extended-window case (>4.5 hours since last known well). The response is retained in the order audit trail.

Future State Screenshot



GO LIVE • NOV 3

Clinical Reminders

NOW LIVE
OCT 26

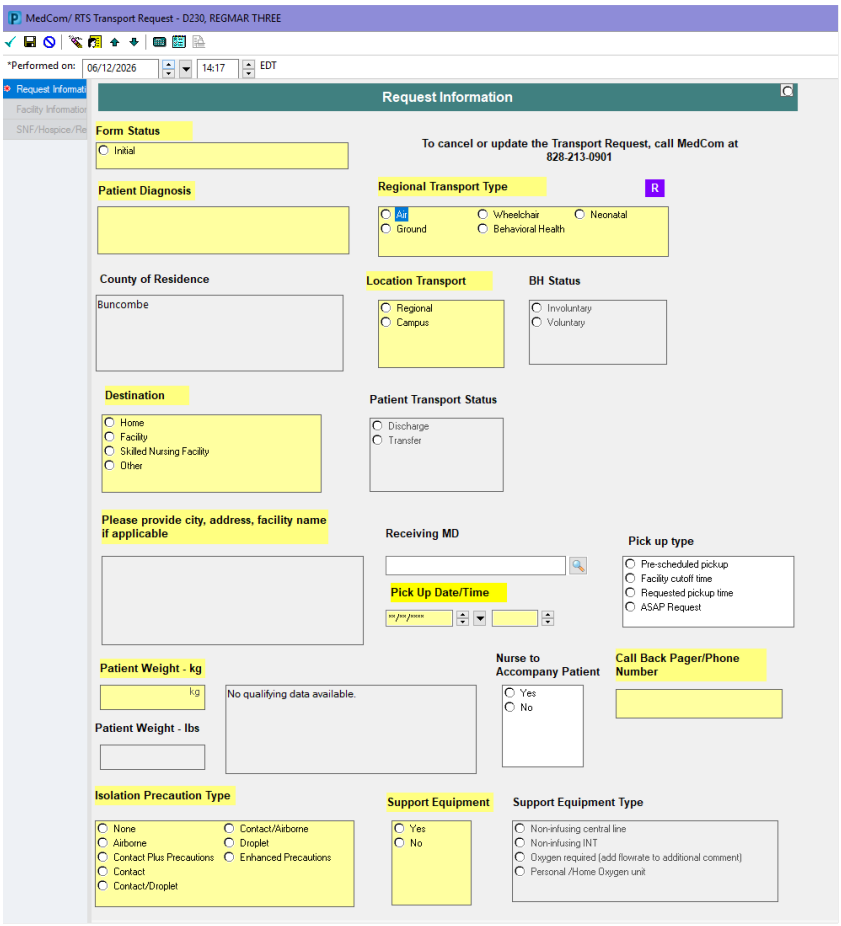
RTS Request Form: Paper to Electronic Conversion

Cerner MedCom / Regional Transport Services (RTS)

The electronic RTS Request Form in Cerner replaces the paper form. The paper version is retired.

WHAT STAFF NEED TO DO

- ACCESS the electronic RTS Request Form in Cerner.
- VERIFY & ATTEST the mode of transport and patient readiness for discharge.
- DISCONTINUE use of the paper inpatient discharge passport form.
- Do not place transport early. The patient and chart must be ready before the request is submitted.
- Call MedCom for any change or cancellation: 828-213-0901.



Transport Selection

AMBULANCE

Unable to safely use wheelchair/private means OR needs assessment, monitoring, oxygen, or clinical support.

WHEELCHAIR VAN

Can sit in wheelchair, alert/oriented, no clinical care needed, safe for trip duration.

Changes or cancellations? Call MedCom: 828-213-0901

Clinical Reminders

ROLLING DIVISION
GO-LIVE

BD Alaris™ Infusion System Updates

PEDIATRICS • Full system: Point of Care Unit (PCU) / Pump / Syringe / Patient Controlled Analgesia (PCA) / $EtCO_2$

RED DOTS MUST MATCH — Point of Care Unit (PCU) + EVERY ATTACHED MODULE
Use updated red-dot components together only. Never attach an unmarked older module to an updated PCU.

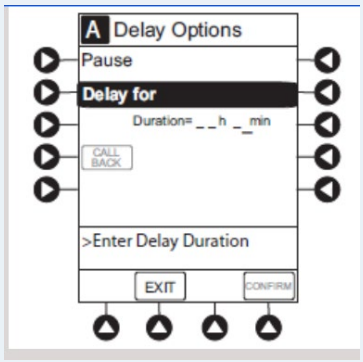
CORRECT • All components marked

INCORRECT • Mixed marked/unmarked

New Programming Screens

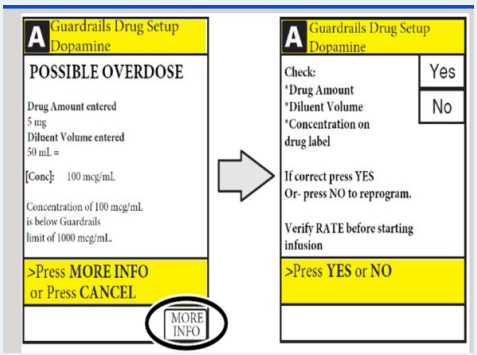
DELAY FOR

"Delay Until" is removed. Use "Delay For" (1 min to 11 hr 59 min); verify the programmed duration.



CUSTOM CONCENTRATION: MORE INFO

A two-step Guardrails alert shows the entered drug amount, diluent volume and concentration. Verify before proceeding.



- HIGH-PRIORITY ALARMS: "Infusion Complete" and "Infusion Complete–KVO" now require immediate response.
- $EtCO_2$: "NO CO_2" replaces "No Breath." Assess patient and sampling setup; message meaning is not an apnea diagnosis.
- SYRINGE / PCA SUPPLIES: Check manufacturer, model, size, flow rate and current approved disposables before loading.
- CLEAN + DISINFECT: Clean first, then disinfect with a BD-approved product and required contact/drying time. Never clean while attached to a patient. Include PCA handset/cord.

30-SECOND SAFETY CHECK: Red dots match • Correct patient/profile • Guardrails/settings verified • Syringe/sets approved

Clinical Reminders

ROLLING DIVISION
GO-LIVE

BD Alaris™ Infusion System Updates

ADULT ACUTE CARE • PCA USERS ONLY

RED DOTS MUST MATCH — Point of Care Unit (PCU) + EVERY ATTACHED MODULE
Use updated red-dot components together only. Never attach an unmarked older module to an updated PCU.

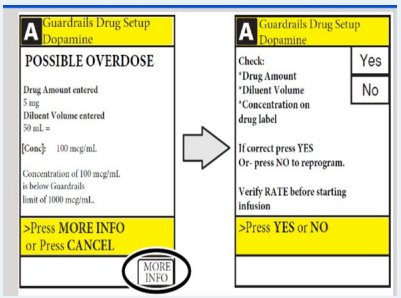
CORRECT • All components marked

INCORRECT • Mixed marked/unmarked

PCA / $EtCO_2$ Screen Examples

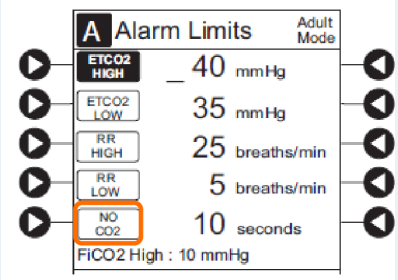
PCA CUSTOM CONCENTRATION

Two-step Guardrails warning: select MORE INFO and verify drug amount, diluent volume and concentration.



$EtCO_2$: "NO CO_2" (IF USED)

"No Breath" becomes "No CO_2." Assess the patient and sampling setup; this text does not diagnose apnea.



PCA Syringes • Examples from BD v12.6.X compatible list

SIZE	BD-COMPATIBLE PCA SYRINGE / MODEL
20 mL	BD 302830
30 mL	BD 302832; IMS Pump-Jet® NDC 76329-1912-1
35 mL	Cardinal Health Monoject™ detachable-plunger barrel 8881135609
50 mL	BD 309653

Use facility-approved stock only. All PCA sets require integrated anti-siphon valves; match the loaded syringe to the pump selection.

PCA ALARMS + CLEANING: Infusion Complete/KVO alarms are HIGH priority; follow displayed steps for Drive Head Error. Off-patient, clean and disinfect PCU, PCA, handset and cord with BD-approved products.
30-SECOND PCA CHECK: Red dots • Syringe/set approved • PCA order/settings • $EtCO_2$ if ordered