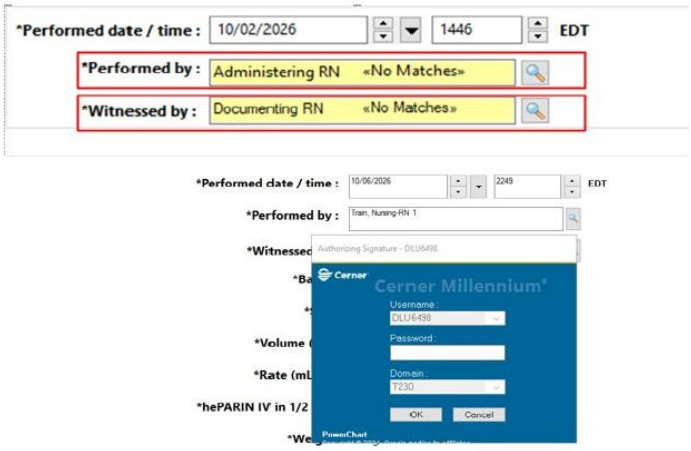
# Clinical Reminders

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

**DELAYED**
**TENTATIVE NOV 30**

# Stepdown IV Infusion Changes

## Ketamine + RASS | Cardene | Precedex

**DELAY NOTICE: Original 11/4/26 go-live is postponed. Tentative new go-live: 11/30/26.**

**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.**


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# Clinical Reminders

DELAYED
TENTATIVE NOV 30

## 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**


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# 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.



# 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.






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# Clinical Reminders

GO LIVE
**NOV 5**

## 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

# Clinical Reminders

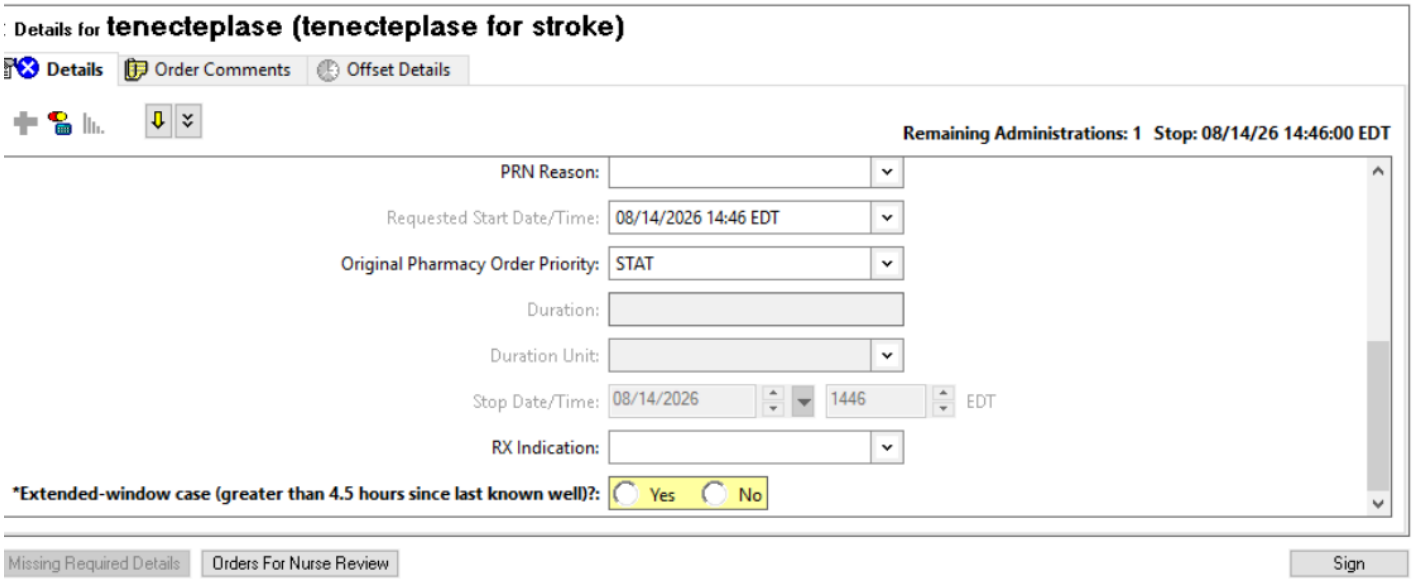
GO LIVE
**NOV 3**

## 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

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**



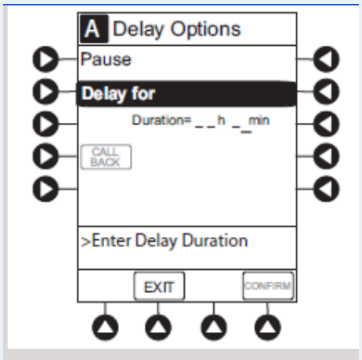
**INCORRECT • Mixed marked/unmarked**



## New Programming Screens

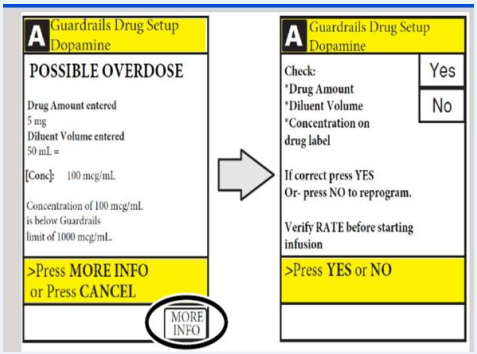
### DELAY FOR

"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**



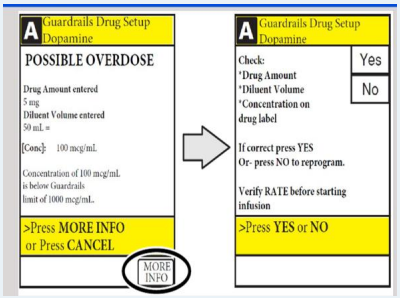
**INCORRECT • Mixed marked/unmarked**



## PCA / $EtCO_2$ Screen Examples

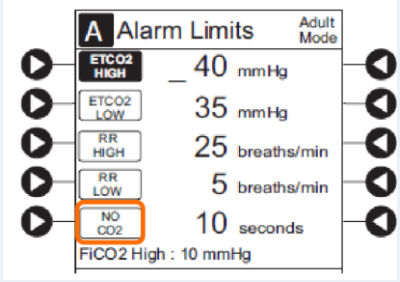
### PCA CUSTOM CONCENTRATION

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 |

# Clinical Reminders

EDUCATION BOOST

## Insulin Answers! Rapid Facts

### Meal & Correction Insulin

**Goal: Insulin given within 30 minutes of CBG and meal tray arrival.**







Safety pearls: Do not give MEAL insulin if the tray is delayed or the patient is not eating. Give CORRECTION insulin regardless of NPO. Reassess CBG if the meal is delayed >30 minutes. “HOVER” over MAR orders for rapid-acting insulin dose accuracy.

# Clinical Reminders

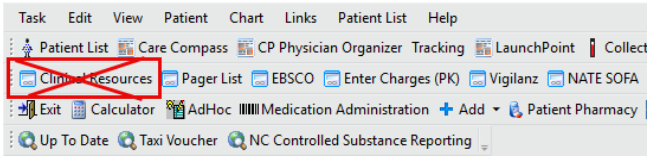
**GO LIVE NOV 9**

## MOD Retirement - Accessing the New Medication Calculator Links

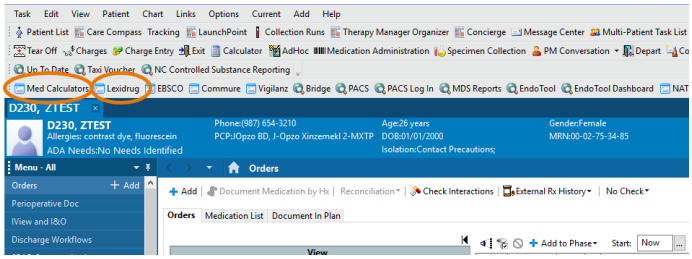
### Cerner build update

- MOD is being retired.
- The "Clinical Resources" button in the toolbar is being removed and replaced with links to (1) LexiDrug and (2) the new SharePoint Med Calculator page.
- Users can continue to access Med Dosing Calculators via PowerPlan links and Reference Text links; those links are being updated to point to the new SharePoint med calculator link.

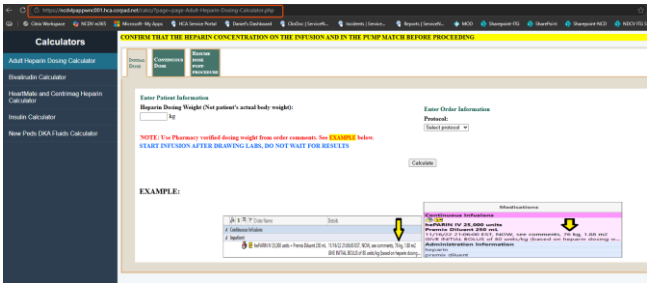
**CURRENT STATE - Toolbar**



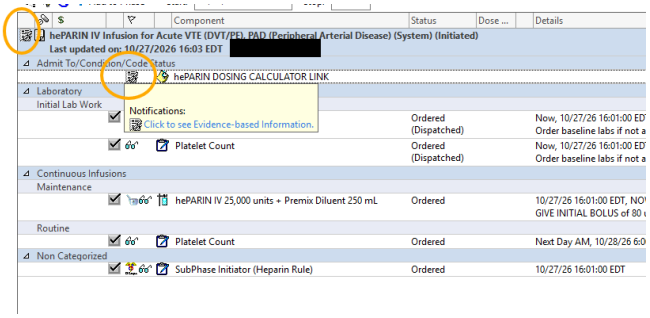

**FUTURE STATE - Toolbar**




**FUTURE STATE - SharePoint Med Calculators**




**NOT CHANGING - PowerPlan Access**




**Not changing: PowerPlans and Reference Text continue to be accessed the same way; only the link endpoint is changing.**