

ADMISSION	EVERY SHIFT & AS NEEDED	TRANSFER OR DISCHARGE
<ul style="list-style-type: none"> ☐ Allergies + Home Med List/Med Rec – Validate with patient ☐ Medication Claim History – Review with patient ☐ Preferred Pharmacy – Enter/update/validate ☐ Quickstart select appropriate pt type (e.g. Med/Surg/Tele) ♣ Document in PROCESS INTERVENTION MUST COMPLETE ALL interventions unless marked PRN ☐ 1st Point of Contact (even if completed in ER) ☐ Vital Signs/Ht/Wt (wt should be in kg); VS from VS machine ☐ Admission Health History ☐ COVID Vaccine Screening ☐ Admission/Shift Assessment (Full) ☐ Safety/Risk/Regulatory – Document: <ul style="list-style-type: none"> ▪ Isolation Status ▪ Assess Sepsis ▪ Assess vaccines ▪ Assess Adult Skin Risk + Assess Fall Risk ▪ Assess suicide ▪ Assess Broset violence screening ▪ Assess depression screening (CAGE for trauma sites only) ☐ Pain Assessment ☐ Lines/Drains/Airways – Document using Existing instance ☐ Intake & Output ☐ Plan of Care <ul style="list-style-type: none"> ▪ Identify 3-4 problems ▪ Goal ‘Expected to’; Document ‘Target Date’ ☐ Teach Educate ☐ Manage/Refer/Contact/Notify <ul style="list-style-type: none"> ▪ Multidisciplinary Rounds (PRN) ▪ Reason Notified: Telemetry start confirm or dc/renewal (Required for Tele), Critical Value, etc. ☐ Dysphagia Screening - Stroke or Neuro patients/as ordered ☐ Routine Daily Care – Activity, Level of Assist, etc. ☐ Hygiene Care – CHG bath, oral care ☐ Intake and Output ☐ ADD INTERVENTIONS - (i.e. Post Fall Assessment, Restraints) <ul style="list-style-type: none"> ▪ For Stroke: Frequent Neuro Checks & NIH Stroke Scale ☐ Critical Care Flow Record (ICU/CCU Only) <ul style="list-style-type: none"> ▪ Ventilator Mgt, Glasgow Coma Scale, RASS/CAM, etc. 	<ul style="list-style-type: none"> ♣ Document in PROCESS INTERVENTION MUST COMPLETE unless marked PRN ▪ Vital Signs/Ht/Wt/Measurements- (wt should be in kg); NON ICU: VS from VS machine ▪ Admission/Shift Assessment - (Full; Focused Assessment: for prn/status change only) ☐ Safety/Risk/Regulatory <ul style="list-style-type: none"> ▪ Isolation Status ▪ Assess Sepsis ▪ Assess vaccines (f not done during admission) ▪ Assess Adult Skin Risk + Assess Fall Risk ▪ Assess suicide – if “No Risk” but condition changed ▪ Assess Broset violence screening ▪ (CAGE) – for trauma sites only ▪ Assess depression screening ▪ Suicide Reassessment – if at risk on admission ▪ Pain Assessment ▪ Lines/Drains/Airways ▪ Intake & Output ☐ Dysphagia Screening - PRN ☐ Routine Daily Care – Activity, Level of Assist, etc. ☐ Hygiene Care – CHG bath ☐ Plan of Care <ul style="list-style-type: none"> ▪ Document ‘problem is’ (Progress) ☐ Teach/Educate <ul style="list-style-type: none"> ▪ Stroke Patient- include Stroke education ▪ Patient on Opioid- include Opioid Education ☐ Manage/Refer/Contact/Notify <ul style="list-style-type: none"> ▪ Multidisciplinary Rounds (PRN) ▪ Reason Notified: Telemetry start confirm or dc/renewal (Required for Tele), Critical Value, change in condition, family contact, etc. ▪ ADD INTERVENTIONS AS NEEDED (i.e. Post Fall Assessment, Restraints; Controlled Substance Hand off, For Stroke: Frequent Neuro Checks & NIH Stroke Scale) ☐ Critical Care Flow Record (ICU/CCU Only) 	<ul style="list-style-type: none"> TRANSFER – SENDING UNIT ☐ Vital Signs + Intake & Output ☐ Lines/Drains/Airways ☐ Manage/Refer/Contact/Notify PRN ☐ Plan of Care + Teach/Educate ☐ Safety/Risk/Regulatory- Fall Risk + Adult Skin Risk ☐ Transfer Med Rec TRANSFER – RECEIVING UNIT ☐ Admission/Shift Assessment ☐ Safety/Risk/Regulatory- Fall Risk & Adult Skin Risk ☐ Other Q shift Interventions not completed ☐ ICU: Add Critical Care Flow Record ☐ If from ICU: Complete Critical Care Flow Record ☐ Verify that Received button is clicked DISCHARGE ☐ Vital Signs + Vaccine (ensure completion) ☐ Plan of Care – Outcome: ‘problem has’, change status to “C”= complete ☐ Lines/Drains/Airways – Instance: Inactive to DC ☐ Safety/Risk/Regulatory- Fall Risk & Adult Skin Risk ☐ Suicide Reassessment (as applicable) ☐ Teach/Educate - Discharge/Health Behavior Topics <ul style="list-style-type: none"> > Opioid education for patients discharged on opioids, Stroke Education for stroke patients *Discharge Button: ☐ Discharge Med Rec- ensure completed by provider and FINALIZED ☐ Final Discharge Order- ensure order is current (NOT >24 hrs old) ☐ Discharge assessments: Discharge Instructions ☐ Discharge forms: Add Forms (ALL applicable discharge instructions) <ul style="list-style-type: none"> ▪ Discharge Instructions ▪ Provider COVID + Plasma Donor Education ▪ Discharge Suicide Prevention Instructions ▪ Patient Safety Plan ☐ Pt Education – ‘Edit’ to include Krames educ ☐ Print Packet – prints home med list, DC inst, educ

Insulin	<ul style="list-style-type: none"> • Need to scan 1 time for each increment of 20 units • If dose is an exact multiple of 20 units, there is no need to manually enter dose • If a dose is in between increments of 20 units, round dose up to the nearest 20 units and manually enter dose. See example below
15 units	Scan 1 time and manually enter 15 units
20 units	Scan 1 time
30 units	Scan 2 times and manually enter 30 units
40 units	Scan 2 times
42 units	Scan 3 times and manually enter 42
48 units	Scan 3 times and manually enter 48
50 units	Scan 3 times and manually enter 50
60 units	Scan 3 times
Half Tablet/Vial or multiple tablets/vials for each dose	<p>Half Tablet/Vial: Scan once & manually enter dose</p> <p>Multiple tablets/vials for a dose: Need to scan each tablet/vial. DO NOT only scan one & change dose, it will count as no scan.</p> <p><u>Scan ALL tablets/vials!</u></p>
Respiratory Medications	<p>Scan each time per puff</p> <p>1 puff: 1 scan 2 puffs: 2 scans</p>
Sodium Chloride Flush	<p>Syringe wrapper is difficult to scan when the wrapper is not removed from syringe.</p> <p>Remove wrapping and scan on flat surface or scan the aztec barcode on the syringe</p>
IV Fluid Bags	Barcode may be difficult to pick up if not scanned against a solid colored background
Vial to Bag Fluids	<p>Barcode may be difficult to pick up if not scanned against a solid colored background.</p> <p>If this is not scanned, the drug will count as not scanned even if the vial is scanned</p>

If medication does not scan, please notify pharmacy ASAP.