

Chief Medical Officer Daniel Padron, DO

Secretary/Treasurer Melissa Carlson, MD

Chief of Staff

David Bohorquez, DO

Chief of Staff-Elect Roman Skylar, MD

Medical Executive Committee Meeting Agenda September 23, 2019 4:30 p.m. – 6:00 p.m.

- 1. Call to Order
- 2. Introduction(s)
- 3. Public Comment(s)
- 4. Approval of Previous Minutes
 - a) August 5, 2019 minutes
 - b) September 12, 2019 Emergency MEC minutes
- 5. Treasurer Report
- 6. Old Business
 - a) Ongoing update on the Initiative to increase EMR notes to 100% and eliminate hand written notes/orders by contracted In-house staff (Peds, Ob, Med).
 - b) Physician's Lounge
- 7. New Business
- 8. Graduate Medical Education Report Dr. Jennifer Dorce-Medard
 - a) GMEC July Meeting Minutes
- 9. Delinquent Medical Records Manuel Diaz
 - a) Unresolved Chart Deficiencies & Delinquent Count
- 10. Committee Reports
 - a) CCU Committee- Dr. Yaw Abu
 - b) P&T Committee- Charlene Murray
 - i. P & T Summary Report July 2019
- 11. Emergency Services Report- Dr. Scheppke / Dr. Perezalonso
- 12. Radiology Services Report Dr. Thomas Marino
- 13. Laboratory Department Report Dinaliza Calderon/ Dr. Thomas Bolton
- 14. OB Department Report Dr. Sherida Williams

- 15. Pediatrics Department Report- Dr. Yolanda Cosme
- 16. Chief Medical Officer- Dr. Daniel Padron
- 17. Risk Management Alyssa Tarter
- 18. Continuous Quality & Patient Safety Improvement Committee Report Sylvia Hall
- 19. Hospital Administrator Janet Moreland
- 20. Closed Session
- 21. Adjournment: Next scheduled Medical Staff Meeting is on October 7, 2019

Emergency MEC Minutes of September 12, 2019

Торіс	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
Call to Order 12:35 PM	The following members were present on the attached sign-in roster.	A quorum was present and the meeting was called to order.	
Report			
Credentialing Department Report	All members present were given the credentialing report attached to review all medical staff applying for Provisional Privileges or Active Privileges or Allied Health Professional.	None	1 st Motion: Dr. Daniel Padron 2 nd Motion: Dr. Melissa Carlson All approved
Adjournment	Meeting adjourned at 12:46 PM Next meeting September 23, 2019		

2005.

Page 1 of	7
This document contains Confidential and Privileged information, and, as such is protected by Florida Statutes 395 and 766 and Federal Health Care Quality Improvement Act and Patient Safety and Quality Information Act of	of

Торіс	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
Call to Order 4:30 PM	The following members were present on the attached sign-in roster.	A quorum was present and the meeting was called to order.	None.
Introduction(s)		1	1
	Janet Moreland introduced Regina Stolpman as the new Director of Nursing for Lakeside Medical Center. Regina was previously the Nursing Manager for ED at Lakeside Medical Center and has previous nursing manager experience in state and out of state and we welcome her to continued success as our new Director of Nursing for LMC.	None	None.
Public Comments			
	None	None	None.
Minutes			
Meeting Minutes	Approval of July 1, 2019 MEC minutes.	None	First Motion: Dr. Carlson Second Motion: Dr. Padron All Approved
Old Business			
	Ongoing update on the Initiative to increase EMR notes to 100% and eliminate hand written notes/orders by contracted In-house staff (Peds, Ob, Med). There are some physicians who are still writing their EMR notes. This will continue to be an ongoing process.		Ongoing Process
Report			
Treasurer Report	Amount in PNC account: \$66, 064.00 \$15 were taken out due to a check that bounce and some checks were returned due to the check not being deposited before the 90 day expiration date on the date. A discussion was had of the process for	None	Debbie Hall to check on the process for Dr. Carlson to receive checks from Dr. Carlson for MEC.



Minutes of August 5, 2019

Торіс	DISCUSSION AND FINDINGS	RECOMMENDATION	Follow-up/Action
	Dr. Carlson receiving the checks from the credentialing department.		
Committee Reports	1		
CCU Committee	All MEC members were given a copy of the CCU reports and reviewed the June data comparing it to their prior year data.	None.	None.
P&T Committee	Tabled for next MEC meeting as Charlene was not able to attend this MEC meeting.	None	None
New Business			
2019 Medical Staff Bylaws	All members were given a copy of the latest updated medical staff bylaws for review.	None	Tabled for next meeting Joe-Ann to cross out Rules and Regulations from the Medical Staff Bylaws title and Joe-Ann to send a copy of the Rules and Regulations ot all Medical Staff members for review prior to MEC meeting.
Reportable Diseases / Conditions	Jennifer Glisson gave all MEC members a copy of the latest and greatest report of all reportable diseases. If Jennifer is not here all nursing managers including Sylvia Hall can provide a copy to all who request for one.	None	None
Physician's Lounge	Joe-Ann and Janet Moreland has walked through the Physician's Lounge to check the overall condition of the Physician's Lounge. Joe-Ann has been working on getting a quote from JC White and IT is currently working on updating the IT portals for EMR use in the physician's lounge. Joe-Ann is	Dr. Padron suggested for MEC members to decide on who will be responsible for updating the Physician's Lounge. As of right now there are 2 chairs that are broken. The lounge was refurbished on 2013. All furniture and floor were refurbished during that time.	Tabled for next meeting Motion for all 10 chairs to be updated in the physician's lounge. 1st motion: Dr. Gunawardene 2nd motion: Dr. Padron All approved

This document contains Confidential and Privileged information, and, as such is protected by Florida Statutes 395 and 766 and Federal Health Care Quality Improvement Act and Patient Safety and Quality Information Act of 2005.

Lakeside Medical Center Medical Executive Committee

Minutes of August 5, 2019

Page 3 of 7

Торіс	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	working with IT to purchase a printer that is capable of printing EMR notes.		Joe-Ann to provide a quote for 10 new chairs next meeting.
Request Change of date for November MEC meeting	Dr. Bohorquez as requested for the November meeting to be changed from Monday, November 4, 2019 to Tuesday, November 12, 2019. Dr. Bohorquez will be out of town and will not be able to attend MEC November 4, 2019.	None	Motion to move November MEC meeting from Monday, November4, 2019 to Tuesday November 12, 2019. 1st Motion: Dr. Padron 2nd Motion: Dr. Carlson All approved
Department Reports			
Delinquent Medical Records	Discussed the Delinquent Medical Records report with all members of MEC. The list has continued to go down. There's nothing that stands out. Dr. Philogene has stayed in the single digit. There are doctors who do not rotate as often. Some doctors who does not rotate through LMC are typically the ones that fall in the delinquent report. All ED physicians have access to Physicians Experience in HMS.	None	Deborah Hall and Janet Moreland will be working on the 90 day Windows access.
Emergency Department Report	Discussed the ED Report for June in MEC packet that is pulled from the EDIS. Left without being seen has gone down to 0. ED will not continue to track AMAs. They have been doing pretty well for turnaround time. total census has gone up.	None.	None
Radiology Service Report	All members were given the monthly Quality Metrics for Radiology.	None	None
OB Services Report	All members of MEC were given a copy of the June OB reports. Dr. Carlson has discussed that all perimeters have shown some improvement in nurses documenting better. OB numbers were	None.	None.

This document contains Confidential and Privileged information, and, as such is protected by Florida Statutes 395 and 766 and Federal Health Care Quality Improvement Act and Patient Safety and Quality Information Act of 2005.

Lakeside Medical Center Medical Executive Committee

Minutes of August 5, 2019

Page 4 of 7

Τορις	DISCUSSION AND FINDINGS	RECOMMENDATION	Follow-up/Action
	increased since Dr. Mathews was on vaction for the month of July.		
Pediatric Services Report	All members of MEC were given a copy of the May Pediatric reports.	None	None
Laboratory Service Report	All members of MEC were given a copy of the Continuous Quality Patient Safety Improvement Laboratory reports for April. All indicators were met (pending newborn screening data).	None	None
Chief Medical Officer	 Ongoing OPPE/FPPE processing, chart reviews, and meeting with the providers AKI pharmacy review with Pharmacy and Sylvia ALTO guidelines with Dr. Perezalonso and Regina as part of HCHAP improvement strategy in the ER – presented at MEC 07/01/19 for implementation in 08/01/19 with ongoing monitoring Creation of Dashboard for Narcotic prescribing by ER physicians – January 2019 Ongoing ER Real-Time Survey with Regina as part of HCHAP improvement strategy - >95% positive feedback Addiction Stabilization Committee Webinar FHA DOH for House Bill 451 Non-Opioid Alternatives Meeting with Chief of Staff to discuss HB 451 and pamphlet disbursement to medical staff Credentialing/Clinical Privileges Review for incoming providers - Onrad 	None.	Peer review to be moved to November 12, 2019.



Minutes of August 5, 2019

Торіс	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	Involved in interviewing Director of Nursing		
	candidate		
	Worked with Dr. Gunawardene to facilitate		
	detox patient received yesterday from Lantana		
	Clinic.		
	Meeting with Terri Calsetta and Rose from		
	Brumbach Clinic coordinating physical exams		
	for the back to school bash at West Tec		
	Review of facility CMS Measures 04/01 – 06/30		
	Top 5 Outliers		
	 Birth Placed for Adoption Meeting – Janet, 		
	Alyssa, Skip, call-in from Val (Legal)		
	 Meeting with Alyssa to discuss denial by 		
	Prestige Insurance, requesting feedback from		
	radiologist for an omission in a reading.		
	Phone call with Valerie Shahariari - HCD Legal		
	Counsel to discuss performing detox service at		
	LMC		
	Pre-Training Meeting with David Especiale,		
	James DelaPietra, Alonso Cruz – prior to launch		
	of telemedicine for psych.		
	Ongoing Sepsis, AMI and Stroke quality review		
	and physician engagement in improvement of		
	these quality metrics.		
	• Review and assistance in mediation of multiple		
	RiskQual/ Complaints.		
	• Active Med Staff engagement and mediation.		
Family Residency	All MEC members were given the June GMEC	None	None
Report	meeting minutes for review. Dr. Dorce-Medard		

Page 5 of 7

This document contains Confidential and Privileged information, and, as such is protected by Florida Statutes 395 and 766 and Federal Health Care Quality Improvement Act and Patient Safety and Quality Information Act of 2005.

Lakeside Medical Center Medical Executive Committee

Minutes of August 5, 2019

Τορις	DISCUSSION AND FINDINGS	RECOMMENDATION	Follow-up/Action
Director of Nursing	will be coming back from Maternity Leave tomorrow, August 6, 2019. LMC is currently working on getting a contract and a program letter of agreement for all Family Medicine Residents to complete their Peds Rotation at their location. All residents are able to ePrescribe. All residents has been volunteering at the back to school events in the Tricity Glades Area and throughout the Palm Beach County that LMC and HCD has approved.	None	None
Director of Nursing / Administrator Report	 QUALITY New format - 2nd Quarter Quality Core Measure Report SERVICE Vacant position – Women, Infant Children Manager Vacant position – ED Manager Gift Shop Manager – Anne Gray Radiology Manager – Jacques LaGrange Sr. Director of Nursing and Patient Safety and Quality Improvement – Regina Stolpman GROWTH CT Scanner Project – fully operational Contract(s) update i.e. Dialysis etc. (3 machines and up to 80 -90 services) The Joint Commission (CY 2020 Standards) – approximately 12 webinars 	None	None

Lakeside Medical Center Medical Executive Committee

Minutes of August 5, 2019

Page 7 of 7

Τορις	DISCUSSION AND FINDINGS	RECOMMENDATION	FOLLOW-UP/ACTION
	 Lakeside Health Advisory Board Meeting – 8/13/2019 (Community Needs Assessment) Anesthesia Contract – pending Blue Medical Services Contract – Surgeon – Dr. Davis started on 8/3/2019 User Request Form (URF) meeting – initial meeting held on 7/29/2019 Baxter Pumps – wireless feature enhancements Medication Reconciliation process review LMC 10th Anniversary Planning Meeting – initial meeting held on 7/29/2019 		
Continuous Quality & Patient Safety Improvement Committee Report	The report for June has been given to all members of MEC. Sylvia discussed quality events and reports comparing prior years to current year.	None	None
Risk Management	The risk report for June has been given to all members of MEC. Alyssa will be having a meeting to discuss policies and procedures on the adoption process.	None.	None
Adjournment	Meeting adjourned at 6:10 PM Next meeting September 23, 2019		

Business Checking Plus



Lakeside Medical Center Medical

Executive Committee Inc

je energing i nee	
For the Period 08/01/2019 to 08/30	0/2019 Primary Account Number: 12-3155-7919 Page 1 of 2 Number of enclosures: 0
LAKESIDE MEDICAL CENTER M EXECUTIVE COMMITTEE INC 39200 HOOKER HWY BELLE GLADE FL 33430-5368	EDICAL For 24-hour banking sign on to PNC Bank Online Banking on pnc.com FREE Online Bill Pay
	For customer service call 1-877-BUS-BNKG Monday - Friday: 7 AM - 10 PM ET Saturday & Sunday: 8 AM - 5 PM ET
	Para servicio en espanol, 1-877-BUS-BNKG
	Moving? Please contact your local branch
	 Write to: Customer Service PO Box 609 Pittsburgh, PA 15230-9738 Visit us at PNC.com/smallbusiness
	TDD terminal: 1-800-531-1648 For hearing impaired clients only

Watch Where You Click

Be sure the emails, texts and phone calls you receive are from a trusted source and do not give out personal information, such as credit card numbers, Social Security numbers or other banking details, unless you have verified the sender. If you are unsure, contact PNC directly by typing www.pnc.com into your Internet browser or call PNC using a phone number provided on the www.pnc.com website. DO NOT use contact information contained in the suspect email or text. If you suspect you've received a fraudulent text message that appears to be from PNC, take a screen shot of the text message on your mobile phone and forward it to PNC Abuse (abuse@pnc.com).

Business Checking Plus Summary

Account number: 12-3155-7919

Overdraft Protection has not been established for this account. Please contact us if you would like to set up this service.

Balance Sumr	nary						
		Beginning balance	Deposit other add		Checks and other deductions	Ending balance	
		66,064.99	14,45	0.00	2,700.00	77,814.99	
					Average ledger balance	Average collected balance	
					76,126.65	76,099.39	
Deposits and Oth	er Additions			Checks an	d Other Dedu	ctions	
Description		Items	Amount	Description		Items	Amount
Deposits		1	14,450.00	Checks		1	2,700.00
Total		1	14,450.00	Total		1	2,700.00
Daily Balance							
Date	Ledger balance	Date		Ledger balar	nce Date		Ledger balance
08/01	66,064.99	08/06		80,514.	99 08/0	9	77,814.99

PNC Bank

Business Checking Plus

E For 24-hour account information, sign-on to

pnc.com/mybusiness/

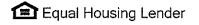
Business Checking Plus Account Number: 12-3155-7919 - continued

Activity Detail

For the Period 08/01/2019 to 08/30/2019 Lakeside Medical Center Medical Primary Account Number: 12-3155-7919

Page 2 of 2

Deposits and Othe	er Additions			
Deposits				
Date posted	Amount	Transaction description		Reference number
08/06	14,450.00	Deposit		031405366
Checks and Ot	her Deductions			
Checks and Subst	itute Checks			
Date Check posted number	Referen Amount numb		1	
08/09 1005 *	2,700.00 076867			
Detail of Services	Used During Curre	nt Period		
Note: The total charge line item entitled Service	for the following service ce Charge Period Endin	es will be posted to your account on 09/0; g 08/30/2019.	3/2019 and will appea	r on your next statement as a single
Description		Volume	Amount	
Account Maintenanc	e Charge		.00	Requirements Met
Combined Transacti	ons	17	.00	Included in Account
Checks Paid		1	.00	Included in Account
Dependent them Co.	neolidatod	15	.00	Included in Account
Deposited item - Co	ISOliualeu			indiada in Account
		1	.00	Included in Account
Deposit Tickets Proc	cessed	1 1	.00 .00	
Deposited Item - Co. Deposit Tickets Proc Cash Flow Insight W Total For Services U	cessed /aive Fee	1 1		Included in Account



Dep	artments	Offers	Find your IKEA store	
Continue Shopping				
Shopping Cart				
	HENRIKSDAL			
1	Chair \$129.00			
	dark brown, Glose black Article no: 403.809.51			
11	Subtotal \$1,290.00			
Ū.	Subtotal \$1,290.00			
Remove all products				
Delivery				
	very delivery to 33430 is \$79.99			
Choose a different del	ivery address			
Add Coupon				
Buy online, pick up	in store			
Order online and pick	up your items in store! If Click and	Collect is available for your zip code, you can	select your preferred store below. When a \$5 Click and (Collect serv
Order online and pick purchased, you'll recei	up your items in store! If Click and o ive a \$5 IKEA Gift Card upon store p	Collect is available for your zip code, you car pick-up to use towards a future purchase.	select your preferred store below. When a \$5 Click and 0	Collect servi
Order online and pick purchased, you'll receined of the store of the s	up your items in store! If Click and d ive a \$5 IKEA Gift Card upon store p	Collect is available for your zip code, you car pick-up to use towards a future purchase.	select your preferred store below. When a \$5 Click and (Collect servi
purchased, you'll recei	up your items in store! If Click and (ive a \$5 IKEA Gift Card upon store p	Collect is available for your zip code, you can pick-up to use towards a future purchase. Use Click & Collect	select your preferred store below. When a \$5 Click and (Collect servi
purchased, you'll recei	ive a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase.	select your preferred store below. When a \$5 Click and (Collect servi
purchased, you'll recei	ive a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase.	select your preferred store below. When a \$5 Click and (
purchased, you'll recei	ive a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase.	select your preferred store below. When a \$5 Click and (\$
purchased, you'll recei - Select a store - Subtotal before deliver Delivery	ive a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase.	select your preferred store below. When a \$5 Click and (\$
purchased, you'll recei - Select a store - Subtotal before deliver Delivery	ive a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase. Use Click & Collect		\$ \$1,
purchased, you'll recei - Select a store - Subtotal before deliver Delivery	ive a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase. Use Click & Collect		\$
purchased, you'll received Subtotal before delived Delivery Total For This Order	ye a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase. Use Click & Collect Begin Checkout		\$ \$1,
purchased, you'll received of the store - Select a store - Select a store - Subtotal before delived Delivery Total For This Order	ye a \$5 IKEA Gift Card upon store p	pick-up to use towards a future purchase. Use Click & Collect		\$: \$1,;
Subtotal before deliver Delivery Total For This Order	Y ing hand with your furniture? Assembly POLICY	pick-up to use towards a future purchase. Use Click & Collect Begin Checkout		\$ \$1,
Subtotal before delivery Total For This Order Subtotal Second Assembly Assembly Recurs Recurs Recurs Recurs Recurs Recurs Recurs Recurs Recurs Recur	<pre>ive a \$5 IKEA Gift Card upon store p iry Y ing hand with your furniture? Assembly</pre>	pick-up to use towards a future purchase. Use Click & Collect Begin Checkout		\$ \$1,
Output ASSEMBL' Need a help 365 RETURN P It's ok to ch	Y ing hand with your furniture? Assembly OLICY ange your mind. Click for details.	pick-up to use towards a future purchase. Use Click & Collect Begin Checkout		\$: \$1,;

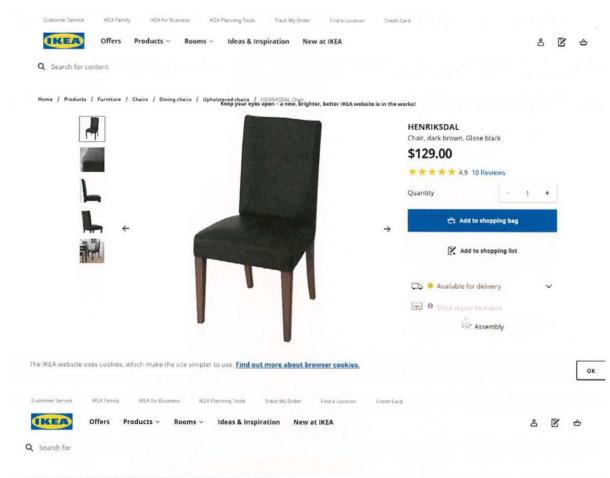


Full site

a.

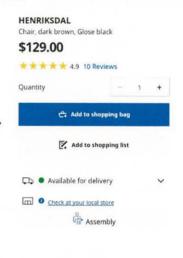
\$

Privacy Policy | Responsible Disclosure | Product Recalls | Children's Product Registration © Inter IKEA Systems B.V. 1999-2019

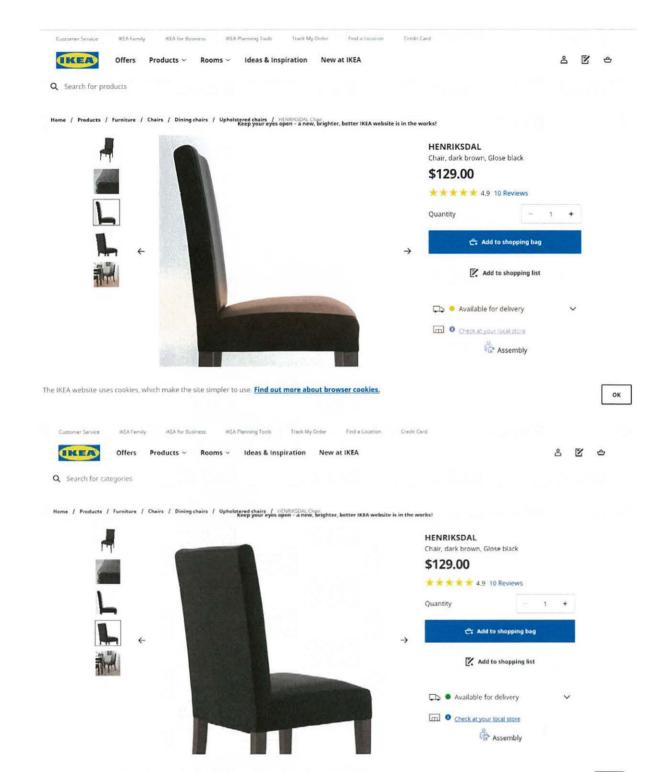


Home / Products / Furniture / Chairs / Dining chairs / Uphelsterred chairs / HONENCOAL Chair Keep your eyes open - a new, brighter, better IKEA website is in the works!





The IKEA website uses cookies, which make the site simpler to use. Find out more about browser cookies.



OK

The IKEA website uses cookies, which make the site simpler to use. Find out more about browser cookies.

1



Home / Products / Furniture / Chairs / Dining chairs / Upholstered chairs / HENRIKSDAL Chair Keep your eyes open - a new, brighter, better IKEA website is in the workst



\$129.00	10 Peviews		
Quantity	-	1	
🔓 Ac	ld to shopping bag	l	
7 A	dd to shopping list		
🕞 🍳 Available	for delivery		
Check at y	our local store		
G	Assembly		

ок

The IKEA website uses cookies, which make the site simpler to use. Find out more about browser cookies.

× Product description

403.809.51

Soft, hardwearing and easy care leather, which ages gracefully.

You sit comfortably thanks to the high back and seat with polyester wadding.

The chair legs are made of solid wood, which is a durable natural material.

For increased stability, re-tighten the screws about two weeks after assembly and when necessary.

May be completed with FIXA self-adhesive floor protectors to protect the underlying surface against wear.

This chair has been tested for home use and meets the requirements for durability and safety, set forth in the following standards: EN 12520 and EN 1022.

Designer Karl Malmvall

× Product size

Tested for: 243 lb Width: 21 1/4 " Depth: 22 7/8 " Height: 38 1/4 " Seat width: 21 1/4 " Seat depth: 16 1/2 " Seat height: 18 1/2 "

× Care instructions

Frame

4

ľ

Wipe clean using a damp cloth and a mild cleaner. Wipe dry with a clean cloth.

Cover

Wipe clean with a damp cloth.

For best possible result, treat with ABSORB leather cleaner.

× Environment & materials

Materials

Main parts: Dyed through top-grain leather with a treated, embossed and pigmented surface

Leg:

Solid beech, Stain, Clear acrylic lacquer

Back and seat frame: Solid wood, Molded layers of fiberboard

Seat:

High-resilience polyurethane foam (cold foam) 2.2 lb/cu.ft., Polyester wadding

Back:

Polyurethane foam 1.4 lb/cu.ft.

Cover:

Split leather



Graduate Medical Education Status for MEC

September 23, 2019

GMEC May 2019 Meeting Minutes

- o Hurricane Coverage
- o Retreat Postponed to September 27, 2019
- o Update on Pediatric Rotation at St. Mary's.

LAKESIDE MEDICAL CENTER

Graduate Medical Education Committee Meeting Minutes

		JULY 25, 2019 MEETING MINUTES				
Topic/Group: Graduate Medical Education Committee		Location: Lakesid	le Medica	al C	enter	
Date: July 25, 2019		Time: 2:00 PM				
Facilitator: Karen Harris, Chair of GMEC		Recorder: Joe-An	in Hyppol	lite	, Program Coordinator	
Karen Harris, Chair of GMEC / VP of Field Operations*	Р	Bryan Dawkins, MD, Assistant Program Director *	<	P	Cynthia Oxley, Interim DIO Program Coordinator Contract Manager	P
Jennifer Dorcé-Medard, DO, FM Program Director / DIO *	Р	Janet Hamstra, Ed.D, CEME/OPTI KPCOM-NSU *		Α	Joe-Ann Hyppolite, Institutional / Program Coordinator	Ρ
Janet Moreland, APRN, MSN, LHRM Hospital Administrator	P	Sylvia Hall, RNC, BSN, Quality Improvement Coord	dinator	Ρ	Dr. Sherida Williams OB/GYN Faculty	Ρ
Luis Perez-Alonso, MD Emergency Medicine Physician	Р	Alyssa Tarter, RN, LHRM, Risk Manager / Patient	Safety	Р	Joanna Drowos, MD, Florida Atlantic University	Р
Daniel Padron, DO, Chief Medical Officer*	Р	Christal Santos Landeros, DO, Peer Selected Resid	lent*	Р	Ishan Gunawardene, MD, Internal Medicine Preceptor	Р
Robert Parkes, MD., MPH., Assistant CHD Director Chief Medical Director & Epidemiologist Florida Department of Health – Palm Beach County	A	Sonya Dusseault, DO, Peer Selected Resident*		Р		
Alina Alonso, MD, HCD Governing Board Representative*	Α	Samuel Espinal, DO, Peer Selected Resident*		Α		
Present, /	bsent			Pres	ent, Absent	·

¹ Regarding GME Committee Responsibilities (ACGME Institutional Requirements I.B.4), the GMEC 8) Applications for ACGME accreditation of new programs 9) Requests for permanent changes in resident/fellow complement must: 10) Major changes in programs' structure or duration of education Have oversight of: 1) The ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited 11) Additions and deletions of programs' participating sites 12) Appointment of new program directors programs 2) The quality of the GME learning and working environment 13) Progress reports requested by a Review Committee 14) Responses to Clinical Learning Environment Review reports 3) The quality of educational experiences in each program that lead to measurable 15) Requests for exceptions to duty hour requirements achievement of educational outcomes 4) The programs' annual evaluation and improvement activities 16) Voluntary withdrawal of ACGME program accreditation 5) All processes related to reductions and closures of programs, major participating sites, and 17) Requests for appeal of an adverse action by a Review Committee 18) Appeal presentations to an ACGME Appeals Panel the Sponsoring Institution Review and approve: 6) Institutional GME policies and procedures 7) Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
Call to order 2:03 PM	The above GMEC members were present on the attached sign-in roster.	A quorum was present and the meeting was called to order.		None	I.B – GMEC I.B.1 - Membership	None
Approval of the Minutes from June 27, 2019 meeting	June 27, 2019 meeting minutes was sent to the GMEC members prior to the GMEC meeting via email	Janet Moreland: Motion to April 28, 2019 minutes as written. Dr. Padron: second the motion	X	Approved = All Unapproved = 0	I.B.4.b) – Review and Approval of GMEC responsibilities	None
Old Business						an a
Poster Display at LMC	Joe-Ann and Plant Operations Dept. is currently working on finding a location in the hospital to display all resident posters that were presented during the poster competition.	Recommended location discussed is the back hallway where all staff commutes from the ER to the lab or cafeteria. Joe-Ann has discussed with the residents to bring their posters prior to attending their didactics meeting.		None	None	Residents to bring their posters prior to attending their didactics meeting.
Family Medicine Application update sent 06/23/2019	Family Medicine application has been sent on 06/23/2019 and we are currently waiting on approval. ACGME asked some questions about the relocation application and the FM application pertaining to the attending.	None		None	I.B.4.b).(3)	Pending status from ACGME for the Family Medicine Application and the relocation application.
Update on Golisano Children's Hospital of Southwest Florida as a location for resident rotation	Dr. Dawkins spoke to his contact at Golisano Children's Hospital of Southwest Florida. Currently waiting on the outcomes from St. Mary's before proceeding to continue	None		None	None	Tabled

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
	to contact Golisano Children's Hospital.					
Update on inpatient peds rotation at St. Mary's Medical Center	St. Mary's informed Karen indication that they will approve the residents rotating at their location pending further discussion pertaining to expenses. Darcy and Karen also had a discussion with Nicolas Children's Hospital and they are very open to approving the peds. Rotation to be located at their location. Darcy and Karen will be visiting their location to further discuss the details of the peds. Rotation.	None		None	None	Karen to further discuss peds. Rotation at St. Mary's with Janet, Joe-ann, and Dr. Dorcé- Medard. Currently waiting on St. Mary's to contact Karen to further discuss Peds. Rotation
						Karen and Darcy to visit Nicklaus Children's Hospital for further discussion on peds. Rotation.
Wellington Regional Medical Center	Wellington Regional to give Karen Harris a call back to further discuss possible pediatric rotation at their location and Wellington Regional's program coordinator to give Joe-Ann a call to collaborate in assisting in the pediatric rotation process.	None		None	None	Dr. Ishan Gunawardne to contact Wellington to further discuss possible pediatric rotation.
Medical Assistance at After School Sport Games	Residents are able to provide medical assistance to public school students at the after school sports games but it will have to be under their own accord as it is not covered	None		None	None	Karen to discuss with Darcy on sovereign immunity coverage to elective in private offices outside of

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties /
	under sovereign immunity in their contract between LMC and the resident.					Deadline Palm Beach County.
New Business						
PEC meeting	PEC meeting scheduled for August 1st to create APE PEC Member Bryan Dawkins, MD Seneca Harberger, MD John D. Adame, DO Ishan Gunawardene, MD Jennifer Dorcé-Medard, DO	None		None	None	PEC members to attend 1 st PEC meeting on August 1 2019 to begin the APE process.
Community Outreach	Joe-Ann Hyppolite All residents are currently involved in the Back to School Bash and has volunteered to provide a first aid station and/or school physicals at the event.	Information of Back to school Bash events and residents volunteering are as follows: July 27th – Back to School Bash Location: West Tech Address: 2625 NW 16th St, Belle Glade, FL 33430 Time: 8:00 AM – 2:00 PM Volunteers: First Aid Station: Christal Santos Landeros, DO – PGY-2 Jesse Grieb, DO – PGY-1 Appointment Table for Physicals: 1 Belle Glade Staff Terri Calsetta Joe-Ann Hyppolite August 3rd – Back to School Bash		None	None	Residents and Program Coordinato to attend Back to School events on August 3, 2019 and August 10, 2019. Going forwards all to request for volunteers prior to making a commitment with the event.

					0.550	
TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties , Deadline
······································		Glade		······································		
		Address: 551 SW 16th St, Belle				
		Glade FL, 33430				
		Time: 9:00 AM – 2:00 PM				
		Volunteers:				
		First Aid Station:				
		David Lepoff, DO – PGY-3				
		John D. Adame, DO – PGY-2				
		Kerlan St. Prix, DO – PGY-2				
		August 3rd - 19th Annual TLIMS				
		Community Health Fair				
		Location: Max. M. Fisher Boys &				
		Girls Club				
		Address: 221 W 13th St, Riviera				
		Beach, Florida 33404				
		Time: 8:00 AM – 2:00 PM				
		Volunteers:				
		Providing School Physicals:				
		Samuel Espinal, DO – PGY-3				
		Thy Bui, DO – PGY-1				
		William Draper, DO – PGY-1				
		<u> August 10th – Pahokee Back to</u>				
		<u>School Bash</u>				
		Location: Pahokee High School				
		Address: 900 Larrimore Rd,				
		Pahokee, FL 33476				
		Time: 9:00 AM – 3:00 PM				
		Volunteers:				
		First Aid Station:				
		David Lepoff, DO – PGY-3				
		Quanecia Beasley, DO – PGY-2				
		Anna McClain, DO – PGY-1				
		Recommended to discuss the				
		events requesting for				

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
		volunteers prior to making a commitment with the event.				
ACGME Corresponde	nce & Updates					
New Draft of Milestones for CCC members	A new draft of the Family Medicine Milestones is now available for review. The Milestone reporting data, along with your other survey results and comments were used to lead these changes. Each of the Milestones (19 total) have four questions in which we ask your level of agreement with the statement. We also include a question at the end asking you to indicate your preferred year to start using the new milestones. New information has been given to all GMEC members for review.	None		None	None	CCC members to review prior to next scheduled PEC meeting prior to the midyear milestones.
Annual ADS update due August 09, 2019	Annual ADS update due August 09, 2019	Joe-Ann is currently updating all information in ADS for LMC Family Medicine Program and on the Sponsoring Institution side.		None	None	Joe-Ann and Dr. Dorcé- Medard to approve and update all information in the ADS prior to August 30, 2019 for the program side and August 9, 2019 for the SI side.

()	1	0				
TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
ACGME Status of the SI	Currently waiting on the approval status from the IRC. Site visit was held on June 19, 2019. The SI Accreditation Status is currently Initial Accreditation with Warning.	None		None	I.B.4.a (1) - ACGME accreditation status of the Sponsoring Institution	Pending Accreditation Status from the IRC. Informed that we will be notified in October 2019.
ACGME Faculty / Resident Survey	All members were given a copy of the ACGME Faculty / Resident Survey results for review.	GMEC members to review and collaborate on how to proceed with the survey results.		None	I.B.5.a (2) ACGME Surveys of residents and core faculty members.	Continued discussion on ACGME Faculty / Resident Survey results on the next GMEC Lunch & Learn meeting after the execution of the 2019 APE by the PEC members.
Reports						
Family Medicine	There has been no violations in Clinical and Educational Work Hours for any FM resident physician. Relocation Application for FMP Clinic has been submitted to the ACGME for approval.	None		None	I.B.4.b).(10) - clinical and educational work hour requirements I.B.4.b).(5) - major changes in each of its ACGME- accredited programs' structure or duration of education	Dr. Dorcé-Medard to await the approval status of the FMP Relocation Application from ACGME.
Lakeside Medical Center	QUALITY The following are the established measurable goals for the 2019 – 2020 calendar year: • 2 nd Quarter Quality Core Measure Report SERVICE • Vacant position –	None		None	I.B.1.b).(4) - individual or designee responsible for monitoring quality improvement or patient safety	The Joint Commission webinars invites to be extended to all LMC managers who would like to attend.

	1	0				\bigcirc
TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
	 Women, Infant Children Manager. Vacant position – ED Manager Gift Shop Manager – Anne Gray Radiology Manager – Jacques LaGrange Sr. Director of Nursing and Patient Safety and Quality Improvement – Regina Stolpman GROWTH CT Scanner Project – anticipated to be fully operational middle/end of next week Contract(s) update i.e. Dialysis etc. (3 machines and up to 80 -90 services) The Joint Commission (CY 2020 Standards) – approximately 12 webinars Lakeside Health Advisory Board Meeting – 8/13/2019 (Community Needs Assessment) Anesthesia Contract – pending Blue Medical Services Contract – Surgeon – anticipated start date 8/5/2019 User Request Form (URF) meeting – 7/29/2019 @ 2:00 p.m. Baxter Pumps – wireless feature enhancements 				III.B.2 Quality Improvement: III.B.2.a) - access to data to improve systems of care, reduce health care disparities, and improve patient outcomes III.B.2.b) - opportunities to participate in quality improvement initiatives	

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
	 Medication Reconciliation process review LMC 10th Anniversary Planning Meeting – 7/29/2019 at 1:00 p.m. 					
Resident - Samuel Espinal, DO – PGY 3 - Christal Landeros, DO – PGY 2 - Sonya Dusseault, DO – PGY 2	Residents are currently planning there Resident retreat. On July 4 th , Dr. Dusseault, Dr. Taheri, and Dr. Parsons volunteered at the first aid station during the July 4 th event. The event was a success.	MEC has agreed to assist in paying for their resident retreat in full and has also extended their assistance to pay for the second retreat held after the Boards in April.		None	I.B.1.b).(3) - a minimum of two peer-selected residents/fellows from its ACGME- accredited program	Residents to provide a resident retreat proposal, which will be held in April, to the MEC meeting held in February 2020.

CLER Pathways Patient Safety	Introduction of Quality Improvement Coordinator: Sylvia Hall, RNC, BSN All members were given a copy of CLER PS Pathway 1 - Reporting of adverse events, near misses/ close calls, and unsafe conditions	Alyssa provides education on adverse events, near misses/close calls and unsafe conditions during orientation for new hires. During the annual skills fair, Alyssa educates all staff on documenting adverse events and why it's so important to report it immediately.	None	I.B.1.b).(4) - the individual or designee responsible for monitoring quality improvement or	Alyssa Tarter to bring patient safety topic spreadsheet to the next GMEC meeting for review and discussion. Alyssa to provide a report for what will be
		During New Hire, Alyssa educates new staff on the 2019 or the following year National Patient Safety Goals, top 10 hazard, technology, and patient safety goals and what we do in the hospital. Alyssa, the Quality team (Kim Randall and Sylvia Hall) and residents involved created a spread sheet to assign patient safety topics to each member to discuss what needs to be done for their topic and what does Ekry recommends. Sylvia Hall discussed the meeting she had with all the residents on quality event reporting and the types of incidents that are considered quality events.		patient safety if this individual is not the DIO or program director I.B.4.b).(9) – responses to Clinical Learning Environment Review (CLER) reports I.B.4 – Reporting of adverse events, near misses/ close calls, and unsafe conditions	discussed next GMEC meeting in August. Alyssa to provide information on adverse events, how does it work and how we manage adverse events. Sylvia to provide a copy of the guidance training for quality events and the screen shots of Risk Qual software. Alyssa and Sylvia to provide training to all residents on how to use Risk Qual to report quality and patient safety events. CLER Pathway 1 to be tabled for next GMEC meeting.
Open Discussions – Aff	filiate Updates				
FAU	None	None	None	None	None

(
TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
				· · · · · · · · · · · · · · · · · · ·		
NSU / CEME – Dr. Janet Hamstra	None	None		None	None	None
FLDOH – Cynthia	Currently updating all	None		None	None	None
Oxley	information in ADS for LMC Family Medicine Program and on the Sponsoring Institution side.	NOTE		NUTE	None	NUTE
Dr. Daniel Padron	Dr. Padron worked with the intern resident during the intern's ED rotation and intern is doing well so far. Dr. Padron also discussed the importance of residents being involved in the community outreach.	None		None	None	None
Dr. Bryan Dawkins	Currently using the Family Medicine Curriculum lectures with Dr. Gunawardene and the residents to further assist in the education and training of the residents during didactics.	None		None	None	None
Dr. Sherida Williams	Discussed the flow of the out- patient OB rotation at the rotation process and asked one of the residents present for feedback on the rotation. Dr. Landeros (PGY-2) stated that the attending are always available and provides great education and training to the	None		None	None	None

TOPIC & PRESENTER	DISCUSSION	RECOMMENDATIONS & ACTIONS	Voting Item	Approved	GMEC Responsibilities	FOLLOW-UP Responsible Parties / Deadline
	residents.					
Dr. Ishan Gunawardene	Dr. Gunawardene state that resident rotation is going great so far and enjoys the patient rounding session with the residents.	None		None	None	None
Meeting Adjourned a Next meeting on Aug	at 2:55 PM gust 22, 2019 at 2 PM					

Hospital Medical Record Statistics Form (Determines compliance with RC.01.04.01 EP 4)

Organization	ID: LAKESIDE MEDIC	AL CENTER City/State:	BELLE GLADE,	FL 33430	 Box #	
This number represents a visits, endoscopy visits, ca outpatient encounter may	Il inpatient records, and car ardiac catheterization visits, be included. Place this nu		re observation visits /isits. No other type	s, ambulatory surgery of ambulatory or		2116
specified within the Medic	al Staff rules and regulation d 30 days. If the Medical S	e number of days within which ns, in Box #2. staff has not defined this value,			2	30
Monthly Delinquency To	otals					
Calculate the total number #2), on the last day of the delinquent on the last day other records such as obs	r of medical records which a month immediately preced of that month, for any reas servation visits, ambulatory isits, if they were included	are delinquent (not completed ing the survey. This is a cumu con. This number represents all surgery visits, endoscopy visits <u>I in Box #1.</u> No other type of a n other words: Most recent	lative number and in inpatient records, a s, cardiac catheteriza mbulatory or outpati	icludes all records stil nd <u>must</u> include ation visits, and	II 3	69
	Box #3, for the mo. preceding the	one in Box #3. This is the month of	July 2019	Place # in Box #4.	4	18
	Box #3, for the mo. preceding the	one in Box #4. This is the month of	June 2019	Place # in Box #5.	5	24
Use instructions for	Box #3, for the mo. preceding the	one in Box #5. This is the month of	May 2019	Place # in Box #6.	6	12
	Box #3, for the mo. preceding the	one in Box #6. This is the month of	April 2019	Place # in Box #7.	7	29
-	Box #3. for the mo. preceding the	one in Box #7. This is the month of	March 2019	Place # in Box #8 🚽	8	24
	Box #3, for the mo. preceding the			Place # in Box #9	9	28
→ Use instructions for	·	one in Box #9. This is the month of	January 2019	Place # in Box #10.	10	29
+	Day #2 for the me preseding the	and in Day #10. This is the marth of	December 2019		► 11	85
		one in Box #10. This is the month of one in Box #11. This is the month of		Place # in Box #11. Place # in Box #12	12	172
Use instructions for	Box #3, for the mo. preceding the	one in Box #12. This is the month of	October 2018	Place # in Box #13	 13	257
Use instructions for	Box #3, for the mo. preceding the	one in Box #13. This is the month of	September 2018	Place # in Box #14 🚽	14	336
Quarterly Numerator Aver	* *			Total Num	erator Avg].
Quarter 1	Quarter 2	Quarter 3	Quarter 4		Total	
Add the numbers in boxes 3, 4,& 5, ÷ 3, and	Add the numbers in boxes 6, 7 & 8, ÷ 3, and	Add the numbers in boxes 9, 10 & 11,÷ 3, and place	Add the numbers in 12, 13 & 14 ÷ 3, ar			
place below in Box #15	place below in Box #16	below in Box #17	below in Box #18	place belo		
15. 37	16. 22	17. 47	18. 255	19.	90	
Completed by: Name/Job Title:		Manager of Health Information		Date: Sept 1, 2019		
numbers are entered into rates. If you would like to	the surveyor's computer. T	sed by surveyors to compute y The computer completes the ca rates in the same way, use the	lculations to arrive a	at your quarterly and t		
Box 15 ÷ Box 1 =	Box 16 ÷ Box 1 =	Box 17 ÷ Box 1 =	Box 18 ÷ Box 1 =	Box 19 ÷		
20. 1%	21. 1%	22. 2%	23. 12%	24.	4%	
The medical record deling Not greater than 50%		the last four quarterly measure lischarge (AMD) rate and no sil			nrough 23) are

Not greater than 50% of the AMD rate but one or more quarterly measurements (Boxes 20 through 23) is greater than 50% of the AMD rate-- the score is 1 -Partial Compliance.

Greater than 50% of the AMD rate (Box #24) but less than twice (that is, 200%) the AMD rate, the score is 0 -- Insufficient Compliance.

	A		В	С	D
	Lakeside Medical Center Medi				
1	Unresolved Chart Deficiencies by Pro	vider - September 1, 20	19		
	Physician		es >30 days	Deficiency Types	Notice Maile
	Abbas, Rahat Abu, Yaw		0	n/a	
	Baldari, Duccio		0	n/a n/a	8
	Barbosa-Rivera, Norma	and the second se	0	n/a	
	Bhattarai, Manoj		0	n/a	100
	Cano, Dalia		0	n/a	
	Chitturi, Srihari	the second s	2	Signature	9/1/2019
	Dawkins, Bryan Doviak, Susan		0	n/a n/a	9/1/2019
	Falestiny, Magdy		2	Signatures	9/1/2019
	Feliciano, Aurelio		0	n/a	
	Foucauld, Jean		11	Signatures	9/1/2019
	Ghazala, Janan		0	n/a	0/1 /0010
	Gunawardene, Ishan Hernandez, Eliezer		2 0	Dictations n/a	9/1/2019
	lftikhar, Asma		0	n/a	100
	Louis, Willine	A contraction of the second	0	n/a	
	Mendez, Antonio	the second se	1	Dictation	9/1/2019
	Morad, Mohamad		0	n/a	9/1/2019
	Moradi, Bijan Ottino, Fernando		0	n/a n/a	9/1/2019
	Panchal, Rishi	and the second se	0	n/a	100
27	Pandit, Sunila		0	n/a	827
28	Perez-Alonzo, Luis		0	n/a	
	Philogene, Allaix		17	Dictations	9/1/2019
	Prendergast, Suzette Samuel, Maritza		0	n/a	
	Samuel, Maritza Samuel, Monique		0	n/a n/a	9/1/2019
	Shah, Neerav	Contraction in a second second second second second	0	n/a	5/1/2015
34	Teplicki, Eric	and the second	0	n/a	1962
	Vedere, Amarnath	the second se	0	n/a	
	Venugopal, Chandra		29	Signatures	9/1/2019
37	Total deficiencies:		64		
39	Physician		es >30 days	Deficiency Types	Notice Maile
	Ackerman, Joshua	and the second se	0	n/a	
	Caravello, John Cardenal, Denise		0	n/a	
	Carlson, Melissa		0	n/a n/a	
	Collins, Glenn	The second s	1	Dictation	9/1/2019
45	Farmer, Ada M.		0	n/a	HCHIN .
	Fern, Steven	and the second se	0	n/a	
	Harding, Patricia		0	n/a	9/1/2019
	Jean-Baptiste, Hans Masse, Patricia		1	n/a Signature	9/1/2019
	Mathews, Chacko	And the second second	0	n/a	9/1/2019
	Mejia, Jose		0	n/a	-1-1
	Melendy, Sasha	The second s	0	n/a	
	Mobed, Darayes	and the second se	0	n/a	100
	Mondesir, Wilkens Morel, Marie		0	n/a n/a	
	Pass, Julie		0	n/a	shits
	Shek, Gilberto	and the second se	0	n/a	
	Teagarden, Dana	the second	0	n/a	9/1/2019
	Tung, Chia-Ling	the state of the s	0	n/a	
	Vazquez, Ramon Walker, Cecile Anne		0	n/a	9/1/2019
	Wilkinson, Hugh		0	n/a n/a	9/1/2019
	Williams, Sherida		0	n/a	5/1/2015
	Winterrowd, Samantha	1	0	n/a	
	Zebrowski, Brian		0	n/a	
66	Total deficiencies:	:	2		
	Pediatric Physician		es >30 days	Deficiency Types	Notice Maile
	Azan, Charles		0	n/a n/a	9/1/2019
	Barroso, Ihosvani Cosme, Yolanda		0	n/a n/a	
	Kowalski, Janet		0	n/a	
73	Kulatanga, Sudhira		0	n/a	9/1/2019
74	Orta Cobo, Manuel		0	n/a	
	Oshier, Joseph		0	n/a	
	Pena, Roman Shipman, Russell		0	n/a n/a	
78	Total deficiencies:		0	Iva	
19	the man state of the second	and the state of the state of the	and the second second	and the second	the second second
	Resident Medical Physician Abouekde, Danny		es >30 days 0	Deficiency Types	Notice Maile
	Adame, John		3	n/a Dictations	9/1/2019
	Barski, Roy		0	n/a	-1-1-2-45
84	Beasley, Quanecia		0	n/a	9/1/2019
	Dusseault, Sonya		0	n/a	9/1/2019
	Espinal, Samuel		0	n/a	
	Landeros, Christal Lepoff, David	and the second data was not as a se	0	n/a n/a	
50	McClain, Anna		0	n/a	
	Parsons, Terry		0	n/a	encos
89		The second se	0	n/a	
89 90 91	St. Prix, kerlan	the second se			
89 90 91 92			0	n/a	
89 90 91 92 93	St. Prix, kerlan			n/a	
89 90 91 92 93 94	St. Prix, kerlan		0	n/a	*Current
89 90 91 92 93	St. Prix, kerlan		0	n/a Pend. Coding Only	*Suspended

ŝ



Pharmacy & Therapeutics Committee Meeting

SUMMARY

August 2019

Medication Variances

- Prednisone missed during medication reconciliation
- Magnesium 2 mg IV ordered, for Magnesium level of 1.3
- Adverse Drug Event
 - None Reported in July

Antimicrobial Stewardship

- DOT 224
- Antimicrobial purchases \$5,821 in July
- No C. Diff or Hospital Acquired Infections (HAI) in July

ISMP Safety

- Look-alike/Sound-alike error
 - o Rocuronium, Metoprolol, Tranexamic Acid
- Outpatient medication reconciliation

Formulary Advisory Update

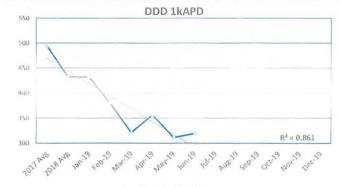
- Cleviprex
- New guideline for Metformin therapy
- Policy/Form Update
 - EMS Crash Cart Content

 Removal of OI needles
- Drug Library Update
 - Labetalol new drug library entry
 - Propofol (Diprivan) added pediatric entry
 - Levaquin added VTBI of 150

Lakeside Medical Center

Antimicrobial Stewardship Dashboard (Baseline data average ASP started 1/1/17)

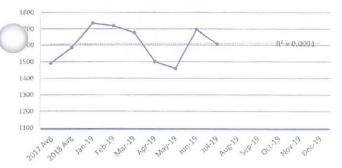
5	2017 Avg	2018 Avg	2019 Avg	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	17-18 ASP Chg		16-17 ASP Chg
CI	0.8	0.6	0	1	1	0	0	0	0	0						-48.28%	-60%	-63%
cDiff (Hospital)	0.1	1.0	0	0	0	0	0	0	0	0						-100%	+1	+1
Avg LOS	4.1	3.4	3.35	3.15	3.52	3.90	3.43	3.49	3.11	2.83						-2.62%	-18.53%	4%
DDD	752	621	464	572.0	493	457	525	418	318	AL NI	1	in an a				-8%	-38.29%	-28%
DDD 1kAPD	494	432	353	431	380	320	356	311	319		to total					-18%	-28.58%	-32%
DOT	312	291	255	310	231	229	274	288	248	224					g time	-12%	-18.27%	-13%
DOT 1kAPD**	206	204	201	234	178	161	186	214	249	201						-1%	-2.21%	-17%
Cost	11459	9547	7221	5426.1	8391	8285	6637	7029	8955	5821			1 22			-24%	-36.98%	-22%
Cost 1kAPD	7508	6665	5759	4092	6464	5810	4500	5234	8982	5230		(Unegli	1 COLL			-14%	-23.30%	-24%
Disp'd	2267	2270	2082	2300.7	2231	2394	2212.5	1959	1692	1787	NO.	The late	14.1957	QUE CAL	Rise.	-8%	-8.15%	-7%
Doses 1kAPD	1490	1585	1628	1735	1719	1679	1500	1459	1697	1606	是是是	的、包括	States.	16.6. 5	A Wish	3%	9.23%	-11%
IV Disp'd	1301	1170	880	1157	995	1044	886	758	661	661	1997-51	8591L	Parties.	12 - 22	1. Sec. 1.	-25%	-32%	-10%
IV Doses 1kAPD	855	813	685	873	767	732	601	564	663	594	IT The	成制規	Service Sol	1074 C	ES AR	-16%	-20%	-5%
1kAPD	1.522	1.432		1.326	1.298	1.426	1.475	1.343	0.997	1.113						-7%	-100%	5%





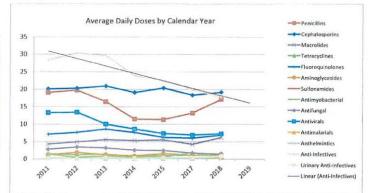




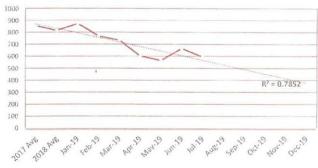








IV Doses 1kAPD





ISMP Alert – Medication Reconciliation Mix-up

When a patient recently visited a hospital clinic, a practitioner was reconciling external medication information available in the patient's electronic health record (EHR) (Epic) via medication history data from Surescripts. Based on Surescripts information, the patient was taking oral Enalapril 5 mg daily. When the patient was asked if she was still taking this medication, she reported that the Enalapril was for her dog. The clinic staff called the patient's community pharmacy, which confirmed that the Enalapril was for the patient's dog.

ISMP Alert – Medication Reconciliation Mixup

Upon further investigation, the community pharmacist noted that it is company policy to use both the pet owner's last name and date of birth when creating a pharmacy profile for a pet. Also, the pet's owner was using a discount card (e.g., GoodRx for Pets

ISMP Alert –Sound-Alike Rocuronium, Metoprolol, Tranexamic Acid

There continue to be complaints about dangerous look-alike labeling of injectable:

Since April, there has been reports about Tranexamic acid vials that look similar to Rocuronium. Tranexamic acid has a green cap but looks similar to the other Alvogen vials once the caps are removed. Also, the color band that lists the product strength may distract one's eyes away from the drug name. These drugs may be stored near one another in critical care areas, emergency room settings, and perioperative areas.

ISMP Alert –Sound-Alike Rocuronium, Metoprolol, Tranexamic Acid (Cont'd)

- Since April 2019 vials of Rocuronium 50 mg/5 mL were found stored in an automated dispensing cabinet (ADC) drawer that normally holds vials of metoprolol tartrate 5 mg/5 mL. Rocuronium and metoprolol vials each have yellow caps and yellow labels.
- Warnings about Rocuronium being a paralyzing agent are included on the side panel, but this critical information could be missed if the drug is stocked in error and thought to be another drug.



Pediatric Crash Cart Non-Pharmaceutical Contents

	PAR	Size	Red	EXP	Size	Purple	EXP	Size	Yello w	EX P	Size	White	EX P
IV Cath 24g	4	24 g	-		24 g			24 g			24 g		
IV Cath 22g	2	22 g	and the	And and	22 g			22 g	0.000		22 g		
IV Start Kits	2	n/a	1	10000	n/a	1		n/a	1.0.2.8.0		n/a		1
Arm Boards	2	6 "Peds	1.1.32	n/a	6" Peds	-	n/a	6 "Peds		n/a	6 "Peds		n/a
J-Loops	2	n/a		n/a	n/a	1	n/a	n/a		n/a	n/a		n/a
O2 NRB Mask	1	Peds		n/a	Peds		n/a	Peds		n/a	Peds		n/a
O2 Cannula	1	Peds		n/a	Peds		n/a	Peds		n/a	Peds		n/a
O2 Sensor	2	Peds			Peds			Peds	Margare 15		Peds		
	1	12			16		-	18			20		
Nasal Trumpet	1	14			18			20			22		
Suction Cath	1	8		1	10			10			10		1
4	1	Neo	-	n/a	Infant		n/a	Infant		n/a	Infant		n/a
BP Cuff	1	Neo		n/a	Child		n/a	Child	NULL FRAME	n/a	Child		n/a
Electrodes	2 packs	Peds	1	Tire	Peds		inca	Peds		TITCA	Peds		100
Oral Airways	2 2	0		n/a	1		n/a	1		n/a	1		n/a
Tape	4	1*		n/a	1"		n/a		-	n/a	1"		n/a
Alcohol	10	each		n/a	each		n/a	each	1	n/a	each		n/a
NG Tube	2	5f & 8f		11/0	8f & 10f		Tira	101		Inci	10f		100
10 ml Flush	4	n/a			n/a			n/a			n/a		
10 111 1030	*1	Ina		-				48G/36			11/24		
IO-Needle	4	48G/3cm	-	-	48G/3cm			m			48G/3cm	-	
IV Cath 24g	4	24 g	1. 1-1-1	the selle	22 g			22 g			ltem	PAR	Ex
	PAR	Size	Blu	EXP	Size	Orange	EXP	Size	Green	EX P	Rotto	m Drawer	
			1. 1.1.21	1									EX
V Cath 22g	2	22 g		1.5	20 g			20 g			Trach Kit	1	
V Start Kits	2	n/a 6 *Peds		ala	n/a 6 "Peds		- nla	n/a 6 "Peds			5fr Cath Yankauer	1	
Arm Boards		and the second sec	1-11-1-1	n/a			n/a			n/a			n/a
J-Loops O2 NRB Mask	2	n/a	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	n/a	n/a		n/a	n/a		n/a	STAT Pads	2	
the second s	1	Peds	-	n/a	Peds		n/a	Adult		n/a	Coban	1	n/a
O2 Cannula		Peds	P = Carl	n/a	Peds		n/a	Adult		n/a	IV Tubing IV Sec	2	n/a
O2 Sensor	2	Peds		NET 1	Peds			Adult	1.00		Tube	2	n/a
	1	22			22			28			Buretrol	1	n/a
Nasal Trumpet	1	22			28			28			Bulb Syr	1	11/0
Suction Cath	1	10	1		10			12			4 x 4 bx	1	n/a
Subtrol Cutt	1	Infant	-	n/a	Infant		n/a	Child		n/a	the second se	yringe Bo	
3P Cuff		Indit		11/0	uncan		11/d	Gilla		11/4	Neeule 5	Quan	EX
	1	Child		n/a	Child		n/a	Sm Adult		n/a	ltem	ť	P
Electrodes	2 packs	Peds		The second second	Peds			Peds			TB syringe	10	n/a
Dral Airways	2	2	Series.	n/a	3		n/a	3		n/a	3 cc	10	n/a
Tape	4	1"		n/a	1"		n/a	1"		n/a	5 cc	10	n/a
	10	each	1.157	n/a	each		n/a	each		n/a	10 cc	10	n/a
Alcohol		12f &14f			14f & 16f			14f & 16f		10.01	18 g needle	10	100
Alcohol NG Tube			Transfer Links	and the second	111 0 101			and the second state of th			Strength and and With the strength and the strength of the str		
NG Tube	2	and the second s	1		n/a			I n/a			Tourniquet	2	n/a
the second se	4	n/a			n/a			n/a 18G/3c			Tourniquet	2	n/a
NG Tube		and the second s		-	n/a 48G/3cm	-	-	n/a 48G/36 m	-	_		2	

When Opened: Place Patient Label Here

1

1

Pediatric

Adult

Date Opened:

Unit Cart From: _____

Cart placed in pharmacy stock area by: __

Reviewed Dec 2018

Clinical Validation: All Report	
MDL Version:	8.1.1
Library Name:	Lakeside - 15Aug19
Creation Date and Time:	May 30, 2006 12:00:00 AM
Saved Date and Time:	Aug 15, 2019 07:01:50 PM
Deployed Date and Time:	Never Deployed
Drug Library Version;	0
Last Verifier.	This library has not been verified
Total Care Areas:	4 (max of 32)
Total Drugs:	252 (max of 5000)
Total Modifiers:	14 (max of 500)
Total Advisories:	50 (max of 400)
Keypad Lock Code:	429
Wastess Configurations:	
Library Check Interval:	
-Pump ON	Continuous
-Pump OFF (AC)	6 hr
-Pump OFF (no AC)	N/A
Location Interval:	
-Pump ON	N/A
-Pump OFF (AC)	N/A
-Pump OFF (no AC)	N/A

Care Are	ea: Lake	side Jar	12018						_		
Patient Weight Lower Hard Limit	Patient Weight Lower Soft Limit	Patient Weight Upper Soft Linvi	Patient Weight Upper Hard Limit	BSA Lower Hard Limit	BSA Lower Soft Linic	BSA Upper Soft Linvi	65A Upper Hard Limit	Require Weight/BSA Value Confirmation	Keymad I acl	Downstream Occlusion Pressure Default Setting	Printing Drug Volume in (mL) Care A
								01	3	1/edum	1

Continuous	Drucs

Continuous Drugs					Conces	uration <u>.</u>					Rete				_				Batas				Las	ding Dase											
Drug Nadišer	Drug Antiount (mL)	Cana. C	ono esnt	Lower Hard Linst	Graner Sont Limit	Upper Soft Limit	Upper Hard Limit	lose l lode	.ovver Harð Limit	Lower Saft Limit	Starting Rata	Upper Soft Limit	Hard Hard Limit	(mL)	Delivery Bag	SECONZE	Units: Amoun Tiene	عمدانا أه	Sent An Limit	ning Upper Satt ound Limit	Upper Hard Limit	Lower Lo Hard S Unsit L	wer Start oft Arno	ng Uppe Sott Limit	Upper Hand Limit	Single Silsp Rate Increase		near		Upstream Occlusion Alarm Suspensio	Rate		Advisory Name	Lakesise Jan 2018	USC Adultin
Do not use	1 mg 1	1 montil m	gimL.	- 1	-	-		ni./hr	1				1	1	PMS	Optional	T .	1	Boks H	Alowed b			eading D	ose Not Alk	wed	101%	Pump	Purr	ρ Ρυπρ	07	1	01		X	

	BASIC			_					Reto									Bolus			Loss	ing Doug											
	Drug	Modifies	Drug Amount	Doverst Volume (mi.)	Conc.	Dose Mode	Losve Hard Linix	Lower Soâ Linit	Statistics	5 A B	Upper Hard Limit	VTBI (mL)	Deivery Bag	Secondary Calback	Units: Amoun Time	Lower Hard Limit	Lonver Seh Limit	Starting Amount	Upper Soft Limit	Upper Hard Limit	Lower Lower Hard Soft Ar Limit Limit	arting Upper Uppe Soft Hand Limit Limit	Single Step Rain Increase	Audio Level Alarma	Bag Neur Erricty Alarm	Completion Alarms	Upstream Occlusion Alarm Suspension	121421	Bin	talarakte Jan2018		LMC Neoratai	LMC Pecatic
Γ	BASIC			User Settable	Uner Settable	User Selectable	0.5 mL/hr		-	-	SS9 mL/frr	User Sottable	PerS	Never	mi, nárse	0.5	-	-	•	1000 63.00	Loading Do	se Not Alkowed	101%	Pump	Ритер	Репр	On	1	¢1	×	x	x	x

¹ Available Dose Modes in BASIC include: mL/hr, mL/kg/min, mL/kg/ni, grams/hr, mg/hr, mg/kg/hr, mg/min, mg/kg/day, mcg/hr, mcg/kg/hr, mcg/kg/min, mcg/kg/min, mcg/kg/day, ng/min, ng/kg/min, Units/hr, Units/kg/hr, Units/kg/min, Units/kg/hr, mcg/kg/min, mUnits/kg/min, mEq/kg/hr, mmol/hr, mmol/kg/hr

Care Are	ea: LMC	Adult_										
Patient Weight Lower Hard Limit	Patient Weight Lower Soft Limit	Patient Weight Upper Soft Limit	Patient Weight Upper Hand Limit	BSA Lower Hard Limit	BSA Lower Soft Link	BSA Upper SoftLim#	BSA Upper Hand Limit	Require Weight/85A Value Continuation		Downstream Octubion Pressure Default Setting	Volume	Drugs in Care Area
30 kg	40 kg	150 kg	345 kg					Co	Off	Medium		153

Contineous Drugs							Conce	nón San					Rele					_		Ba	hu:				Losa	ng Dose							
Drug	Modifier	Drug Amount	Dilvent Volume (mL)	Cone.	Conc. Units	Lowe Hard Limit	Sott	Upper Soft Limit	Hard	Dose Mode	Lower Hard Limit	Lower Soa Limit	Starting Rate	Upps Soft Limit	t Uppe Hard Linzt	VTB (mL)	l Dekror) Bag	Secondar Caliback	Units Amour Time	Lower Lower Hard Solt Unit Limit	Startin Amaian	UpperUpp Soft Han Limit Lim	er Lowe d Hard it Limit	r Lowe Son Lint	Starting	Upper Soft Limit	Upper Hard Limit	Single Stop Rate Increase	Audio Level Alama	Bag Near Empty Alarm	Completio Alarms	Upstream Occlusion Alarm Suspensio	Rate
Alburrin		-	•	mL mode	-	•		-	•	mL/hr		12.5	- 6 0	60	1	T	Pors	Cofonal		Beau	s Not Al	hawad		ູ່ໂດຍ	ding Dot	se Not Allowed	6	101%	Nedust	Cя	0/1	<u>On</u>	1
Atteplase (IPA)	Stroke			ting/mL	ragini,	ŀ	. 1	•	•	តាណែ	15	భ		81	81		Pers	Optional	mL min	Botu	s Not A	lowed		3		9 1	9 1	101%	Punp	Pump	Pump	On	1
Adoptase (VPA)	PE	100 mg	100	1 mp/mL	mg/mi_	•		•	•	mUhr	50	50	50	\$0	50	100	Pass	Never		Boiu	a Not A	brwed		Los	ding Dos	te Not Allower	d	101%	Plana	Pump	Pump	On	1
Amiliasin	-	1 •	1 -	mi_moda	-	•		•	•	nd,Lm		50	220	250	\mathbf{T}	Г	PerS	Optional		Bota	s Not A	Sowed.		Los	ding Des	e Not Allowe	4	101%	Pump	Pump	Ритр	On	1
Aminophyline Orip		500 mg	500	t rog/mit	mg/mL	- 1		•	•	ingikginr		0.2	r	1.2		5.00	P no 5	Never	T	Botu	s Nat A	Towed		Loa	ding Dec	a NotAllows	3	101%	Pvap	Pump	Pump	On	T
Amphotericin B		1 -	· ·	mL mode	•	- 1] -]	-	-	កាហិព		10		125	Τ	500	Pors	Optonal	1	Boke	s Not A	lowed		Los	ding Des	te Not Allowe	4	101%	Medium	OT	01	Qn	1 1
AMPloitin		29	100	0.02 of TL	9/mi	. •	-	-	-	ஸ./hr		100	200	200		100	Pors	Optonal		Bolu	s Not A	lowed		Loa	ting Des	Not Alleren	đ	101%	Punta	Punp	Pump	On	1
AMPlatin		19	100	0.05 pmL	g/mL		-	-	- 1	mL/hr		100	200	200		100	PerS	Optional		Bok.	s Not A	Rowed		Loa	ding Des	A Not Allower	<u>d</u>	101%	Medium	Off	01	On .	1
Ancel (celAZOLIN)		2g	100	0.07 g/mL	pini.	1.	ŀ	-		mUhr		50	200	200		50	Pors	Opfortal		Bolv	s Not Al	lowed	1	(ca	ding Dos	se Not Allower	<u>a</u>	101%	Pump	Рипр	Punp	Ca	11
Ancel (cetAZOLIN)		19	50	0.02 g/ml.	atm.	1 -	17	•		mL/hr		50	100	100		50	PerS	Optional		Bok	s Not A	liseed	1	Lea	ting Dos	se Not Allowe	ৰ 🗌	101%	Ритр	Pump	Purro	On	1
Ancel (celAZOLIN)		500 mg	50	10 mp/ml.	ma/mi	-		-	•	mUhr		50	100	100		50	Pors	Optional	1	Bołu	s Not A	fowed		Loa	ding Dos	e Not Allowed	d	101%	Meduat	Off	01	On	11
Argatroban		250 mg	250	1 ពាននោះ	ಗ್ರಾಚಾಗ್ರ	1 -	1.	-	- I	າກດອຸປະອຸລາກາສາ		0,1		10	12	250	PasS	Never	1	Bohu	a Not A	Koved		Los	ding Des	e Not Allower	d	101%	Ритер	Ритр	Ριπφ	On	1

Churcal Validation: All Aug 15, 2019 07:16:27 PM

Aiivan Drip	Non-Weight-Base Ralo		1	0.1 mg/ml.	mg/mL	1 -	· ·	•	۱.	mg/hr	0.05	0.2	1	6	10	400	Pro 5	Never	ាថ្ន ក្រភា	0.05	5 10	Loading Dose Not Nitwood	101%	Ритр	Pump	Pump	On	[1
Ατίναση Ο πίχο	Whight-Base Rate			0.1 motril	mafari.	1.			<u> </u>	msikaäır	0.005	0.01	0.01	0.1	0.1	400	ProS	Nover	πġ	0.05	5 10	Losding Dase (lot Allowed	101%	Բեւութ	Pama	Pump	On	
Azacter		20	100	0020mL					<u> </u>	nd_fhr		50	100	100				Öptionat	min	Bolus Hot Aller	1 1	Loading Done Not Allowed		Purpa	Pump	Pump	0n	h
Aractam		2g 1g	100	0.01 pmL	ըտու ըհու	÷		+÷-	H-	mum muhr	<u> </u>	100	200	200		100	PerS	Optional		Bokus Hot Alley		Loading Date Not Allowed		Purro	Рытр	Рипр	On	+÷
Baction > 240 mg		-	- <u></u>	mi mode	-	1.	1-		F÷-	mLittr		167	333	333			PerS	Optional		Bolus Not Alley	140	Loading Done Hot Allowed		Mexim	011	Off	0n	TT.
Bactrim 61 - 240 mg			· ·	mL mode		1	1-		h	mL/ar		167	167	250		250	Pors	Optional	i	Bolus Hot Allen	wed	Loading Dose Not Allowed	101%	MacGum	Off	C/#	Qa	1
Bactains to 80 mg	1		-	mi moda		1		•		mt_hr		167	250	250			PerS	Optional		Bokes Not Allon	wed .	Loading Dose Not Allowed	1015	Medium	Off	04	0n	1 1
Blood (FFP)				mi, mode	•	-			-	mLfhr							P no S	Never		Bolus Not Alian		Loading Date Not Allowed		Маскит	01	Off	On	1
Blood (PLTS)		·		mi, mode	-	÷	Ŀ		Ŀ	nLihr							ProS	Never		Bolus Not Alley		Loading Dose Not Allowed		Mediune	CN1	10	0a	1
Sloed (RBC c)	ļ		<u> </u>	mi moda	<u> </u>	-	<u> </u>	-	<u> </u>	ការរាំដ				ļ			PnaS	Naver		Bohrs Not Aller		Loading Dase Not Allowed		i,section:	07	04	17n	1
Blood (whole)	<u> </u>		、 ()	mL mode			<u>↓</u> ·	<u> </u>	Ļ.	mL/nr	<u> </u>			<u> </u>			PnoS	Never	}	Botus Nat Allow		Loading Dose Not Allowed	101%		CHF		On	11
Burnex Drip California	<u> </u>	25 mg 500 mg	100	0.25 maint	mg/mL	+-		÷	l-	mL/hr mL/hr	· ·	2	099	999			PreS	Nover Optional		Bolus Not Allon Bolus Not Allon		Loading Dose Not Allowed Loading Doce Not Allowed	101%	Pump	Off Pump	Pump	On On	++
CHQENE Drip		25 mg	250	0.5 mg/ml.	mghni. mghnil	+		<u> </u>	+÷-	ាណា	1	s	627	15			P no \$	Never		Bolizs Not Allon		Loading Dose Not Allowed	101%		Punto	Pump	- On	+
CerDENE Drop		20 mg	200	01 motorL	maimi		<u>├</u>	<u></u>	t-	muhr	1	5		15	20	_	PaoS	Never		Eolus Not Allen		Loading Dose Not Allowed	101%	Pump	Pump	Pump	- On	1
Card/ZEM Drip		125 mg	125	i mg/ml	mg/arL	1 -	.	•	<u> </u>	mg/hr	1	25	5	15			ProS	Hover	<u> </u>	Bolus Not Alba		Loading Dose Not Allowed	101%	Madum	01	Off	On	1
Cleasin (CUI(DAmycia)		900 mg	50	18 mg/mt.	mg/ml	1 •	1-	-	1.	ni./br		వ	50	50	1	50	Pers	Optional	(Bolus Not Alien	wed	Loading Dose Not Allowed	105%	Medician	CH .	Oll I	Çn	1
Cleanin (CLINDAmyota)		600 mg	50	12 mg/mL	ang/mil	ŀ.	1 -	-	Ŀ	mL/hr		50	100	100		50	PerS	Optional		Bohrs Not Allon	med	Loading Doce Not Allowed	_	Medum	QR	011	Q:1	1
Cloccia (CLINDAmycin)		300 mg	50	6 ಗ್ರಾಣಿಗಳು	mg/mL	-	<u> </u>	•	L.	ាៅ/hr		ß	100	100			PerS	Optional		Solvs Nat Allen		Lozding Dase Not Allowed		Medium	0f	08	On	1
Cordatone Bolus		150 mg	100	15 mg/mL	mg/mL	<u> </u> .	Ļ.	-	÷	miller		100	600	600	600	100	PnoS	Never	<u> </u>	Behrs Not Allen		Loading Dose Not Allowed	101%		01	<u>01</u>	0n	1
Cordarone Drip	<u> </u>	450 mg	250	t.0 mg/mL	mgimi.	<u> -</u>	<u> </u>	-	Ŀ	mL/hr	2	16.7	333	333			Pno\$	Never	{	Bokus Not Alton		Loading Dose Not Allowed		Modern	0#	01	01	
D10W D5W+KCI	<u> </u>		<u> </u>	mL mode mL mode		+÷	÷		<u> </u>	rnLinr mLinr	↓				250	1000	Pro S Pw S	Never		Bolus Not Alton Bolus Not Alton		Loading Dose Hol Allowed Loading Dose Not Allowed	101%	Keđum Heđum	Off Off		On On	5
DSW 1/2NS + KCI	<u> </u>		÷	mL mode		┼╌	1-	+	+÷	សាររាព សៅរវិកា				┝──	┝─┦		PWS	Naver	<u> </u>	Bolus Not Alley		Loading Date Not Allowed		Medium		Off	<u>On</u>	5
DSW 1/2NS	1		<u> </u> .−	mLmade		1.	†÷		t÷	mum				<u> </u>	1-1		PWS	tiever	<u> </u>	Bolus Not Alim		Loading Dose Not Allowed	1014		07	0.1	- On	Ťŝ
OSW 10NS + KCI			<u>i -</u>	mL mode		+			f	anLinr	<u> </u>			f	(I		Pws	Never		Bolus Net Alley	wed	Loading Dose Not Allowed	101%		OF	07	Qn	5
DSW 1/4NS + KCI		-	1 .	mi, mode		1 -	<u> </u> -	-	1-	mL/hr						1000	PwS	Never		Balus Not Allen	wed	Leading Dose Not Allowed	101%	Lecium	Cff	011	Cn	5
DSW 1/4NS	1	-		mLmoda	-	1 -	1.	-	1.	mUhr				<u></u>		1000	PwS	Never	1	Botus Not Allon	wed	Loading Dase Net Altared	101%	Liedum	OH	Off	Co	5
OSWLR		-	T ·	mL mode	· ·			ŀ	Γ.	mLfar						1000	PWS	tiover	L	Boturs Not Allo	wed	Loading Dose Not Allowed		Madeum	o#	140	Qn	5
DSWINS + KCI		<u> </u>	<u> </u>	mit mode		1	Ē	<u> </u>	l.	mLfar	(<u> </u>		PWS	tiever	Į	Bokus Not Alice		Loading Dose Not Allowed		Medium	Cit	CAT	On	5
05W1IS	ļ	-	:_	ml.mode	_ · _		<u> </u>	-	Ŀ	mLâr						1000		tiqver		Bours Not Allon		Loading Dose Hat Allowed	101%	Medium	08	04 04	On On	5
05W Diducan	<u> </u>		ŀ·	Init mode		<u> </u>	┼╌	<u> </u>	÷	mLfnr		11		<u> </u>		1000	Pws	Never		Bolus Not Aller Bolus Not Aller		Loading Dose Not Allowed	101%	Nedium		Pump	On On	5
DiGucan		(0)		2 mg/mL		+	Ŀ	<u> </u>	┢╌╍	militer	<u> </u>	50	100	100		200	PerS PerS	Optional Optional		Bohrs Not Aller		Leading Dose Not Alizand	101%	Pump	Рите Рите	Γιαφ Συπφ	- Ca - Ca	++
Diaxaa	<u> </u>	400 mg 200 mg	200	2 mg/mL 2 mg/mL	mg/mi.	+	÷	 ·	ł÷	mL/hr mL/hr		25	100	100						Bolus Not Alig		Loading Dose Nat Allowed		Mechan	0.7	Off	On	+ +
Difucan		100 mg	50	2 mg/ml	mg/mL	1 -	1-	-	t÷	mL/hr		25	50	100		50	PerS	Optonal	1	Boks Hol Alto		Loasing Dose Not Allowed	101%	Ρυπφ	Рилтр	Pump	On	17
Dipdvan (Propofel)				10 mgAnL	motori		1	h	†÷	mcg/kg/min	0,01	5	5	52	100		Pass	Nevet	┼───	Bokes Not Alter	wed	Leading Desa Not Allowed	1015		07	01	<u>Ón</u>	1
DOBUTarrine	1	250 mg	250	1 mg/mL	mg/mL		\mathbf{T}	-	Ť٠	mcg/kg/min		25	2.5	40	50	250	PaaS	Never		Botus Hot Alio	wed	Loading Dose Not Allowed	101%	Medium	OT	Off	On	1
DOPamine Drip (Adult)		600 mg	250	3.2 mpmL	mg/mL	1 .	[·	•	T -	mcg/kg.min	0,01	1	3	20	50	250	PnoS	Never		Bokus Not Altor	wed	Loading Dase Not Allowed	101%	Macium	30	0#	Cn	1
Daxycycline		100 mg	100	1 mg/ml,	moral	Ţ.	ŀ	Ŀ	ŀ	ունիլ		8	100	100		100		Optional		Bolus Not Allo		Loading Dose Not Allowed		Necture	04	011	0n	1
Dexycycline	L	200 mg	250	0.8 mptmL	mant	<u></u>	<u>ا ا</u>	<u> </u>	<u> </u>	mLihr	<u> </u>	100	125	125		250	PorS	Optional	ļ	Bolus Not Afor		Loading Dose Not Allowed		Medium	64	07	Сп	1-
Epidural			<u> · ·</u>	mL mode	<u> </u>	᠆᠆	L-	-	ŀ	mL/hr	1_1_	5	14	18	-	192	P no S	Never	<u></u>	Botus Nat Aller		Leading Dose Not Allowed		Medium	8	05	Qn	+ 1
EPinephine mostain	1	1000 mcg	250	4 mcc/mL	mag/mL	1 -	1 -	-	} -	mcg/min	0.05	11	2	10	15	250	PaoS	Never]	Belus Not Allo	bew	Loading Dose Not Allowed	101%	Medium	0#	Off	On	1
EPipephrine with based	1	1000 mcg	250	4 mog/ani.	mogrant	1 -	1.		1.	mcg/kg/min	ţ	0.01	0.01	1	2	250	P no 6	Never	1	Botus Not Ale	wed	Leading Dose Not Allowed	101%	Pump	Pump	Pump	0s	
ERYTHROmycin		500 mg	150	3.33 momL	motaL	•	÷		1	mL/hr		100	150	150		150	PorS	Optonal		Behrs Not Allo		Loading Dose Not Allowed	101%	Ритр	Pamp Pamp	Pump	Çn	1
ERYTHROmycin		200 mg	100	2 mg/mil	mg/ait	$\mathbf{l} \cdot$	-	-	1	ក្សារូប		100	100	\$00		100	P or 5	Optional		Bolus Not Alla		Leading Dose Not Allowed	101%	Mediam	C4	01	Ons	1
Esmolol Drip	<u></u>		<u> </u>	10 mg/mL) ៣ឆ្លូវអង្គ	1.	ŀ	-	<u>l</u> .	mcg/kg/min	1	25	50	300			P no S	Never]	Bolus Not Allo		Loading Dose Not Allowed	1015	Madure	8	01	Qn	11
Festanyl Orlo	Vivight-Base Rate		l I	10 mopimi.	mso'mi.		1.	-	·	mcg/kg/hr	0.01	0.4	0.5		13	125	PnoS	Hever	incg fran	10	100 250	Loading Date Not Allowed	\$01%	Pump	Ритр	Pump	On	1
Fentanyl Drip	Non-V/eight-Base Rate	<u> </u>	1	10 mog/mL	mostral	1.	1.	1.	1.	mcgភាr	5	t	50	300	500	125	P no \$	Haver	mog		100 250	Loading Dose Not Allowed	101%	Pump	Ρυπα	Рилар	On	1
Farrioch	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	125 mg	100	1,25 rog/mL	mgfmL	+-	+	 .	+	mUfir		50	100	200	\vdash	<u> </u>	PerS	Optor al	6727	Bokrs Not Also		Loading Dose Net Alewed	101%	Medium	Off	- 01	On	+
Farriecit	<u> </u>	250 mg	250	1 motrol.	molai-	+-	†÷	<u> </u>	<u>} -</u>	mUhr	<u>+</u>	50	100	125			PerS		1	Bokes Not Aller		Loading Dose Not Allowed	10155		0*	011	0n	†
Femlecit	i	25 mg	50	0.5 mg.tmL	mg/mL	1 -	1	<u> </u>	1.	muhr	<u> </u>	25	50	200				Optional	1	Boius Not Alto		Lazding Dose Not Allowed	101%		NO	01	On	TT.
FLAGYL(Metoridamia)			<u> </u>	mL mode		- 1	1	- 1	Ŀ	mUm		50	100	300			PerS	Optional	L	Boxes Not Aller		Lozong Dose Not Allowed	101%		01	190	Cn	T
Fortaz (CerTAZIDINE)		1	<u> </u>	mt mode	L	-	1	•	1.	ndukm		50	100	100				Optional		Bokes Nat Alle		Loading Dose Not Allowed	101%		_0#	সো	Cn	17
GENTAnicin <= 200 mg			1 -	mL mode			ŀ	•	1.	mi/hr		50	150	100				Optional	ļ	Bokus Not Alfo		Lauding Date Nat Allowed	101%		02	07	On	1
GENTAmicin > 200 mg	·			mL mode	<u> </u>	1:	<u>ا</u>	<u> </u>	<u>+</u>	mUhr	1	100	200	200	Į		PerS	Optional	11.5.1	Boars Not Alion		Leading Dose Not Allowed	1	Median	01	Off.	On	1-
Hepanin Drip	High Dose (PE/OVT)	25000 Units	250	100 Unitatini.	ปกระกระ	1 -	1.	- 1	ŀ	Units/kg/tsr	2	10		30	40	250	PnoS	Naver	Unitaki min	s 30 40 3 4	80 80 8 8	20 33 60 63 2 3 8 8	10;5%	160.00	Of	OH	On	1
Hepatin Drip	Low Dos4 (Cardiac)	25000 Units	250	100 Units/ml	Unitahal	1.	1.	-	1.	Units/kg/hr	2	10		30	40	250	P no S	Never	Uni±Aq min	10 15	30 80 3 6	10 15 63 60 1 2 6 6	101%	Pump	Pucha	Ритр	On	1
Integratio Non-Recal	Vitiosa than 121 kg	75 mg	100	0.75 mg/mL		+.	┢	-	1.	mcg/kg/min	2	2	2	2	2	100	ProS	Never	moging	Bohn Not Allo		90 180 180 180 180	101%	Pump	Pump	Pump	On	1
<u> </u>	Wimen than \$121 kg		100			1-	<u> </u>	<u>-</u>	<u>+-</u>		20	20	20	20	20	<u> </u>			rrin mL	Bolurs Not Aller		20 20 20 31 32	101%	Pump	Pump	Pump	 Qn	$\frac{1}{1}$
Integreiin Non-Renal	<u> </u>	75 mg		0.75 mg/mL	engisiL	<u> </u>	<u>↓ </u>	Ļ.	<u>├</u>	mUhr	20	<u> </u>		┾—		100	PnoS	Never	83 m					<u> </u>	·			+
integrelin Renal	Withess than 121 kg	75 mg	100	0,75 mgAni,	mgtmil	╞╌	┟╌	<u> </u>	<u> </u>	mcg/kg/min	<u>}</u>	<u>'</u>	1	<u> '</u>	Ľ	100	PnoS	Nover	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Balus Not Ario		1 2 2 2 2	101%	Medium	01	01	Cn	┝╧
Integralin Renal	Vit more stata =121 kg	75 mg	100	0.75 mg/ml.	eng/enL	ŀ	Ŀ	-	Ŀ	mUter	10	10	10	10	10	100	PnaS	tieves	mi. min	Bolus Not Allo		2 2 2 2 2 2	101%	Pump	Pump	Pump	Çn.	11
invata	<u> </u>	10	50	0.02 g/ml.	gtnl.	1 -	Ľ.	•	<u> </u>	mL/hr		50	100	100		L	PorS	Optional	1	Betus Not Allor		Loading Dose Not Allowed	101%	Ρυσφ	Putto	Pump	On	<u>+</u> <u>+</u>
lman:	<u> </u>	500 mg	50	10 mg/mL	mgAmL	╓	<u> </u>	<u> </u>		mUhr	.	50	100	200	╁╍╍┥			Optional	-	Balus Nat Alle		Loading Dose Not Allowed	101%	Medium	Off	0 <u>4</u>	Qn Qn	+
Kapora	L	10	100	0.01 g/mL	cfmL		•	•	L -	ពារីហ៊ាវ	ł	200	400	400		100	Pors	Optional	I	Selus Not Allo	seed.	Loading Dose Not Allowed	101%	Pump	Pump	Pump	Un Un	

cal Validation: All Aug 15, 2019 07:16:27 PM



Keppra		500 mg			mg/mL	-	-	•		mL/hr		200	400	400	_			Optional		Bolus Not Allowed		Loading Dose Not Allowed				Pump	On	+
Labetalol		100 mg	100	1 mg/mL	mg/mL	-			•	mg/min	0.25	0.5		2	20.00	11000	P no S	Never		Bolus Not Allowed		Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	-
Lasix Drip		240 mg	48	5 mg/mL	mg/mL		•	•		mg/hr	10	20		_	_		P no S	Never	_	Bolus Not Allowed		Loading Dose Not Allowed	101%			Pump	On	-
Levaquin		750 mg	150	5 mg/mL	mg/mL	-	•		-	mL/hr	50	100	100	_	_			Optional		Bolus Not Allowed		Loading Dose Not Allowed			Pump		On	+
Levaquin		500 mg	100	5 mg/mL	mg/mL				-	mL/hr	50	100	100					Optional	_	Bolus Not Allowed		Loading Dose Not Allowed		Medium		Off	On	_
Levaquin		250 mg	50	5 mg/mL	mg/mL	•		(+)		mL/hr	50	50	50		100	_	P or S	Optional	_	Bolus Not Allowed		Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	+
Levophed Drip		16 mg	250	0.064 mg/mL	mg/mL	-	•		-	mcg/min		2	4	12			P no S P no S	Never		Bolus Not Allowed Bolus Not Allowed	-	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	-
Levophed Drip		8 mg	250	0.032 mg/mL	mg/mL	•	•		·	mcg/min		2	4	12		250	PnoS	Never	-		1 000	Loading Dose Not Allowed	101%	Medium	0#	Dff	On	+
Lidocaine Drip		2.9	500	0.004 g/mL	g/mL	2.00	× 1			mg/min		1	1	4	8	500	PorS	Optional	min	30 40 150 2 3 10	300	Loading Dose Not Allowed	101%	Medium	Off	Off	On	
LR		-	1.40	mL mode		-	-			mL/hr	1					1000	PwS	Never		Bolus Not Allowed	8	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1
MAGnesium OB 4gm		4 g	100	0.04 g/mL	g/mL		-		¥.,	mL/hr	25	100	200	200	300	100	PorS	Optional		Bolus Not Allowed	· · · ·	Loading Dose Not Allowed	101%	Medium	Off	Off	On	1
MAGnesium OB Drip		20 g	500	0.04 a/mL	g/mL					g/hr	0.05	1	2	4	6	500	PnoS	Never	9	Bolus Not Allowed	5	1 2 4 6 6 30 30 30 30 30 30	101%	Medium	Off	Off	On	T
an concentration of a conp									-	-	1.010.01		25					1223.55	min	Bolus Not Allowed				100000	197401			+
MAGnesium		40	100	0.04 g/mL	g/mL	-	•		-	mL/hr	10	25		50			P or S P or S	Optional Optional		Bolus Not Allowed Bolus Not Allowed		Loading Dose Not Allowed		Pump	Pump	Pump	On	+
MAGnesium		2g 1g	50	0.04 g/mL 0.02 g/mL	g/mL g/mL	-	•		-	mL/hr mL/hr	10	25 25	25 50					Optional		Bolus Not Allowed	_	Loading Dose Not Allowed Loading Dose Not Allowed		Pump	Pump	Pump Pump	On	+
Manitrol Drip		100 g	500	0.2 g/mL	g/mL	-		-	-	mL/hr	10	25	100	300	50	_	PnoS	Never	-	Bolus Not Allowed		Loading Dose Not Allowed		Madium	Off	Off	On	+
Maxipime (Cefepime)		20	100	0.02 g/mL	g/mL		-		-	mL/hr		100	200	200			PorS	Optional		Bolus Not Allowed		Leading Dose Not Allowed	101%	Pump	Pump	Pump	On	-
Maxipime (Cefepime)		1 g	100	0.02 g/mL	g/mL				-	mL/hr		100	200	200		-		Optional		Bolus Not Allowed	-	Leading Dose Not Allowed		Pump		Pump	On	-
Maxipime (Cefepime)		500 mg	50	10 mg/mL	mg/mL				-	mL/hr	-	25	100	100				Optional		Bolus Not Allowed	-	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	+
Matipime (Celepime)		2 g	100	0.02 g/mL	a/mL	-		-	-	mL/hr		50	100	100				Optional		Bolus Not Allowed		Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	+
Mefoxin		10	50	0.02 g/mL	g/mL g/mL				-	mL/hr	-	50	100	100				Optional	-	Bolus Not Allowed		Leading Dose Not Allowed		Medium	Off	Off	On	+
Merrem		2.9	100	0.02 g/mL	g/mL	1 .				mL/hr		25	33	200		the second second		Optional		Bolus Not Allowed	-	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	+
Merrem		10	100	0.01 g/mL	g/mL					mL/hr		33	200	200				Optional		Bolus Not Allowed		Loading Dose Not Allowed		Pump		Pump	On	+
Merrem		500 mg	50	10 mg/mL	mg/mL	-		12		mL/hr		17	100	100				Optional		Bolus Not Allowed	1	Leading Dose Not Allowed	101%			Pump	On	
	1										0.6	-	-	10	20				mg	10	25		101%			Pump	On	1
Morphine Drip		50 mg	50	1 mg/mL	mg/mL	1		1		mL/hr	0.5	1	2	10	20	-	P no S		mg min		1	Loading Dose Not Allowed		Pump	Pump		1.1.1	+
Neosynephrine Drip		40 mg	250	0.16 mg/mL	mg/mL				1	mcg/min		40		180	_		PnoS	Never		Bolus Not Allowed		Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	
Neosynephrine Drip		10 mg	250	0.04 mg/mL	mg/mL	-	× .		•	mcg/min		40		180	_		PnoS	Never		Bolus Not Allowed	<u> </u>	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	+
NitroGLYCERIN Drip		50 mg	250	0.2 mg/mL	mg/mL	-		-	-	mcg/min		4	5	200		250	PnoS	Never	-	Bolus Not Allowed	1	Loading Dose Not Allowed	101%	Medium	Off	Off	On	_
Novolog Drip	Non-Weight-Base Rate	100 Units	100	1 Units/mL	UnitaimL	-	•		•	Units/hr	0.5	1		30	50		P na S	Never	Units	1 1	-	Loading Dose Not Allowed	101%	Medium	011	Off	On	\perp
Novolog Drip	Weight-Base Rate	100 Units	100	1 UnitsImL	Units/mL	- × -	-	- 200	а. 1	Units/kg/hr	0.01	0.05	0.1	0.2	0.25	- C - C - C - C - C - C - C - C - C - C	P no S	Never	Units	1 1	1	Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	
Oxytocin Drip		30 Units	500	0.06 Units/mL	Units/mL	-	-	1.	1	mUnits/min	0.5	1	2	20		500	P no S	Never		Bolus Not Allowed		Loading Dose Not Allowed	_	Medium	Off	Off	On	1
PENIcilin GK		100		mL mode		-	· ·		-	mL/hr		50	100	100		_	P or S	Optional		Bolus Not Allowed		Loading Dose Not Allowed		Medium		Off	On	_
Pentam			1.1	mL mode	*		-			mL/hr		200	250	250			PorS	Optional		Bolus Not Allowed		Loading Dose Not Allowed		Medium		Off	On	-
Pepcid (Famotidine)		20 mg	50	0.4 mg/mL	mg/mL	-		-	•	mL/hr		50	100	100			PorS	Optional		Balus Not Allowed	_	Loading Dose Not Allowed	_	Medium		Off	On	-
Potassium Chi Bolus		20 mEq	100	0.2 mEq/mL	mEq/mL	-	•	100		mL/hr	25	25	50	100	100					Bolus Not Allowed		Loading Dose Not Allowed		Medium	Off	Off	On	-
Potassium Chi Bolus		10 mEq	100	0.1 mEq/mL	mEq/mL	•	•			mL/hr	25	25	100	200	_	-	PorS	Optional		Bolus Not Allowed		Loading Dose Not Allowed	101%		Off	no.	On	-
Precedex (Dexmedet)		200 mog		4 mcg/mL	mog/mL					mcg/kg/hr	0.05	-	0.1	-			PnoS	Never		Bolus Not Allowed Bolus Not Allowed	-	Loading Dose Not Allowed		Pump Pump		Pump Pump	On	-
Precedex (Dexmedet.)		80 mcg	-	4 mcg/mL	mcg/mL		-	150		mcg/kg/hr	0.05		0.1		-	_	PnoS	Never			-	Leading Doce Not Allowed	1				-	+
Primacor Drip		8000 mog	200	40 mcg/mL	mcg/mL	1.00	· ·	1.2	1	mcg/kg/min		0.375	0.5	0.75	1	200	P no S	Never	mog/kg min	50 50 50 10 10 10		Loading Dose Not Allowed	101%	Pump	Pump	Pump	On	
Primaxin (imipenen)		-	-	mL mode		-	-			mL/hr		50	100	125			PorS	Optional		Bolus Not Allowed		Loading Dose Not Allowed	101%	Medium	Off	Off	On	
Protonix Drip		40 mg	100	0.4 mg/mL	mg/mL	1 .		140	-	mL/hr	20	20	20	20	20	100	PnoS	Never		Bolus Not Allowed	200	Loading Dose Not Allowed	101%	Medium	Off	Off	On	
Protonix		80 mg	100	0.8 mg/mL	mg/mL	-		1	-	mL/hr	10	20	100	100	200	100	PorS	Optional		Bolus Not Allowed	J	Loading Dose Not Allowed	101%	Medium	Off	0ff	On	
Protonix		40 mg	100	0.4 mg/mL	mg/mL		•			mL/hr	20	20	400	400	400	100	PorS	Optional		Bolus Not Allowed		Loading Dose Not Allowed		Medium	1.000	Off	On	
Retrovir (Zidovudine)			+	mL mode	•		-			mL/hr		50	100	100	· · · ·	_	P or S	Optional		Balus Not Allowed	_	Loading Dose Not Allowed	101%		Off	Off	On	
Retrovir Drip		400 mg	400	1 mg/mL	mg/mL	-	-	. • :	-	mg/kg/hr	1	1	1	2	2		P no S	Never		Bolus Not Allowed	_	Loading Dose Not Allowed		Medium		Off	On	
Rifampin				mL mode		1				mL/hr		33	100	200			P or S			Bolus Not Allowed	1	Loading Dose Not Allowed	101%		Off	Off	On	
Rocephin(cefTRIAXONE	X	29	50	0.04 g/mL	g/mL	-				mL/hr		50	100	100				Optional		Bolus Not Allowed		Loading Dose Not Allowed		Pump		Pump	On	-
Rocephin(cefTRIAXONE	2	1g	50	0.02 g/mL	g/mL		•		-	mL/hr		50	100	100			PorS	Optional		Bolus Not Allowed		Loading Dose Not Allowed		Medium		Off	On	-
Sandostatin Drip		600 mcg		4 mcg/mL	mcg/mL	-	·			mcg/hr		12.5	25	50			PnoS	Never		Bolus Not Allowed		Loading Dose Not Allowed		Medium	Off	NO	On	-
Sandostatin Drip		300 mcg	75	4 mcg/mL	mcg/mL			•	· ·	mcg/hr		12.5	25	50			PnoS	Never	-	Bolus Not Allowed		Loading Dose Not Allowed		Pump	Pump	Pump	On	-
Sod Chi 0.45% + KCI			•	mL mode						mL/hr	-			-			Pws	Never		Balus Not Allowed		Loading Dose Not Allowed		Medium		Off	On	-
Sod Chi 0 45%			-	mL mode				•		mL/hr			-	-			PwS	Never		Bolus Not Allowed	5	Loading Dose Not Allowed		Medium		Off	On	+
Sod Chi 0.9% + KCl			•	mL mode	•		•	•		mL/hr	-			-			PwS	Never	-	Balus Not Allowed		Loading Dose Not Allowed		Medium		Off	On	+
Sod Chi 0.9%		•		mL mode		1 .			•	mL/hr	_			50		1000		Never	_	Bolus Not Allowed Bolus Not Allowed	<u>.</u>	Loading Dose Not Allowed	and the second second	Medium		Off	On	+
Sod Chi 3%			•	mL mode		-		-	-	mL/hr		10			100	_	PnoS		-	Bolus Not Allowed Bolus Not Allowed	_	Loading Dose Not Allowed		Medium	Off	Off	On	
Sodium Bicarb IVF				mL mode	-	-	-		-	mL/hr		40	2000	250	-		Pws	Never				Loading Dose Not Allowed					On	1
Tefiaro		600 mg		6 mg/mL	mg/mL					mL/hr		100	200	400	-	-		Optional		Bolus Not Allowed Bolus Not Allowed		Loading Dose Not Allowed		Pump		Pump	On	+
Teflaro		300 mg		6 mg/mL 4 mg/mL	mg/mL mg/mL		-		-	mL/hr		50	100		-	_	_	Optional Optional		Bolus Not Allowed Bolus Not Allowed		Loading Dose Not Allowed		Pump	Pump	Pump	On	_
Teflaro Teflaro		400 mg	100						-	mL/hr	-	100 50	200	400			PorS	Optional	-	Bolus Not Allowed Bolus Not Allowed		Loading Dose Not Allowed Loading Dose Not Allowed	101%	Pump		Pump	On	-
		200 mg	50	4 mg/mL mL moda	mg/mL	-	-		-	mL/hr mL/hr		50	100	100		-		Optional		Bolus Not Allowed Bolus Not Allowed	-	Loading Dose Not Allowed		Medium	Off	Off	On	+
		-	-	mL mode		-		-		mL/hr		100	200	200	-	-	PorS		-	Bolus Not Allowed Bolus Not Allowed		Loading Dose Not Allowed		Medium	Off	Off	On	+
OBRAmycin <= 200 mg		1	1	mL mode mL mode		-		-	-	mL/hr		100	100	200	250		Pors	Never		Bolus Not Allowed Bolus Not Allowed	<u>.</u>	Loading Dose Not Allowed	101%	Medium	Off	Off	On	+
OBRAmycin <= 200 mg TOBRAmycin > 200 mg									1 .	inchi.		10	100	6.00	200				-		-		_	_			On	+
OBRAmycin <= 200 mg TOBRAmycin > 200 mg TPN		- 200 mm	200	1 malmi	ma/mi	1		10211		malmin		1	2	1	6	200		Mayor				Londing Doce Not Allowed	101%	Madami	Off			
TOBRAmycin <= 200 mg TOBRAmycin > 200 mg TPN Trandate Drip	Dosa z 1 am	200 mg	200	1 mg/mL 0 004 n/ml	mg/mL	1			-	mg/min ml /hr	_	1	2	4	6	200		Never		Bolus Not Allowed Bolus Not Allowed	<u> </u>	Leading Dose Not Allowed		Medium	Off	Off		+
TOBRAmycin <= 200 mg TOBRAmycin > 200 mg TPN Trandate Drip VANCOmycin	Dose = 1 gm	200 mg	200 250	0.004 g/mL	g/mL	-		- 7	•	mL/hr		1 125 125	2 250 250	4 250 250	250	200	P or S	Optional		Bolus Not Allowed Bolus Not Allowed Bolus Not Allowed	-	Loading Dose Not Allowed	101%	Medium	Off	Off	On	Ŧ
TOBRAmycin <= 200 mg TOBRAmycin > 200 mg TPN Trandate Drip	Dose = 1 gm Dose more than 1 gm Dose less than 1 gm					-	- 5	7 7	•			1 125 125 100	2 250 250	4 250 250 250	-				_	Bolus Not Allowed	-	the state of the s						Ŧ

sal Validation: All Aug 15, 2019 07:16:27 PM

User Settable

Usat Usar Settable Settabl

BASIC

Г



x

Q#

G Blood	50 Units	250	02 Unisime	Units/ml	L -	1 -	I - I	- 1	Unitsimin	0.05	Q.1	0.2	1	_ Z	250	P no 5	Kever		Bokes Not Allowed	1	Leading Dose	Net Allowed	d j	101%	Medium	08	(or)	On	1
Shock Drp	50 Units	250	0.2 Units/rol.	Unitshel	1		•	•	Unitsimin	0.01	001	0.02	0.00	0.04	250	P no S	Never		Bokes Not Allered	(Loading Dese	Not Allowed]	101%	Pump	Рипр	Pump	04	11
	60 mg	50	i morai.	ಗ್ರಾಟಗ್	Ŀ	-	•	-	mg/hr	0,5	1	2	10	20	50	P no S	\$\$ever		Bolus Not Allowed		Loading Dose	Not Allowed	4	101%	Medium	07	06	Cn	1
1	-	•	mL mode	-	-	•	•	•	muhr		8	100	100	Ľ		PerS	Optional		Bolus Net Allowed		Loading Dost	Not Allowed	4 1	101%	Afe diam	05	0%	Cn	1
	-	•	mL mode		1.	1.	•	•	រកដាំក		200	250	230		250	Per 5	Optional		Boius Hat Allowed		Loading Dose	Not Allower	٦ ،	101%	Medium	01	OY	0n	TT
	T	•	mi_mode	-	Γ-	· ·	- 1	1 •	mL/hr		50	103	200			PerS	Optional		Boius Not Allowed		Leading Dese	Not Allower	d 1	101%	Međum	0#	OI	0n	1
	-	•	Variablemo/ml.	angimi,		1 1	5	5	mL/hr		100	150	200			PerS	Optonal		Bokrs Hol Allowed		Loading Dose	Not Allowe	6	101%	Lie dium	07	01	On	Ţī.
	•	•	mL-mode	•	-	1 -	•	-	നപ്ന ന		203	300	630	600	300	PerS	Optional		Bokrs No1 Allowed		Loading Dose	Not Allower	4	101%	Medium	0#	51	Ôn	1
					_		R	e(a				-				Botrs			Loading Dasa										
J <i>äcdil</i> ler			Cona	Dose Mode	(Hard	1001	· · · · · ·	1 201	Upper Hard Limit	vra (តាប	Deivery Bag	Secondary Calibeck	Units: Amouru Time	Lever Hard Limit	Lower Sett Licnit	Stanting Amount	Upper Sat Liesit	Upper Hard Limit	r Lower Lower Starting Upper Upper Hard Soft Amount Soft Hard Limit Limit Limit	Rate	Lovel Erecty	Conciston	Occession	KVO Rate (mL/tr)	Delayed Ran	Lakeside Jan7018	LINC Adus	LMC Neonatal	LLAC Petitar
	Shock Drp	Shock Drp 50 Units 50 mg - - - - - - - - - - - - - - - - - - -	Shock Drp 50 Units 250 60 mg 50 	Shock Drp 50 Units 250 D 2 Units/rel. 69 mg 50 1 mg/ml. - - ml.mode - - ml.mode	Shock Drp 50 Units 250 0.2 Units/ml. Units/ml. 60 mg 50 3 mg/ml. mg/ml. - ml.mode - - ml.mode - - ml.mode - - Variablemg/ml. mg/ml. - viriablemg/ml. mg/ml. - ml.mode -	Shock Drg S0 Units 250 D2 Units/nt. Units/nt. . 60 mg 50 1 mg/mt. mg/mt. .	Shock Drp 50 Units 250 D.2 Units/ref. Units/ref. - 50 mg 50 1 mg/ml. mg/ml. - - - - ml.mode - - -	Shock Drp 50 Units 250 0.2 Units/rel. Units/rel. - - 60 mg 50 3 mg/nl. mg/ml. - - - - - ml.mode - - - - - - Ntmode - - - - - - ml.mode - -<	Shock Drg 50 Units 250 D.2 Units/nt. Units/nt. -	Shock Drp 50 Units 250 0.2 Units/mit. units/mit. Units/mit. 60 mg 50 3 mg/nt. mg/mt. mg/hr. - . ml.mode .	Shock Drp SD Units 250 D 2 Units/mil. Units/mil. .	Shock Drg 50 Units 250 0.2 Units/min 0. - - Units/min 0.01 001 60 mg 50 1 mg/ml mg/ml - - - mg/ml 0.5 1 - - ml <mode< td=""> - - - - mg/ml 0.5 1 - - ml<mode< td=""> - - - - ml/ml 50 - - ml<mode< td=""> - - - - ml/ml 50 - - ml<mode< td=""> - - - - ml/ml 50 - - - - - - - ml/ml 200 - - - - - - - ml/ml 100 - - - - - - - - ml/ml 100 - - - - - -</mode<></mode<></mode<></mode<>	Shock Drg 50 Units 250 0.2 Units/mit. units/mit. Units/mit. 0.01 0.01 0.02 60 mg 50 1 mg/mit. mg/mit. mg/mit. 0.5 1 2 mg/mit. 0.5 1 2 .	Shock Drg 50 Units 250 0.2 Units/mL Units/mL - - - Units/mIn 0.01 0.02 0.02 50 mg 50 1 mg/mL mg/mL - - - mg/mL 0.5 1 2 10 - - - - - - mg/mL 0.01 0.02 0.00 - - - - - - - mg/mL 0.01 100 - - - - - - - - 0.01 100 100 100 100 100 100 100 100 100 100 100 200 250 250 100 2	Shock Dep 50 Units 250 0.2 Units/mil. Units/mil. .	Shock Dep 50 Units 250 0.2 Units/mil. Unds/mit - - Units/min 0.01 0.01 0.02 0.00 0.04 220 50 mg 50 1 mg/ml. mg/ml. - - - mg/hr 0.5 1 2 10 23 50 - - - - - mg/hr 0.5 1 2 10 23 50 - - - - - - - mg/hr 0.5 1 2 10 23 50 - - - - - - - - 100	Shock Drg 50 Units 250 0.2 Units/mL Units/mL .	Shock Drp SD Units 250 0.2 Units/rel. Units/rel. - - - Units/rel. 0.01 0.02 0.02 0.04 200 Pros S Herer 50 mg 50 1 mg/mL - - - - mg/mL 0.5 1 2 10 20 50 Pros S Herer - - - - - - - mg/mL 0.5 1 2 10 20 50 Pros S Herer - - - - - - - - mg/mL 0.5 1 2 10 20 50 Pros S Herer - - - - - - - - mL/mr 200 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250 25	Shock Dep SD Units 250 0.2 Units/ml. Units/ml. .	Shock Drp 50 Units 250 0.2 Units/mL Units/mL - - - Units/mL 0.01 0.01 0.02 0.02 0.02 Pro S Never Bobrs Net Aligneed 50 mg 50 1 mg/mL - - - mg/hr 0.5 1 2 10 20 50 Pro S Never Bobrs Net Aligneed - - - - - - mg/hr 0.5 1 2 10 20 50 Pro S Never Bobrs Net Aligneed - - - - - - - mg/hr 0.5 1 2 10 20 50 Pro S Default Bobrs Net Aligneed - - - - - - - - mL/hr 50 100 100 Per S Optional Bobrs Net Aligneed - - - - - - - mL/hr <td< td=""><td>Shock Drp 50 Units 250 0.2 Units/mit Units/mit 0.0 0.01 0.02 0.00 0.42 250 P mS Never Bohn Net Addresed 50 mg 50 T mg/mt mg/mt - - mg/mt 0.5 1 2 10 20 50 P mS Never Bohn Net Addresed - - - - - - mg/mt 0.5 1 2 10 20 50 P mS Never Bohn Net Addresed - - - - - - mg/mt 0.5 100 100 P er S Optional Bohn Net Advresed -</td><td>Shock Drp 50 Units 250 0.2 Units/mL Units/mL - - - Units/mIn 0.01 0.02 0.00 0.4 200 Pro S Never Bobs Net Allowed Laading Des 60 mg 50 1 mg/mL - - - mg/m1 0.5 1 2 10 20 50 Per S Detas Net Allowed Laading Des - - - - - - - mL/m2 50 Per S Detas Net Allowed Laading Des - - - - - - - mL/m1 100 Per S Detas Net Allowed Laading Des - - - - - - mL/m1 100 100 Per S Detas Net Allowed Laading Des - - - - - - - mL/m1 100 150 200 Per S Detas Net Allowed Laading Des - -</td><td>Shock Drp SD Units 250 0.2 Units/mL Units/mL ·</td><td>Shock Drp SD Units 250 D2 Units/mil. Units/mil. 0 0 0.0 0.01 0.02 0.01 2.00 D2 Units/mil. Units/mil. 0 0.01 0.01 0.02 0.01 0.02 0.01 0.02 0.01 <th0.01< th=""></th0.01<></td><td>Shock Drp 50 Units 250 D.2 Units/mil. Units/mil. - - Units/mil. D.01 0.01 0.01 0.02 0.00 0.04 2.00 Pro S Hever Bobs Not Advered Loading Dees Not Allowed 101% - - - - - - - mg/hr 0.5 1 2 10 20 50 Pro S Never Bobs Not Advered Loading Dees Not Allowed 101% - - - - - - - 100 Pro S 50 Pro S Bobs Not Advered Loading Dees Not Allowed 101% - - - - - - - - - 101% -</td><td>Shock Dep SD Units ZSO D2 Units/mil. Units/mil. 0.01 D01 D02 D02 D2 Units/mil. Units/mil. 0.01 D01 D02 D02 D2 Units/mil. Units/mil. 0.01 D01 D02 D00 D02 D2 Units/mil. Units/mil. D01 D01 D02 D00 D02 D00 Pmpl. D01 D02 D00 Pmpl. D01 D02 D00 Pmpl. D01 D01 D01 D01 D02 D00 Pmpl. D01 D00 Pmpl. D01 D01 D01 D02 D01 D00 Pers C Optional Bolus Net Altered Loading Does Net Altered 101% Medum -</td><td>Shock Drp SD Units 250 0.2 Unitslinit Unitslinit 0.01 0.00 0.04 200 Parts Babas Not Address Loading Dess Nat Address 101% Pump 50 mg 50 1 mg/mt. - - - mg/hr 0.5 1 2 10 20 50 Parts Babas Not Address Loading Dess Nat Address 101% Pump - - - - - - - mg/hr 0.5 1 2 10 20 50 Parts Babas Not Advress Loading Dess Nat Advress 101% Hedden: OF - - - - - - - Not multiplication 0 20 250 Per 6 (Optional Bobas Not Advress Loading Dess Not Advress 101% Median 07 - - - - - - - Not Mode Loading Dess Not Advress 101% Median 07 - - - <</td><td>Shock Drp SD Units 250 0.2 Units/nill Units/mill 0.01 0.01 0.02 0.00 0.4 220 Pro S Never Bohrs Not Addreed Loading Dres Not Allowed 101% Pump Pump 50 mg 50 1 mg/ml - - - mg/ml 0.5 1 2 10 20 50 Pno S Never Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 Pers S Rever Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 Pers S Captonal Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 Pers S Captonal Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 200 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250</td><td>Shock Dep SD Units 250 0.2 Units/mit Units/mit 0.01 0.01 0.02 0.00 0.42 250 Proce Never Babas Net Address Loading Dess Nat Allowed 101% Pump Pump Pump Ort On 50 mg 50 1 mg/mt - - - mg/hr 0.5 1 2 10 20 50 Proce Never Babas Net Advreed Loading Dess Nat Allowed 101% Pump Pump Ort On - - mLmode - - - mL/hr 50 100 I/line Per 6 Captoral Babas Net Advreed Loading Dess Nat Allowed 101% Madem Off Off On - - mL/hr 50 100 100 Per 6 Captoral Babas Net Advreed Loading Dess Nat Allowed 101% Madem Off Off On - - mL/hr 50 100 100 Per 6 Captoral B</td></td<>	Shock Drp 50 Units 250 0.2 Units/mit Units/mit 0.0 0.01 0.02 0.00 0.42 250 P mS Never Bohn Net Addresed 50 mg 50 T mg/mt mg/mt - - mg/mt 0.5 1 2 10 20 50 P mS Never Bohn Net Addresed - - - - - - mg/mt 0.5 1 2 10 20 50 P mS Never Bohn Net Addresed - - - - - - mg/mt 0.5 100 100 P er S Optional Bohn Net Advresed -	Shock Drp 50 Units 250 0.2 Units/mL Units/mL - - - Units/mIn 0.01 0.02 0.00 0.4 200 Pro S Never Bobs Net Allowed Laading Des 60 mg 50 1 mg/mL - - - mg/m1 0.5 1 2 10 20 50 Per S Detas Net Allowed Laading Des - - - - - - - mL/m2 50 Per S Detas Net Allowed Laading Des - - - - - - - mL/m1 100 Per S Detas Net Allowed Laading Des - - - - - - mL/m1 100 100 Per S Detas Net Allowed Laading Des - - - - - - - mL/m1 100 150 200 Per S Detas Net Allowed Laading Des - -	Shock Drp SD Units 250 0.2 Units/mL Units/mL ·	Shock Drp SD Units 250 D2 Units/mil. Units/mil. 0 0 0.0 0.01 0.02 0.01 2.00 D2 Units/mil. Units/mil. 0 0.01 0.01 0.02 0.01 0.02 0.01 0.02 0.01 <th0.01< th=""></th0.01<>	Shock Drp 50 Units 250 D.2 Units/mil. Units/mil. - - Units/mil. D.01 0.01 0.01 0.02 0.00 0.04 2.00 Pro S Hever Bobs Not Advered Loading Dees Not Allowed 101% - - - - - - - mg/hr 0.5 1 2 10 20 50 Pro S Never Bobs Not Advered Loading Dees Not Allowed 101% - - - - - - - 100 Pro S 50 Pro S Bobs Not Advered Loading Dees Not Allowed 101% - - - - - - - - - 101% -	Shock Dep SD Units ZSO D2 Units/mil. Units/mil. 0.01 D01 D02 D02 D2 Units/mil. Units/mil. 0.01 D01 D02 D02 D2 Units/mil. Units/mil. 0.01 D01 D02 D00 D02 D2 Units/mil. Units/mil. D01 D01 D02 D00 D02 D00 Pmpl. D01 D02 D00 Pmpl. D01 D02 D00 Pmpl. D01 D01 D01 D01 D02 D00 Pmpl. D01 D00 Pmpl. D01 D01 D01 D02 D01 D00 Pers C Optional Bolus Net Altered Loading Does Net Altered 101% Medum -	Shock Drp SD Units 250 0.2 Unitslinit Unitslinit 0.01 0.00 0.04 200 Parts Babas Not Address Loading Dess Nat Address 101% Pump 50 mg 50 1 mg/mt. - - - mg/hr 0.5 1 2 10 20 50 Parts Babas Not Address Loading Dess Nat Address 101% Pump - - - - - - - mg/hr 0.5 1 2 10 20 50 Parts Babas Not Advress Loading Dess Nat Advress 101% Hedden: OF - - - - - - - Not multiplication 0 20 250 Per 6 (Optional Bobas Not Advress Loading Dess Not Advress 101% Median 07 - - - - - - - Not Mode Loading Dess Not Advress 101% Median 07 - - - <	Shock Drp SD Units 250 0.2 Units/nill Units/mill 0.01 0.01 0.02 0.00 0.4 220 Pro S Never Bohrs Not Addreed Loading Dres Not Allowed 101% Pump Pump 50 mg 50 1 mg/ml - - - mg/ml 0.5 1 2 10 20 50 Pno S Never Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 Pers S Rever Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 Pers S Captonal Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 Pers S Captonal Bohrs Not Addreed Loading Dres Not Allowed 101% Median 0.0 0.0 0.0 200 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250 250	Shock Dep SD Units 250 0.2 Units/mit Units/mit 0.01 0.01 0.02 0.00 0.42 250 Proce Never Babas Net Address Loading Dess Nat Allowed 101% Pump Pump Pump Ort On 50 mg 50 1 mg/mt - - - mg/hr 0.5 1 2 10 20 50 Proce Never Babas Net Advreed Loading Dess Nat Allowed 101% Pump Pump Ort On - - mLmode - - - mL/hr 50 100 I/line Per 6 Captoral Babas Net Advreed Loading Dess Nat Allowed 101% Madem Off Off On - - mL/hr 50 100 100 Per 6 Captoral Babas Net Advreed Loading Dess Nat Allowed 101% Madem Off Off On - - mL/hr 50 100 100 Per 6 Captoral B

101%

Pump

On

Loading Dose Not Allowed

1000 60.00

-

¹ Available Dose Modes in BASIC include: mL/hr, mL/kg/min, mL/kg/hr, grams/hr, mg/hr, mg/kg/hr, mg/min, mg/kg/min, mg/kg/day, mcg/hr, mcg/kg/hr, mcg/min, mcg/kg/min, mcg/kg/day, ng/min, ng/kg/min, Units/kg/hr, Units/kg/hr, Units/kg/min, Units/kg/min, mUnits/kg/min, mUnits/kg/min, mg/kg/min, mmol/kg/hr

mL 0.5

Care Ar	ea: LMC	Neonat	al									
Patient Wolght Lower Hard Limit	Patient Weight Lower Soft Limit	Patient Weight Upper Soft Limit	Patient Weight Upper Hard Limit	BSA Lower Hard Limit	BSA Lower Soft Linc	85A Upper Salt Limit	BSA Upper Hard Limit	Require Weight/BSA Value Confirmation	Auto Keypad Lock	Downstream Opdunion Pressure Osfault Sating	Valume	Drugs in Care Area
1	0.510	5 kg	10 20					On	Qil.	Herium		54

993 mUhr

Usor Settabl

PorS Never

User electabl

0,5

Continuous Drugs		_						Conce	លេខដែលក	_				Reto		_					Bake	Loading Dose			_					
Drog	Modeline	Erug Amount	Diluent Volume (mL)	Cane	Con Uni	C 18	lard Jares	Set	Upper Soft Limit	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dase Mode	Lover Hard Linit	Lower Sall Livrit	Sturting Rate	Upper Soft Limit	Limit	VTBI (mL)	Delivery Bag	Secondary Calbeck	Units: Amount Time	Lower Lower Staring Upper Upper Hand Soft Amount Umit Umit	Lower Lower Starting Upper Upper Hard Soft Amount Soft Hard Limit Limit Amount Limit Limit	Single Stap Reta Increase	Aucío Lovel Alarm	Bag Near Empty Alarm	Completion Alarms	Upsteam Occlusion Alarm Suscension	KVQ Rata (mLfw)	Delayed Run	Кале
Altania	ļ	<u>.</u>	•	ni mesi	- 1		÷۱	-	•	Ŀ	mLiter		3	5	15	25		PerS	Optional		Bokrs Not Allowed	Leading Dose Not Allowed	101%	Median	0#	011	Cn	1	03	advisory0
Alprestadil Dep		500 mcg	100	S magha	-		·	•	•	$ \cdot $	៣ខេត្តវីស្វ/គារិត		0.D1	0.05	0,4			PnoS	Nover		Bolus Net Allowed	Loading Dose Not Allowed	101%	Medium	ON I	о н	On	ĩ	01	advisiony0
Amphatericin B		0.1 mg	1	0.1 mg/m	t mg/r	nL Í	- 1	<u> </u>	-	(-)	ssL/hr		1		(25	25		PerS	Optional		Bekrs Not Allowed	Loading Dose Not Allowed	101%	liedum	01	01	On	1	01	
AMPtain		25 mg	1	25 mg/m	L mg/r	ու	-	-	-	-	பிர		1		25	25		PorS	Optional		Balus Not Allowed	Losing Dose Not Alexed	101%	Mechum	Of	0#	On	1	0:1	
Ancel (CelAZOLIN)		20 m2	1	20 mg/m	և որջի	mL	÷.	-	•	L - I	កាហារ		1		25	25		PerS	Optional		Bolus Not Allowed	Loading Dose Nat Allowed	101%	Medaum		1071	0n	1	্গ	
Blood (FFP)		Ŀ	-	ni. mod	• •		·	+	•		mL/br		Ð,S	_	\$5	25		PasS	Never		Bolus Not Allowed	Loading Dose Not Allowed	1015	Magnet	0#	Cit	Ôn	1	01	
55000 (PLTS)	1	<u> </u>	-	The mode	• •		-	•	-	<u>.</u>	តាហិទ		0,S		25	25		P 20 6	Never		Bakes Net Afewed	Loading Elose Not Allowed	101%	Kedura	1 01	no	Qn	1	07	
Blood (RBC's)	1 1	<u> </u>	-	mL mod	- 14	. 1	• 1	-	-	[-]	តាហិត		0.5		25	25	1	PwS	Hever		Bokrs Not Allowed	Loading Dose Not Allowed	101%	Mecaure	Off	Off	On	1	C#	
Blaced (whele)		-	•	mL mode	• •		•	-	•	[•	mLinr		0.5		25	25		Pw5	Never		Bolus Not Adowed	Loading Dose Not Allowed	107%	Redam	01	61	On	1	08	
Cistoran (cetOTAXBJE)		50 mg	1	50 mg/m	L mgé	ri.	·		-	L ·	៣៤ស្រ		5		25	25	1	PorS	Cotional		Bolus Not Allewed	Losting Dose Not Allowed	101%	Nedur	Off	_ ¥0	QG	1	Cil	
Cleaser (CLINDAmysia)		6 mg	1	6 mg/m3	. mgà	mL.	-	- 1	-		ունիր		1		25	25		PatS	Optional		Boles Not Allowed	Leading Doce Not Allowed	101%	Medium	Off	011	Q5	1	Cr	
D10W0.2NS		•	•	mL mod	• •		- 1	•	•	1.	mLAr		3		12	25	1	Pws	Hever		Bokus Nat Allowed	Loading Dose Not Allowed	101%	Medium	0#	Off	Ön	1	Off	
DION			4	ന്വ് നാർ		. 1	-	-	·	-	mL/hr		Э		12	25		Pw\$	Hever		Bokin Not Allowed	Landing Dose Not Allowed	101%	Mechan	07	01	Qn	1	Qa	
D12.5W0.2NS	1 1	-	-	mL mode	- I		$\overline{\cdot}$	•	-	—	mUhr		3		12	25		Pws	Never		Solus Not Allowed	Loading Dear Not Allowed	101%	Liedan	Off	08	On	11	Off.	
D12.5W		•	-	ort. mode	- 1		-		•	1-1	mLinr		3	_	12	25	1	Pws	Never		Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	01	04	Ön	1	Of	1
D15W02NS			•	mi, moo	• •		•		•	1.	ուտ		э		12	25	1 1	PwS	Never		Belus Not Allowed	Loading Doze Not Allowed	101%	Medium	07	Off	Qn	1	OH I	
DISW		•	-	rol, mode	- 1		- 1	+		1.	mLfar		з		52	25		Pws	Never		Bolys Not Allowed	Loading Dose Not Allowed	101%	Median	Off	Off	Qn	1	08	<u> </u>
DSW+ KCI	1		-	mi mod	s] -		- 1		-	T - 1	mLfar		3		12	25		Pws	Never		Bolus Not Allowed	Loading Dose Not Allowed	101%	Lisdar	07	01	On	1	01	T
05W 1/2NS + KCI			•	mi. mode	- 10		-1		•	1-1	miller		3		12	25	1	Pws	Never	1	Botrs Nat Allowed	Loading Dose Not Allowed	101%	Hadian	Off	0.7	On	1	01	1
DOW WIRKS	1	•	•	mL mod	- 10	- í	-1	+	-	İ.,	ունեւ		3		12	25	l	Pws	Never		Solut Not Allowed	Leading Dose Not Allowed	101%	Median	0.7	01	Cn	3	08	<u> </u>
05W 1/3NS + KCI			-	mL mode	<u> </u>		-1	-	-	<u>† -</u>	ունու		3		12	25	<u> </u>	PwS	Never		Boks Not Allowed	Loading Doos Not Allowed	101%	Modulan	01	0#	On	1	05	<u> </u>
DSW 1/4NS + KCI			•	mt_mog			-	-	-	1	ուենո		3		12	25		Pws	Never		Eckes Not Allowed	Loading Date Nat Allowed	101%	6 dector	1 04	04	Gn	1 1	Off	
DSW 14KS		-	-	ml, med	- 1		-1		-		mL/hr		3		12	25		Pws	Never		Bakes Not Allowed	Loading Date Nat Allowed	101%	Medium	1 CX	া	Öa	1	08	<u> </u>
05WLR		-	•	mL mod	- 1		- 1	- 1	-	1.	mLfhr		3		12	25		Pw5	Never	Í	Bolus Not Allowed	Leading Dose Not Allowed	101%	Medium	1 01	08	On	1	07	—
D5WNS+KCI		•	-	mL mode			- 1	- 1		<u> </u>	mithr		3		12	25	í T	Pws	Never		Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	OH OH	0.4	Da .	1 1	01	1
DSWNS	<u> </u>			Int mod	· ·		-1	- 1	•	1-1	califar	-	3		12	25		Pws	Never		Boks Not Allowed	Loading Dose Not Allowed	101%	Hector	017	ের	Qn	1 1	07	<u>† </u>
DSW	1		-	mL mode			-1	- 1		1	ուրեր		3		12	25		Pws	Never		Boks Not Asgred	Leading Dose Not Allowed	101%	Medium	of Of	01	Ça	1 1	0.5	1
07.5W 0.2N5		-	•	mL mode			- 1	-	-	1 - 1	mL/hr		3		12	25		PwS	Nover		Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	1 07	07	Da	1	Of	<u> </u>
D7.5W	1	-		mL mode			-1	•	-	1.1	mL/nr		3		12	25		Pws	Never		Boks Not Allowed	Loading Dose Not Allowed	1015	Madner	Off Cff	041	0n	11	Of	<u> </u>
DOBUTemine Drip		120 mog	1	120 meg/mL	megi	ImiL	-1	•	•	1.	nncg/kg/min		2	2	20			Pnos	Naver		Bolus Not Allowed	Leading Dose Not Allowed	101%	Medius	08	01	Qn)	1,	0#	advisory0
DOPamine Drip (Keo)		400 mg	250	1.5 mp/m	L mot	mL .	-	- 1	•		mcg/kg/min		1	1	20	50		PnoS	Never		Boks Not Allowed	Loading Dose Not Allowed	101%	Pump	Pune	Pump	Da	1	0s	
Epinephrine Drip		6 mort	1	Gincolm	L mcg/	hr.l.	- 1	. 1	-	r	mcgikgimin		0.1	0,1	1		 	P.no 5	Never		Bolus Not Allowed	Loading Dose Not Allowed	101%	Medur	Off	01	On	1	от	<u> </u>
ERYTHROmeda		5 100	Ť	5 mount	mgh	mL.	-+	- 1	-	1.	mLfnr		1		25	25		PorS	Ostional		Bokrs Not Allowed	Loading Dase Nat Aboved	1015	Madium	Off	01	On	1	01	1
Fortaz (CelTAZIDIME)		40 mg	1	40 mg/m			- 1	.	-	1.	mUhr		1		25	25		PerS	Optional		Bolus Not Allowed	Loading Dose Not Allowed	101%	Merican	0.1	01	On	1 1	01	<u> </u>
GENTAmicin		Zmg	1	200/04	. mg/n	mL	- 1	- 1	•		mUhr		1		25	25		PerS	Optional	·	Beius Not Allowed	Loading Dose Not Allowed	101%	Medius	Off	Ort	On	1 1	01	<u>†</u>
Hepanin		05 Un≿s	1	0.5 Units/ml	Units	im.	-1	•	•	1	mUhr		0.5	;	2	2	Í	РлаS	Nover		Bokes Net Allowed	Losding Dose Not Allowed	101%	Network	1011	04	Cn	1	011	advisory®
isoproteme ol Drip		6 mog	1	8 mco/m	- cocgit	hnt,	-1		÷		mcg/kg/min		0.1	0,1	1			ProS	Never		Bokrs Not Allowed	Loading Dose Not Allowed	101%	Mec ar	Off Off	0#	On	1	03	athrisory0
Lidocaine Drip		1.2 mg	۲	1.2 mgmL	mg/s	mL		-	•		mcg/kg/min		20	20	50		ļ	P no S	Never		Bolus Not Allowed	Loading Dose Not Allowed	101%	Nedur		C#	Cn	1,	0#	edvisoryG
LR	7		· · ·	mt mede			+	. 1	•	t I	ուտ		3		12	25	1	Pws	Novez	(Bolus Not Adowed	Loading Date Not Allowed	101%	Medium	Off	Of	On	1	04	t

Cal Validation: All Aug 15, 2019 07:16:27 PM



2

NAFOEn	40 mg	1	[40 mg/mt,]	mg/mt.	1 -	1.	I۰	I۰	mUhr	1	1	1	25	25	1	Por S	Optional (1	Bolus Not Allowed	Loaning Dose Nat Allowed	1015	Medium	07	<u>сн</u>	On	1 1	0#	1
OXAdilin	40 #30	1	40 mg/mL	गामुर्दता.	-	-	1.	-	mUhr	1	1		25	25	ſ	Pors	Optional		Boirs Not Allowed	Loading Dose Not Allowed	101%	Medium	011	03	On	1	07	
PEHiolia G	- 1	•	rol_mode	•	1 -	J -	Τ-	ΤΞ	ការណ៍	1	1	Г	25	25		Per S	Optional	_	Bolars Hot Allowed	Loading Dose Not Allowed	101%	Medium	0.1	Off	On	1	0%	
Primaxin (Impenet)	5 mg	1	5 angrical	ing/ml.	•	-	-	Τ-	mUhr		1		25	25		PorS	Cessonal		Bokes Not Allowed	Loading Dose Not Allowed	101%	Medium	04	Off	- Óa	1	50	
Retrovir (Zidovudine)	4 mg	1	4 mo/mL	mg/ml_	-	-	•	T -	mL/hr	1	1	-	25	25		ParS	Optional		Bakus Not Allowed	Loading Dose Not Allowed	101%	Medium	01	off	On	1	СЛ	
Rocephin(colTRIAXONE)	50 mg	1	50 month	mg/ml	•	1.	•	1:	muhr		1		25	2		Pers	Optonal		Boke Not Allowed	Losding Doss Not Allowed	101%	Medium	05	C11	Оa	1 1	া	
Sod Chi 0.45% + KCi		-	mil mode	-	Τ.		- 1	Τ·	mLfar		3		12	25		Pws	Haver		Bolus Net Allowed	Loading Doce Not Allowed	101%	Medium	01	01	0q	1	Ott _	
Sod CN 0,45%		•	nd, mode	•	1-	- 1	1.	T·		T	3	1	12	25		Pws	Never		Bakes Hot Allowed	Loading Dase Not Allowed	101%	Medium	Off.	01	Cn	1	Off	
Sod Chi 0.9% + KCI		-	ant, mode	•	-	. •	-	-	mUhr	1.	3		12	25		Pws	Nover		Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	0#	Off	Ön	1	01	
Sod Chi 0.9%	- 1	-	rtil, mode	•	Τ-	T -	•	Τ.•	mUhr		3	T	12	25		Pws	Never		Bokzs Not Allowed	Loading Dose Not Allowed	101%	Medium	01	Off	On	1	्रत	
Sodium Bicarb IVF	•	•	roL mode	-	-		-	T-	mL/br	Τ	3		12	25		Pws	Never		Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	05	017	Çn	1	05	
TPN		•	iπ4, mode	•	Τ.	•	•	T.	न⊔hr		3		12	25		P 200 S	Nevar		Solut Not Allowed	Loading Dose Not Allowed	191%	Meditan	01	Off	On	1	10	1
VANCOmyran	5 mg	1	5 mont	ាដូខាប	T -	1 -	1 -	T ·	ու/հո	τ. –	1	T	1 25	25		Pors	Optional		Bolus Not Allowed	Loading Dose Not Allowed	101%	Medium	01	01	On	11	04	1
ZITHromax	2119	1	Zmg/arL	mgina,	Τ-	-		Τ-	ាណី ដំណើ		20		1	25		P or \$	Optional		Bokrs Not Allowed	Loading Dasa Nat Allowed	101%	Pump	Pump	Pump	On	1	05	
Zoninax (Acyclavir)	5រក្ស	1	5 mg/mL	mg.tail.	T ·		1.	Ŀ	mL/hr	1	1	T	25	25		Per S.	Optional		Bolus Hot Allowed	Loading Dose Not Allowed	101%	Medium	05	00	8	1	07	<u> </u>
BASIC							ŧ	Rafa							4	Solars			Lording Dase									

Drug	Modifie	Drug Amour	Diluen Volum (mL)		Dose Mode	Lower Hard Umit	Soft 1	ia réng Up Rain Li	et H	pper fard knit	VT81 (mL)	eivery Bag	Secondary Calibask	Units: Amoust Time	Lewert Hard Limit 1	Soft Soft Limit	ng Upper set Set unit	Upper Hard Linit	LowerLower Hard Soft Limit Limit	Starting Upp Amount Lin	ar Upper fi Hard it Limit	Single Stap Rate Increase	Autio Level Alarm	Bag Near Empty Alarm	Completo: Alarms	Upstream Occlusion Alarm Suspension	XVO Rate (mL/br)	Delayed Run	Laksside Jan2018	LHC Adur	LMC Neonatal	LMC Pediatric
BASIC	•	User Settabl	User Sattabi	User Settable	User Selectable	0.5 mL/3=	•	•	. 9 		User etable	°er 5	Never	mL min.eec	0.5 09.01		•	1000	1	Dose Not Al		£		i i		ō	1	Cff	x	x	x	x

* Available Dose Modes in BASIC include: mL/hr, mL/kg/min, mL/kg/min, mg/hr, mg/hr, mg/kg/hr, mg/min, mg/kg/min, mg/kg/day, mcg/hr, mcg/kg/hr, mcg/kg/min, mcg/kg/min, mcg/kg/day, ng/min, ng/kg/min, Units/kg/hr, Units/kg/hr, mg/hr, mg/kg/hr, mg/kg/hr, mg/kg/hr, mcg/kg/hr, mcg/hr, mcg/kg/hr, mcg/hr, mcg/kg/hr, mcg/hr, mcg/kg/hr, mcg/hr, mcg/hr

Care Are	a: LMC	Pediatri	c									
Patient Weight Lower Hard Limit	Patient Weight Lower Soft Liny	Patient Weight Upper Soft Links	Patient Weight Upper Hard Limit	BSA Lower Hard Limit	BSA Lover Soft Limi	BSA Upper Soft Limit	8SA Upper Hard Limit	Require WeightBSA Value Contemption	Auto Keyped Lock	Downstream Occlusion Pressure Debug Setting	Volume	
0.5 kg	21:3	55 Jg	100 23					Da	Off	Medium		63

Continuous Drugs							Conce	entre5an	·				Rele								Bola					Load	ng Dase									
Drug	Nodifie:	Drug Amount	Dituent Volume (mL)	Conq.	Conc. Units	Hard	Sot Limit	Ś	Bard	Dose Mode	Lower Hard Limit	Lower Solt Limit	Starting Rate	Upper Seft Limit	Upper Hard Limit	VTB (#L)	Delivery Bag	Secondary Caliback	Unita: Amour: Time	LowerL Hard Limit I		pring Incure	loper Upp Salt Hay Limit Lim	er Lowe rd Hard it Limit	r Low Soi Lim	sam		Upper Hard Limit	Single Step Rate Increase	Audio Level Alarm	Bag Near Empty Alarm	Completion Alarms	Upstream Occlusion Alarm Suspension	KVO Rata (mL/hr)	Detayo Run	nd Activi Na
Altxinin			•	mi, mode	•	•	•	-	1 •	mLitter		12.5	50	60			PorS	Optonal	1	1	Bohrs H	tot Allow	red		Lo	ading Do	e Not Alle	Ned	101%	Median	Off	Off	On	1	05	[advise
Alprostada Drip		500 mca	100	S magáni,	mca/mL	•	•	•	•	mcg/kg/min		0.01	0.05	0,4	[]		PnoS.	Hever		I	Bolus I	lot Alien	red		۱a	ading Da	e Not Alio	ben	101%	Medium	05	CH	On	1	01	potvise
Aminophytine Drip		250 mg	250	1 mg/mL		•	•	•	Ŀ	malkght		02		1.2	T		P no S	Novar			Bohrs !	lat Asa	wed		Lo	ading Do	e Not Alla	wed	101%	Pump	Pump	Ρισφ	On	1	0f	attrise
Amphonencia B		0.1 mg	1	0.1 mg/mL	nçini.	1.	-	-	-	mL/hr		10		125	Γ		P cr \$	Optional			Boaus I	tot Allon	ned		Le	ading Do	ie Not Alle	wed	101%	Hectur	_ OR	64	On	1	Off	actrica.
AllPicitin		25 59	1	25 mg/tml_	Inigen	T.	1.	•	1.	mL/hr		1)	100			PerS	Optional	-		Bolus ?	io: Alion	red	T	عا	iding Do	a Not Allo	kad	101%	Alecter	01	05	On	1	02	_
Ancel (CelAZOLIN)		20 mg	1	20 ms/mL	mormi,	T ·		•	•	ក្រហារ		1		100			PerS	Optional		1	Bokus A	(ot Allon	ved		Lo	ating Do	e Not Alla	wed	101%	មិនចំហា	v 01	05	On	1	02	
Bactrim > 240 mg			•	mi, mode	-	Τ-	-	-	•	mL/hr		167	333	333		582	Por \$	Opporat		T	Bolus I	ict Allow	redi		Lo	ding Do	a Not Alio	wed	101%	Mochur	1 04	ಂಗ	0n	[]	01	1
Bactrim 81 - 240 mg	r i	-	-	mL mode	-	1-	<u>1 -</u>	-	1 -	mLnr		167	167	250		23	PerS	Optional	1	1	Bolus I	iot Alla	red		ic	ading Do	e Not Allo	med	101%	Medur	Off	01	0.1	1	0ff	
Bactrim to 80 mg	[- 1	-	ml_mode	•	7.	•	•	1.	mL/hr	ļ.	167	250	250	Γ		PerS	Optionat	1	F	Bokrs !	int Alien	red		Lo	Noing Da	e Nat Allo	wed	1015	Madium	V ON	0#	On	1	07	
Blood (FFP)	1	— , —	•	mi mode	-	1.	1.		1.	տե/նր		1		1	1		PnoS	Never	1	t	Bolust	Int Allow	ved	1	Lo	ading Do	e Not Allo	wed	101%	hourdation	07	04	On	1	01	T
Bloed (PLTS)		· ·	•	mt made	-		•	•	•	nt/m							PnoS	Never			Bolus /	iot Allow	120		عا	tding Do	in Not Allo	wed	101%	Hodium	01	05	On	1 1	01	
Blood (RBC's)		—	-	mi, mode	-	1.	Τ-	- 1	1.	mt/hr		1			r i		P no S	Never	1	1	Solus!	lot Allon	ved	1	Le	ading Do	e Not Alto	Ned	101%	Wedur	t Off	0#	01	1	Off	T-
Biaod (whole)		-		ന് നാർം	-	1.	1-		1 -	mUhr	[1	[[ProS	Never	1	t	Bolus I	ist Akor	red		10	ເວັກg Do	to Not Allo	wed	101%	Medium	Cff	04	On	1	Of	1
Cleacin (CLINDAmyon)	<u> </u>	18 55	1	18 mg/mL	mormL	1.	1.	1.	1.	mL/hr		1	<u> </u>	100	t		PerS	Optional	1 -	1	Boks /	Vot Aska	wad	1	Lo	ading Do	e Not Allo	wed	101%	Hedun	011	01	00	1	05	1
D10vy			•	mi, mode	-	•	•	-	•	mL/hr		1		ſ	250		ProS	Hover	1	1	Bokes	hat Allon	ked .		ها	ading Da	Not Allo	hed	101%	Median	100	01	On	3	05	T
DSW + KCI	1		-	mL mode	•	1-	1 -	1.	1.	mL/hr		1		250	1		Pws	Never	1	1	Bolus	iot Alion	- the second	1	10	ading Do	IN Not Allo	med	101%	Stechen	Cft	Off	On	3	0.1	1
DSW 1/2NS + KCI		-	-	mL mode	- 1	1 -	1 -	1-1	1 -	mL/br		î	f	250	1		2 × S	Never	1	1	Bokes	lot Allon	ned		ما	ading Do	e Not Allo	Med	101%	Reduz	504	08	0n	3	Of	-
D5W 1/2NS		.		mi mode	•	1.	•	•	1 -	mUhr				250			PWS	Nover	1	1	Bohn I	lot Allon	≁ e d	1	Lo	ading Do	In Not Allo	wed	101%	Media	I Off	06	On	3	Off	1
DSVY 1/3NS + KCI		- 1	-	mi mode	- 1	1	1 -	- 1	1.	ունե		1		250			Fw\$	Never	1	1	Botus	iot Ador	red	1-	to	aning Do	Not Alto	and .	101%	1. data	ON	Off	Qn.	3	Of	1
D5WY 1/4NS + XC1	1	1 -	•	ml mode		1.	1.	1.	1-	mi/hr	<u> </u>	1	1	250	t		Pws	Havar	1	İ	Bolus I	Int Allon	red		Lo	ading Dis	to Not Allo	wed	101%	Medium	, ca	04	00	3	0#	+
09/V1/4NS		<u> </u>	-	mi mode	-	1.	1.	- T	1.	mL/hr		[<u> </u>	250	1		Pws	Heres			Bolus	Sot Alon	wed		Lo	ading Do	a Not Alio	wed	101%	Medium	0%	01	0a	Э	07	T
05WLR	h	1 -	-	mL mode	· · ·	-	1 -	•	1 - 1	ուտ	1	1		250	<u>†</u>		Pws	Never	1	í	Bokus	Hot Allen	ben	<u> </u>	Lo	ading Do	ia Not Allo	wed	101%	Medure	C/I	07	On	3	0a	1
DSWNS + KCI	1	1.	•	mL mode	i .	1.	1.	-	1.	ուտ				250			Pvs	Heres	1		Bolus	Ict Allen	wed	1	ما	ading Do	Not Allo	rod	101%	1.5 morum	Off	Cff	On	3	07	
05WNS		- 1	1 -	mi, mode	[1-	1.	1 -	τ-	ាសិកា	1	1	(<u> </u>	250	<u> </u>		Pws	Nover	1	1	Botus	Not Alice	eed	1	La	acting Do	a Not Allo	wed	101%	Medium	Off	0#	0a	3	OH	·1
DSW	<u> </u>	1	1 •	mi, mode	i	\uparrow .	1.	1 -	1.	ml/hr	1	1	1	250	†	·	ews.	Never	1	1	Botus	tot Ato	And		Lo	ading Do	te Not Allo	wed	101%	Modium	0#	02	1 01	3	D#	+
Diducan	1	— —		2 mpmi	mormL	1.	1.	•	1.	mUhr	1	11	i	100	t		PerS	Optional	1	1	_	tot Aller		- <u>i</u>			Mot Allo		101%	_	Pump	Риптр	On	1	Off	+
Diducen		400 mg	200	2 mg/mL	ությու	1.	- 1	- 1	1.	mL/hr		50	100	100	1	200	PorS	Optional	1	1	Balus I	tot Aller	wed			_	te Not Allo		101%	Pump	Pump	Pump	- On	1	Off	1
ົງເຮັນເວລາ	l	200 mg	100	2.09/01	mannel	1.	1-	1.	1-	mUhr	i	25	100	100	t	100	PorS	Optional			Schrs I	Int Alor	wed		Lo	ading Do	Not Allo	med	101%	Lieder	07	Off.	- On	1	Off	+-
Difuctor	1	100 70	50	2 ma/mL	mg/mL	1-	1.	•	1 -	mUhr		25	50	100	†	50	Pors	Optional	Ť.	1	Botus I	fot Alko	med		Lo	ating Do	Not Allo	wed	101%	Pump	Puna	Pump	0.	1 1	05	1
DOBUTariána Drip	[120 800	1	120 mcg/ml	mcomi	1.	1.	•	1.	mca/ka/min	i	2	2	20	† T	· · · · · · · · · · · · · · · · · · ·	Pros	Never	1	1	Bokes	Vot Ale	Ned	_			Not Alla		101%	Medium		Cri	On	1	07	adri
DOPamine Drip (Ped)	1	400 mg	250	1.6 mg/mk,	mont	1.	1 -	-	1-	mcg/kg/mh		1	1	20	50	_	ProS	Nover	1 -	1	Botus	tol Aller	bed	<u> </u>			a Not Alia			Median		Cff	On	1 7	01	Judyi
Epinephrine Dop	1	6 4400	1	5 months.	meganit.	1.	1.	•	1.	megikalmin	1	0.1	0,1	1 5	†		ProS	Never	1	1	Beius I	tot Alos	NOC 200	-1			A Not Alic		101%	Liedas:	1 05	08	On	1	05	1
ERYTHROmycin	1	5mg	1	5 mp/mt	mount	† T	1 -	1	1 -	mUhr	1	1	<u> </u>	100	t	Í	Pors	Optional		i		tot Alter			_		Not Allo		10:5			Off	On	1	05	+
FLAGYL(Metoricia204)	1			mt mode	-	1-	1	-	1-	1	1	1	l	100	t - :			Optional	+	r	_	iat Allon					e Not Allo			liedan		011	On	1	C2	1

al Validation: All Aug 15, 2019 07:16:27 PM C/

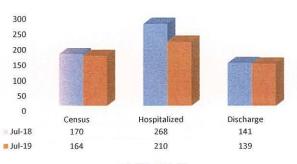
										mL/hr											-									_	-	-			-	_
rtaz (CefTA2IDIME)		40 mg	1	40 mg/mL	mg/mL		-		-	mL/hr		1		100			PorS	Optional			Boius	Not Alla	bewe			Load	ng Dose	Not All	owed	101%	Mediu	n Off	Off	On	1	
GENTAmicin		10 mg	1	10 mg/mL	mg/mL		-			mL/hr		1		100	1		PorS	Optional			Bolus	Not Allo	bawa	1		Leadi	ng Dose	Not All	owed	101%	Mediu	n Off	Off	On	1	
Heparin Drip		25000 Units	250	100 Units/mL	Units/mL	2.4		(a)		Units/kg/hr		3		25	40		PnoS	Never			Bolus	Not Allo	owed			Loadi	ing Dose	Not All	bewe	101%	Mediu	n Off	11O	On	1	
Invanz		•		mL mode					- 1	mL/hr		1		100			PorS	Optional			Bolus	Not Alla	bewe			Load	ng Dose	Not All	owed	101%	Mediu	n Off	Off	On	1	
Isoproterneol Drip		6 mog	1	5 mcg/mL	mog/mL	1.		1	1.	mcg/kg/min		01	0.1	1			PneS	Never			Bolus	Not Alio	swed			Loade	ing Dosi	e Not All	owed	101%	Mediu	n Off	Off	On	1 1	
Lidocaine Drip		1.2 mg	1	1.2 mg/mL	mg/mL		1 -			mcg/kg/min		20	20	50	1		PnoS	Never			Bolus	Not Allo	wed			Loadi	ing Dose	Not All	owed	101%	Mediu	n Off	Off	On	1 1	
LR			41	mL mode		-	-		1 -	mL/hr				250			Pws	Never			Bolus	Not Allo	bewe			Loadi	ing Desi	Not All	owed	101%	Mediu	n Off	Off	On	3	
NAFcillin		40 mg	1	40 mg/mL	mg/mL		-			mL/hr		1		100			PorS	Optional			Bolus	Not Allo	bewe			Loadi	ing Dose	Not All	owed	101%	Mediu	n Off	Off	On	1 1	
Novolog Drip	Non- Weight- Baso Rate	100 Units	100	1 Units/mL	Units/mL		-	•	-	Units/hr	0.5	1		30	50		P no S	Never	Units min	0.5 1			15 1	20 2		Load	ing Dosi	e Not Al	owed	101%	Mediu	m Off	Off	On	1	
Novolog Drip	Weight- Base Rate	100 Units	100	1 UnitsImL	Units/mL	-	-	14	1.	Units/kg/hr	0.01	0.05	0.1	0.2	0 25	100	P no S	Never	Units min	05 1			15 1	20 1		Loadi	ing Des	a Not All	owed	101%	Pum	Pump	Pump	On	1	
OXAcillin		40 mg	- t	40 mg/mL	mg/mL				1 -	mL/hr		1		100			PorS	Optional			Bolus	Not Allo	bewe	1		Loadi	ing Dos	Not All	owed	101%	Mediu	m Off	Off	On	1	
PENIcillin G				mL mode	-				-	mL/hr		1		100			ParS	Optional			Bolus	Not Allo	owed	1		Load	ing Dos	e Not Al	owed	101%	Mediu	tto in	Off	On	1	
Pepcid (Famotidine)				0.4 mg/mL	mg/mL					mL/hr		25		100			PorS	Optional			Bolus	Not Allo	owed			Loadi	ing Dos	e Not Al	owed	101%	Mediu	m Off	Off	On	1	
otassium Chi Bolus		10 mEq	100	0.1 mEq/mL	mEq/mL		1 -		1 -	mL/hr	-	25	100	200	200	1	PorS	Optional		1	Bolus	Not Allo	bewe			Load	ing Dos	e Not Al	owed	101%	Mediu	m Off	Off	On	1 1	
rimaxin (Imipenen)		5 mg	1	5 mg/mL	mg/mL	1			-	mL/hr		1		100	1		PorS	Optional			Bolus	Not Allo	bewe			Load	ing Dos	e Not Al	owed	101%	Mediu	m Off	Off	On	1	
Propofol (Diprivan)		1000 mg	100	10 mg/mL	mg/mL		=	-		mg/kg/hr		7.5		9	18	100	PnoS	Never			Bolus	Not Allo	owed			Load	ing Dos	e Nat Al	lowed	101%	Pum	Pump	Ритр	On	1	
(etrovir (Zidovudine)		4 mg	1	4 mg/mL	mg/mL	-				mL/hr		1		100	T	1	PorS	Optional			Bolus	Not Allo	owed			Load	ing Dos	e Not Al	owed	101%	Mediu	m Off	Off	On	1	
cephin(cefTRIAXONE)		50 mg	-1	50 mg/mL	mg/mL	1.1		(A.).	1 -	mL/hr		1		100		1	PorS	Optional			Bolus	Not Allo	owed			Load	ing Dos	e Not Al	owed	101%	Modiu	m Off	Off	On	1	
od Chi 0 45% + KCl		•		mL mode			-		1 -	mL/hr	(250		1	Pws	Never			Bolus	Not Allo	bewed			Load	ing Dos	e Not Al	owed	101%	Mediu	m Off	Off	On	3	
Sod Chi 0.45%		-		mL mode		1 .				mL/hr				250			Pws	Never			Bolus	Not Allo	owed			Load	ing Dos	e Not Al	lowed	101%	Mediu	m Off	Off	On	3	
Sod Chi 0 9% + KCI			. + .	mi, mode	- × -	-	-		-	mL/hr	(1	250	1	1	PwS	Never			Bolus	Not Allo	owed			Load	ing Dos	e Not Al	owed	101%	Mediu	m Off	hO	On	3	
Sod Chi 0 9%			- a.	mL mode		1 -	1 -		-	mL/hr				250			PwS	Never			Bolus	Not Allo	owed	- 1		Load	ing Dos	a Not Al	owed	101%	Mediu	m Off	Off	On	3	
Sodium Bicarb IVF				mL mode		-		1.181		mUhr				1	250		Pws	Never	1	1	Bolus	Not Allo	bewo			Lond	ing Dos	e Not Al	owed	101%	Mediu	m Off	hO	On	3	
TOBRAmycin		10 mg	1	10 mg/mL	mg/mL	-	1.			mL/hr		1		100		1	PorS	Optional			Bolus	Not Allo	owed	1		Lead	ing Dos	e Not Al	lowed	101%	Mediu	m Off	Off	On	1	
TPN				mL mode		-	-			mL/hr	1	3		125	250		P no S	Never			Bolus	Not Allo	owed			Load	ing Dos	e Not Al	lowed	101%	Mediu	m Off	Off	On	1	
VANCOmycin		5 mg	1	5 mg/mL	mg/mL	-		1.142		mL/hr		1		100	200	1	PorS	Optional	T	1	Bolut	Not Alla	owed			Load	ing Dos	a Not Al	lowed	101%	Mediu	m Off	Off	On	1	
ZITHromax		2 mg	1	2 mg/mL	mg/mL	-		1.145	1 4	mL/hr		20			250		P or S	Optional			Bolut	Not Allo	owed			Loadi	ing Dos	e Not Al	lowed	101%	Pum	Pump	Pump	On	1	
Zovirax (Acyclovir)		5 mg	1	5 mg/mL	mg/mL	-		1 .	1 .	mL/hr		1		100			PorS	Optional			Bolus	Not Allo	owed	1		Load	ing Dos	e Not Al	lowed	101%	Mediu	m Off	Off	On	1	
Zyvox		-		mL mode		-			-	mL/hr		25		300	600	1	PorS	Optional			Bolus	Not Alic	owed			Load	ing Dos	e Not Al	lowed	101%	Mediu	m Off	Off	On	1	
BASIC Drug	Modifier	Drug Amount	Diluent Volume (mL)	Conc.	Dose Mode	Hard	t Lowar Soft	Startin	Rate Upper Soft Limit	Hard	VTBI (mL)	Delivery Bag	Seconda Calibaci	Units Amout Time	Hard	r Lowe Soft	starting	Upper Soft Limit	Upper Hard Limit		1	eding Do Starting Amount		Hard	Single Step Rate		Bag Near Empty	Comple	ns Alarm	n Rate	Due	d Lakesi Jan20	te 8 LMC Adu	LMC Neonat	LMC Pedia	
BASIC		User Settable	User	User Sottable	User Selectable	0.5			-	999 mU/hr	User	P or S	Never	mL	0.5	1	145		1000	-		Dose Not		-	101%		Alarm	Pum	p On	1	Off	x	x	x	×	-

¹ Available Dose Modes in BASIC include: mL/hr, mL/kg/min, mL/kg/min, mg/kg/hr, mg/min, mg/kg/min, mg/kg/day, mcg/hr, mcg/kg/hr, mcg/kg/min, mcg/kg/min, mcg/kg/day, ng/min, ng/kg/min, Units/kg/hr, Units/kg/hr, Units/kg/min, mUnits/kg/hr, mUnits/kg/hr, mcg/kg/hr, mmol/hr, mmol/kg/hr

END OF REPORT

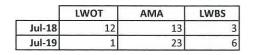
of 6

	Census	Hospitalized	Discharge	Transfers
Jul-18	170	268	141	349
Jul-19	164	210	139	389



Turnaround Time

🔳 Jul-18 📕 Jul-19



Census

1738

1763

Census

1800

1500

1200

900

600

300

🔳 Jul-18

📕 Jul-19

0

1738

1763

Jul-18

Jul-19



🔳 Jul-18 🗧 Jul-19

Hospitalized Discharge Transfers

Hospitalized

226

275

1387

1361

Overall

95

95

Discharge

1387

1361

1000

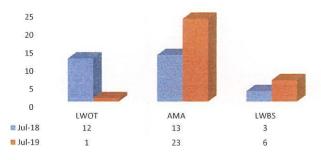
Transfers

95

95

226

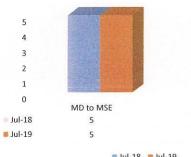
275



🔳 Jul-18 🗧 Jul-19

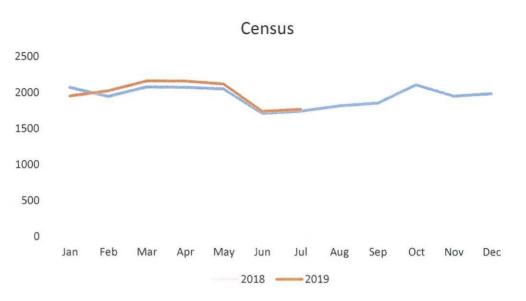




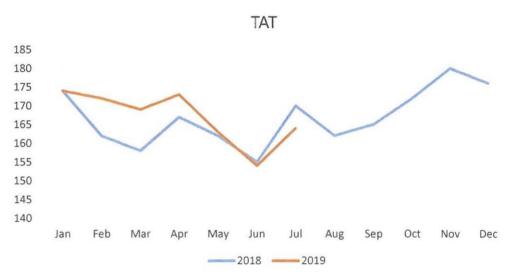


Jul-18 Jul-19

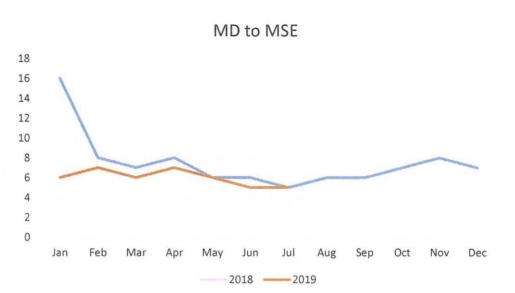
Census	2018	2019
J()	2071	1949
Feb	1946	2020
Mar	2074	2157
Apr	2071	2155
May	2049	2115
Jun	1710	1736
Jul	1738	1763
Aug	1813	
Sep	1851	
Oct	2103	
Nov	1950	
Dec	1983	



TAT	2018	2019
Jan	174	174
Feb	162	172
Mar	158	169
Apr	167	173
	162	163
Jun	155	154
Jul	170	164
Aug	162	
Sep	165	
Oct	172	
Nov	180	
Dec	176	



MD to MSE	2018	2019
L	16	6
Feb	8	7
Mar	7	6
Apr	8	7
May	6	6
Jun	6	5
Jul	5	5
Aug	6	
Sep	6	
Oct	7	
Nov	8	
Dec	7	

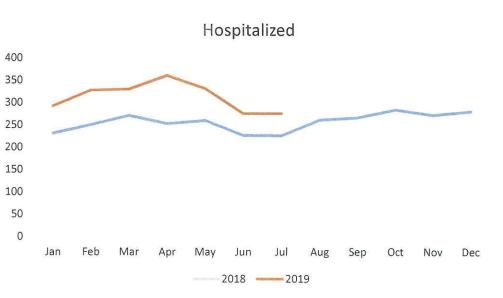


.

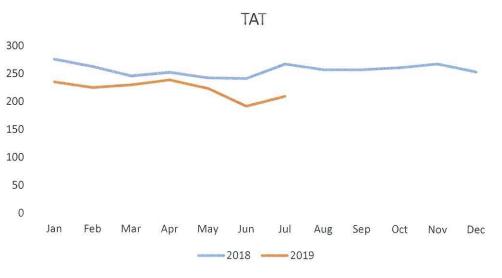
 \frown

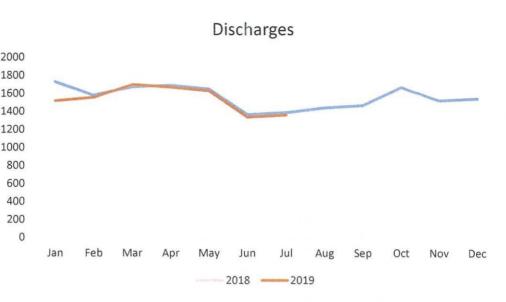
 \bigcirc

Hospitalized	2018	2019
	231	292
Feb	250	327
Mar	271	329
Apr	253	360
May	260	331
Jun	227	275
Jul	226	275
Aug	261	
Sep	266	
Oct	284	
Nov	272	
Dec	280	



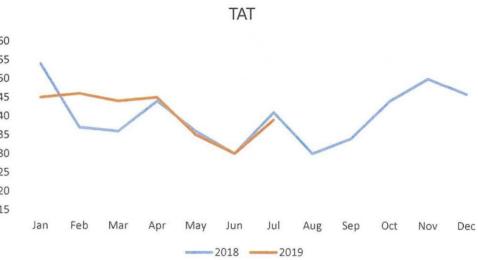
TAT	2018	2019
Jan	276	235
Feb	263	225
Mar	246	230
Apr	253	239
()	243	224
Jun	242	192
Jul	268	210
Aug	258	
Sep	258	
Oct	262	
Nov	269	
Dec	255	





Discharges	2018	2019
	1727	1515
Feb	1578	1553
Mar	1672	1694
Apr	1686	1667
May	1648	1626
Jun	1364	1335
Jul	1387	1361
Aug	1442	
Sep	1468	
Oct	1669	
Nov	1524	
Dec	1545	

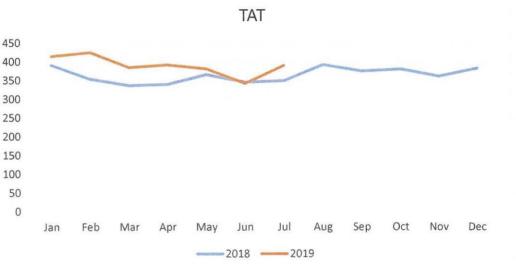




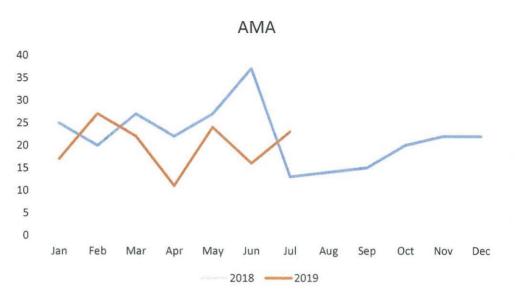
Transfers	2018	2019
J()L	54	113
Feb	76	93
Mar	85	105
Apr	98	104
May	103	124
Jun	70	103
Jul	95	95
Aug	89	
Sep	97	
Oct	113	
Nov	114	
Dec	117	



TAT	2018	2019
Jan	390	414
Feb	353	424
Mar	336	384
Apr	339	391
r()	365	380
Jun	345	341
Jul	349	389
Aug	391	
Sep	374	
Oct	379	
Nov	360	
Dec	381	



AMA	2018	2019
	25	17
Feb	20	27
Mar	27	22
Apr	22	11
May	27	24
Jun	37	16
Jul	13	23
Aug	14	
Sep	15	
Oct	20	
Nov	22	
Dec	22	



LW/OT	2018	2019
	22	3
Feb	14	12
Mar	14	5
Apr	7	8
May	6	5
Jun	9	5
Jul	12	1
Aug	4	
Sep	3	
Oct	11	
Nov	6	
Dec	6	



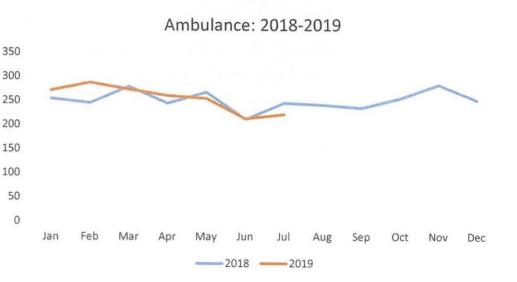
LWIRS	2018	2019
	10	8
Feb	3	6
Mar	3	2
Apr	4	2
Apr May	1	4
Jun	3	0
Jul	3	6
Aug	2	
Sep	1	
Oct	5	
Nov	10	
Dec	9	



AMAR	2017	2018
	276	254
Feb	269	245
Mar	284	279
Apr	249	244
May	277	267
Jun	248	211
Jul	262	245
Aug	226	241
Sep	319	235
Oct	285	255
Nov	253	283
Dec	265	251

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

AMB	2018	2019
Jan	254	271
Feb	245	287
Mar	279	273
Ann	244	260
	267	254
Jun	211	212
Jul	245	221
Aug	241	
Sep	235	
Oct	255	
Nov	283	
Dec	251	



Sa	Survey Comments July 1 – July 31, 2019 tisfied Comments	Dissatisfied Comments
	 I'm thankful for all the staff that came into my room today, made me feel at home Great 	"A long wait and nobody checked or my for a long time"
	3) Need food LOL	
	 The nurse Kelly was very nice – the doctor (DAILA) were very good with explaining to me. 	
	 The service was awesome, love the care they gave me – keep smiling drew happy face 	
	Mike was very kind and sweet, made me very comfortable and drew a hear	
	7) I was very satisfied with the service	
	8) Excellent – very happy with drawing of smiley face	
	9) Good job	
	10)Very satisfied and professional Paula & Karen – great job!	
	11)Excellent Doctor Perezalonso- very thorough	
	12)They was good	
	13)Staff was lovely	
	14)Thank you!	
	15)Great!	
	16)Everyone was great 1 very good #3	
	17)Great nurse !! – Kelly	
	18)Very pleased with service received today	
	19)Job well done	
	20)Great job	

	21)Excellent care from both the physician and nurse	MUNICAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT
) T	22)The nurses are awesome and this hospital is great!	
	23)The nurses are awesome	
	24)They were very nice and treated my son very well	
	25)Bohorquez, David, DO his team was the best	
	26)I really appreciate my nurse, Jennifer and especially Dr. David and the patient drew a smiley face	
	27)They were very nice and helpful	
	28)Very satisfied with Lakeside Medical Center, doctor was excellent also the nurses who took care of me was wonderful. Explained everything to me. I'm very happy with the service. Thank you very much (this was night shift 7.15 to am 7.16)	
	29)I had great doctor and nurse – great services. Thank you very much. Everyone was respectful	
	30)All good, I was treated well	
	31)Very polite	
	32)Staff is excellent	
	33)Doctor and nurses were very kind and helpful. Showed lots of care and patience. Sonogram lady also	
	34)You got the right people for job. Keep up the good work	
	35)Thank you the visit was fast and pleasant	
	36)Very nice people	
	37)Excellent with a drawn smiley face	
	38)This was good	
	39)Everyone was nice and doctor explain as much as he could	

(

Monthly Quality Metrics for Radiology

	ing Quanty met	ines for reaction	-01
		Month:July	Year:_2019
Radiology Quality Measure	National Average	LMC Average	
Critical Results turnaround time from completion of Stat CT study to reporting results to provider.	30 Min - 1 Hour	28 mins.	Number Over 1 hour 0 Out of 13
Critical Results turnaround time from completion of Stat US study to reporting results to provider.	30 Min - 1 Hour	44 mins.	<u>Number Over 1 hour</u> 1 Out of 5
Avg.TAT for STAT CT/US exams. Completed to Reported Peak hours (10am to 8pm) Audit 20 per month.	30 Min - 1 Hour	75 mins.	
Avg. TAT for STAT CT/US exams. Completed to Reported Non- Peak hours (8pm to 10 am) Audit 20 per month.	30 Min - 1 Hour	66 mins.	
Interpretation of CT Pulomonary Angiography (CTPA) for pulmonary embolism (PE)			Number Performed
Follow-up computed tomography (CT) imaging for incidentally detected pulomonary nodules according to recommended guidelines.			Number Performed



Continuous Quality Patient Safety Improvement

Committee Meeting

Laboratory

2019																					
	Goal	Q1	#	Q2	#	Q3	#	Q4	#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC
Measures		AVG		AVG		AVG		AVG	1												
# Non-Compliance with Patient and Specimen ID	0	1		0						1	0	0	0	0	0	0					
Documentation of reporting critical results to RN or MD	100%	100%	276	100%	195		73			100%	100%	100%	100%	100%	100%	99%					
Documentation of confirmation for read backs	100%	100%	276	100%	195		73			100%	100%	100%	100%	100%	100%	100%					
Blood culture contamination rate	<3%	2.1%	923	1.1%	950		281			1.6%	3.6%	1.2%	1.2%	0.6%	1.4%	1.1%					
Newborn Screening (% unsatisfactory)	0%	3.9%	51	0,0%	36		17			8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					
Timeliness of critical result reporting from result availability (<30 min)	90%	98.3%	785	97.3%	795		179			98.6%	98.4%	98.1%	97.7%	96.1%	98.0%	97.0%					

** Data not available

1st Quarter:

Indicator/Analysis/Action:

January: 1 patient mis-ID. Phleb mislabeled pt (2408496) tubes. Phleb failed to adhere in using 2 pt identifiers. Pt was redrawn and issued corrected reports. RN was notified. No adverse reaction noted. Involved phleb (BB) was counseled and educated on adherence to using 2 patient identifiers. Reported in RiskQual. NBS: submitted 25 screening with 2 unsatisfactory specimens due to QNS, incomplete saturation and repetitive spots. Involved phlebs were in-serviced and re-educated on proper collection. February: BC cont: performed 281 bld cultures with 10 contaminations (4 collected by lab; 6 collected by RN). Shared data with nurse managers to discuss with involved staff. Will schedule re-inservice on collection as necessary.

March: All indicators were met.

2nd QTR :

Indicator/Analysis/Action:

April: All indicators were met.

May: All indicators were met. June: All indicators were met.

3rd QTR :

Indicator/Analysis/Action:

July: 1 documentation missing the name of the staff called to of the critical value but has the title. Involved staff (new hire) educated.

August:

September:

4th QTR:

Indicator/Analysis/Action:



Continuous Quality Patient Safety Improvement Committee Meeting Laboratory 2019

Blood & Blood Product Utilization	Goal	Q1	#	Q2	Q3	#	Q4	#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
BIOOU & BIOOU FIOLUCE UTILIZATION	Goal	AVG		AVG	AVG		AVG		JAN	FED	MAR	APR	MAT	JUN	JUL	AUG	SEP	001	NUV	DEC
Indication met for product	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Order on Chart	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Consent obtained	100%	100%	9	100%	1	2			100%	100%	100%	100%	100%	100%	100%					
Transfusion started within 30 minutes of removal from lab	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%					
Transfusion completed within 4 hours	100%	100%	9	100%		2			100%	100%	100%	100%	100%	100%	100%	2	1-1			
Transfusion slip documentation completed	100%	92%	72	91%		18			96%	96%	84%	92%	88%	93%	94%	а С				
Adverse/Transfusion Reaction		0		1					0	0	0	0	0	1	0					
Emergency Release		2		0					2	0	0	0	0	0	0					
Units Cross matched		172		126					55	66	51	47	32	47	32					
Units transfused		139		103					45	51	43	38	29	36	26					
% Transfused		81%		82%					82%	77%	84%	81%	91%	77%	81%					
Cross matched to Transfused (CT) Ratio		1.2:1		1.2:1					1.2:1	1.3:1	1.2:1	1.2:1	1.1:1	1.3:1	1.2:1					
Units returned to stock		33		23					10	15	8	9	3	11	6					
% Units returned to stock		19%		18%		_			18%	23%	16%	19%	9%	23%	19%					
Patient receiving PC		81		62			1. Carl		30	29	22	25	16	21	13					
Patient receiving single unit		37		27					12	14	9	13	7	7	5					
Packed Cells Wasted		0		0	1.1.2.3				0	0	0	0	0	0	0					
FFP		3		5	20.00	-			3	0	0	0	3	2	0					
Patient receiving FFP		2		4	Sec. 6.				2	0	0	0	2	2	0					
FFP wasted		3		0					3	0	0	0	0	0	0					
Platelets		5		0			1		4	1	0	0	0	0	0					
Patient Receiving Platelets		2		0					1	1	0	0	0	0	0					
Platelets wasted		0		0					0	0	0	0	0	0	0					
Cryoprecipitate		0		0					0	0	0	0	0	0	0					
Patient receiving Cryoprecipitate		0		0					0	0	0	0	0	0	0					
Cryoprecipitate wasted		0		0					0	0	0	0	0	0	0					



Continuous Quality Patient Safety Improvement Committee Meeting Laboratory 2019

1st QTR:

Indicator/Analysis/Action:

January: 1) reviewed 23 transfusion slips with 1 incomplete documentation. Given to nurse educator to discuss with involved staff. 2) 2 units PRBC given for emergency release, Pt # 2409655 (Browning, Lewishena) for emergency C-section with active bleeding; initial H/H-11/32.8. 3) 3 units of FFP wasted. Pt #2407508 (1 unit), transferred to PWH. Pt #2409655 (2 units), ordered as an emergency release. Not needed per physician. All 3 units were disposed appropriately.

February: 1) Reviewed 24 transfusion slips with 1 incomplete documentation. Given to nurse educator to discuss with involved staff.

March: Reviewed 25 transfusion slips with 4 incomplete documentation. Discussed with nurse educator for one to one review with the involved nursing staff. 2nd QTR :

Indicator/Analysis/Action:

April: 1) Reviewed 24 transfusion slips with 2 incomplete documentation. At 92% complete documentation-an improvement from last month.

May: Reviewed 25 transfusion slips with 3 incomplete documentation.

June: 1) Reviewed 27 transfusion slips with 2 incomplete documentation. Documentation education included at the nurses' skills fair. 2) 1 transfusion reaction reported (2419632-Jones, Charles) due to chills and fever (103.1). Transfusion reaction investigation was performed and reviewed by the Lab Medical Director. No immunophenotypic evidence of a hemolytic or immune mediated transfusion reaction. No evidence of significant intravascular hemolysis.

3rd QTR :

Indicator/Analysis/Action:

July: Reviewed 18 transfusion slips with 1 incomplete documentation. Documentation education included at the nurses' skills fair in July. Will monitor for improvement. August:

September:

4th QTR :

Indicator/Analysis/Action:

October:

November:

December:

Jul-19	DELIVERIES	STILLBORN/DEMISE	LIVE BIRTHS	VAGINALS	C-SECTIONS	PRIMARY	REPEAT	Inductions	37-39WK NON-ELECTIV	PRETERM	Neonatal Death
DRStoessel	DEEIVERIES	STILLBORRY DEWISE	LIVE DIRITIS	VAGINALS	Colemony	TRIMARI	INCI LAI	Inductions	SF SSWK NON ELECTIN	TRETERIN	Heonatar Death
Mathews	2	0	2	1	1	0	1	0	1	0	0
Wathews	2	U	L	1	1	0	1	0	1	U	0
Totals	2	0	2	1	1	0	1	0	1	0	0
100813	4	U	2	1		U	1	U		U	U
OB/GYN SPECIALIST	1055005055	survey mainteen statements	a postila bit subjects	No.	and the second se	Accession of the local dist		Contraction of the			Build Company Street Street Street
Mondesir	3	0	3	2	1	1	0	0	2	1	0
Jean-Baptiste	1	0	1	1	0	0	0	0	1	0	0
Williams	9	0	9	6	3	3	0	1	5	1	0
Collins	1	0	1	0	1	0	1	0	0	0	0
Farmer	1	0	1	1	0	0	0	0	1	0	0
Teagarden	2	0	2	0	2	0	2	0	2	0	0
Wilkinson	1	0	1	1	0	0	0	0	1	0	0
Totals	18	0	18	11	7	4	3	1	12	2	0
Totals	10	U	10	-11	1	4		1	12	2	0
ALL Totals	20	0	20	12	8	1			13	2	100 Jan 100 0
NAMES AND POST OFFICE ADDRESS OF TAXABLE PARTY.	20	0	20	112	•	and the second sec	and the second		1.0		
DRStoessel PRIVATE	10										
CLINIC	10 0										
OB/GYN ASSOC.	0										
LIMITED PRENATAL CARE < 4 VISITS	0										
WALK INS	0	1									
OB GYN SPECIALIST	Contraction of the local division of the loc	1									
PRIVATE	2										
WALK INS	1	1									
BELLE GLADE CLINIC	7	1									
LIMITED PRENATAL CARE<4 VISITS	3	1									
Stoessel	8	1			-						
	-	1									
Other Maternal	The second second	1									
MOMS TRANSFERRED OUT	2	1									
MOMS TRANSFERRED / ICU	0	1									
HOME DELIVERIES/Outside	3	1									
MULTIPLE GESTATIONS	9	1									
Labor Checks	90]									
Other Newborns]									
Newborn in Nursery	6										
Newborns Transferred	1	premie									
Newborns Sepsis	1										
Newborns Phototherapy	2										
Newborn Circs	2										



Continuous Quality & Patient	Safet	y Impr	ovem				nt's an Quar			Servic	e Line	Perfo	rmanc	e Imp	rovem	ent R	eport	
					(OBSTE	TRICS											
			1ST QU	JARTER	l		2ND QL	ARTER	1		3RD QL	JARTER	2		4TH QL	JARTER	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	YEAR
MEASURES	GOAL	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	JUL	AUG	SEP	Q3	ОСТ	NOV	DEC	Q4	AVERAGE
					AVG				AVG				AVG				AVG	
Discharge Call Backs (% Reached and Responses Analyzed)	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Phototherapy Temp Documented Every 4 Hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Alarm Checks in Nursey Both Shifts	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Nursery Observations - Standard Met	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Documentation of Sponge Counts for all Vaginal Deliveries	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Pain Re-assessment 30 or 60 Minutes (All Patients)*	100%	93%	86%	86%	88%	86%	90%	92%	89%	95%								
Hearing Screen Referrals**	<5%	1%	10%	0%	4%	1%	10%	0%	4%	0%								
Control Substance Discrepancy Access and Full Count	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
LIP Orders: Monthly Chart Audits (PC 02.01.03 EP 7)		0/21	0/19	0/9	0/49	0/13	0/10	0/14	0/37	0/20								
Ordered by Provider (including Titration)		100%	100%	100%	100%	100%	100%	100%	100%	100%								
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								
Signature of Provider		100%	100%	100%	100%	100%	100%	100%	100%	99%					-			
Nurse Administered as Ordered by Physician		100%	100%	100%	100%	100%	100%	100%	100%	100%								
Magnesium Sulfate (MM 02.01.01 EP 9)		0/2	1/2	1/2	2/6	1/3	1/2	0/1	2/6	1/1								
Ordered by Provider (including Titration)		100%	100%	100%	100%	100%	100%	100%	100%	100%								
Indication usage document by physician	10001	100%	100%	100%	100%	100%	100%	100%	100%	100%	_							
Maternal Assessments (Signs of Toxicity) Care plan reflects diagnosis and	100%	100%	50%	50%	67%	33%	50%	100%	61%	100%								
assessments		100%	50%	50%	67%	33%	50%	100%	61%	100%								
Magnesium Level (Post Infusion)		100%	100%	100%	100%	100%	100%	100%	100%	100%								



Continuous Quality & Patient Safety Improvement - Women, Infant's and Children Service Line Performance Improvement Report 1st Quarter - 4th Quarter - 2019

Action Plans:

Q1:

January: The breast only quality indicator continues to be an on-going problem. We are at 50% for breast and bottle. The staff and I have reached out to Dr. Stoessel's office in an attempt to try to encourage and educate on breast feeding prior to delivery. The staff and I are providing literature offering free breast feeding classes in English and Spanish in Clewiston and Moore Haven to all patients. Maria Pritcher, IBLC has given her cell phone number and offered her help to clients breast feeding free of charge. Information on Breast Feeding resources is being given to antepartum patients with all the sites for assistance from Palm Beach County to Hendry County. Elaine Gulley and Rebecca Schrader are currently pursuing certification as IBLC. The pain assessment has improved tremendously. The current stats represent two nurses not following up documentation of pain relief both nurses informed of lack of documentation and given coaching/teaching training regarding the pain assessment.

February: Pain reassessment is an on-going issue. Three nurses did not document follow-up pain meds. The nurses were given coaching/teaching reinforcement and given chart audits to help to remind for proper documentation. The hearing screen results equal 2 referrals. Currently we are in the process to purchase a new machine. The magnesium chart audit reflects a nurse not completing vitals/assessment per policy. Coaching/teaching completed. Care Plan teaching and coaching completed on the nurses involved.

March: Pain assessment: Individual nurses given coaching/teaching reinforcements. The use of alarm clocks to provide reminders will be placed for use. Continued teaching and monitoring to reach 100%. Chart audits will continue staff currently reviewing charts visualizing lack of documentation, teaching and coaching provided on individual basis for care plans and assessments of MGSO4.

Q2:

April: The pain reassessment currently remains issue. Alarm clocks have been placed on the WOW to set by staff for a reminder to follow-up. Currently, there are only two on unit. We will be ordering additional alarm clocks for the remaining WOWs. Individual coaching provided and documented to involved staff. The MGSO4 chart reviews: Nurses aren't following policy guidelines. Policy revisited with individual nurse, coaching and documented teaching kept. Moving forwarded All MGSO4 audits will be done real time to catch any errors in documentation.

May: Currently, improving pre post pain. Nurse remediation and coaching one-on-one in progress. Currently, we have 2 Alarm clocks on the unit and working towards getting better and more clocks for the unit. The newborn hearing screen rate is currently at 10% and we had a total of 3 referrals. The staff had the newborns return for different screening one newborn did pass other two remained referrals. The percent is due to the low number of tests. June: Continuous improvement of Pre and Post pain documentation. Informed nurses of disciplinary actions for continued lack of proper documentation.

Q3:

July: The pre and post pain assessments are currently improving. New time clocks were ordred and received awaiting velcro to apply to WOWs to remind the nurses to follow-up. The nurses that failed to document the pre and post pain follow up were educated and informed of importance. One of the nurses is new just finished her orientation and the other nurse is per diem. The record with the missed provider signature, the MD has meet with Javi to for education on how to enter orders in the computer. The nurses are currently encouraging the MD to use computer for orders.

Q4:

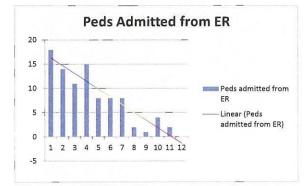
* 30 minutes was added to Pain Assessment.

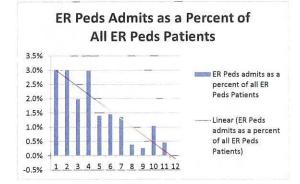
**According to the Quality Indicators of Appropriate Referral Rate from the Florida Newborn Screening Guidelines: 1) A minimum of 96% of newborns in the hospital should receive a hearing screen prior to discharge. 2) A maximum outpatient referral rate of 4% of all newborns screened prior to discharge should be achieved.

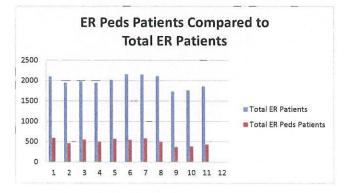
Revised: 2/22/2019

Lakeside Medical Center ER Pediatric Statistics FYE 9/30/19

Unit Admission	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Totals
Total ER Patients Total ER Peds Patients	2103 596	1950 465	1983 557	1949 503	2020	2157 549	2155 587	2115 505	1736 374	1763 384	1860 435		21791
% of Pediatric Patients in ER	28%	24%	28%	26%	28%	25%	27%	24%	22%	22%	23%		5526 25.4%
Peds admitted from ER	18	14	11	15	8	8	8	2	1	4	2	n <u>er ka</u> r	91
ER Peds admits as a percent of all ER Patients ER Peds admits as a percent of all ER Peds	0.9%	0.7%	0.6%	0.8%	0.4%	0.4%	0.4%	0.1%	0.1%	0.2%	0.1%		0.4%
Patients	3.0%	3.0%	2.0%	3.0%	1.4%	1.5%	1.4%	0.4%	0.3%	1.0%	0.5%	No.	1.6%
OVS Peds Registered from ER ER OVS Peds Registrations as a % of all ER	16	10	9	5	14	14	17	14	18	10	30	RANDOLEAN	157
Patients ER OVS Peds Registrations as a % of all ER	0.8%	0.5%	0.5%	0.3%	0.7%	0.6%	0.8%	0.7%	1.0%	0.6%	1.6%		0.7%
Peds Patients	2.7%	2.2%	1.6%	1.0%	2.5%	2.6%	2.9%	2.8%	4.8%	2.6%	6.9%	SWIZENNUR	2.8%
Total OVS Peds and Admiited Peds Patients from ER	34	24	20	20	22	22	25	16	19	14	32		248
% of OVS Peds and Admitted Peds Patients from ER	1.6%	1.2%	1.0%	1.0%	1.1%	1.0%	1.2%	0.8%	1.1%	0.8%	1.7%		1.1%
% of OVS Peds and Admitted Peds Patients from ER Peds	5.7%	5.2%	3.6%	4.0%	3.9%	4.0%	4.3%	3.2%	5.1%	3.6%	7.4%		4.5%









	MAR	Q1 AVG	APR	2ND QL MAY	JARTER	Q2	JUL	3RD QU	Viewerses of	50 		4TH QL	ARTER		
		-	APR	MAY	JUN	02		4110	and the second second	0.00000				-	
100%		AVG	-			ULL	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	YEAR
100%		a here and a second				AVG				AVG			1	AVG	
	100%	100%	99%	100%	100%	100%	99%								
99%	98%	99%	99%	98%	98%	98%	98%								
100%	100%	100%	100%	99%	100%	100%	99%								
100%	100%	100%	100%	100%	100%	100 <mark>%</mark>	100%								
100%	100%	100%	100%	100%	100%	100%	100%		-						
100%	100%	100%	100%	100%	100%	100%	100%								
4400 (AZ	5.8774 P.	Sec. etc.	in the second	- 1 ¹ -1											
				AND CONTRACTOR					2012 (UKS) 99	1996 - California (1972) - A		Color of Kalendary	NAME OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A		
1071.772							No. of Street,				35.044				-
ntly and s	secure	to help	prevent	infiltrate	es.										
	-														
tly and s	secure	to help	prevent	infiltrate	es.										
1	100% 100% 100%	100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% 100%	100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%



CMO Report for MEC on 09/23/19

- 08/03/19 Preceptor for Family Practice Residents at Boys and Girls Club in Riviera Beach Back To School Physicals
- Ongoing OPPE/FPPE processing, chart reviews, and meeting with the providers
- Creation of Dashboard for Narcotic prescribing by ER physicians January 2019
- Ongoing ER Real-Time Survey with Regina as part of HCHAP improvement strategy >95% positive feedback
- Addiction Stabilization Committee
- Credentialing/Clinical Privileges Review for Temporary/Provisional/Active providers
- Ongoing Sepsis, AMI and Stroke quality review and physician engagement in improvement of these quality metrics.
- Review and assistance in mediation of multiple RiskQual/ Complaints.
- Active Med Staff engagement and mediation.

Daniel Padron DO, CPE Chief Medical Officer Lakeside Medical Center Belle Glade, Florida

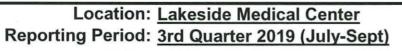
RISK MANAGEMENT DASHBOARD



Location: <u>Lakeside Medical Center</u> Reporting Period: <u>3rd Quarter 2019 (July-Sept)</u>

	Ser and			EX	EC	UTI	VE	SU	MI	MA	RY	-						
	JAN #	FEB #	MAR #	Q1 TOTAL	APR #		JUN #	Q2 TOTAL		AUG #	SEP #	Q3 TOTAL	<u>OCT</u> #	NOV #		Q4 TOTAL	<u>2018</u> TOTAL	2017 TOTAL
Patient Events	81	76	77	234	73	65	50	188	65							6.6	993	574
Visitor Events	0	1	2	3	1	1	2	4	1							2.8.4	8	11
Near Miss/Good Catch	0	0	0	0	0	0	0	0	0							121	0	0
Other	0	0	0	0	0	0	1	1	0							121273	10	10
Adverse Events (AHCA)	0	0	0	0	0	0	0	0	0							A CONTRACTOR	1	1
TOTAL:	81	77	79	237	74	66	53	193	66	0	0	0	0	0	0	0	1012	596
Patient Encounters (Inpatient/Outpatient)		7,448			7,204				2,	174				0		31,675	34,073	

RISK MANAGEMENT DASHBOARD



			P /	ATI	EN	ΤE	VE	NT	RE	P C	DR	<u>rs</u>						
EVENT CATEGORY	JAN #	FEB #	MAR #	Q1 TOTAL	APR #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	<u>OCT</u> #	NOV #	DEC #	Q4 TOTAL	<u>2018</u> TOTAL	2017
ADE: Adverse Drug Event	1	0	1	2	0	0	0	0	0					. •				1. 5
Behavior	5	1	4	10	3	2	2	7	2									20/13
Equipment Related	1	0	1	2	0	0	1	1	0									
Fall without Injury	2	1	3	6	0	2	1	3	2							1323.0		
Fall with Injury	0	0	0	0	0	0	0	0	1							225 7 5		1001
HIPAA / Privacy	1	0	1	2	2	1	0	3	0							1000		1 and
IV Blood	2	6	3	11	4	8	4	16	6									Sec.
Lab	3	1	1	5	0	1	1	2	0									1
Medication Variance	6	4	3	13	12	6	5	23	7							1. 1. 1. 1. 1.		
Obstetrics/Delivery	2	1	0	3	0	0	1	1	2									14.5
Other	0	0	0	0	0	0	0	0	0									
Patient Care	42	50	35	127	38	32	28	98	37									
Safety	2	2	3	7	2	1	5	8	3									
Security	2	0	0	2	0	0	0	0	2							L'an a		
Pressure Injury - Admitted With		1	1	4	2	2	1	5	1									1.
Pressure Injury - Acquired	0	1	0	1	0	0	0	0	0							€17 X Z M		1.00
Skin Issue/Skin Condition - Admitted With	5	5	15	25	7	8	1	16	2									
Skin Issue/Skin Condition - Occurred	1	1	3	5	0	0	0	0	0									
Skin Breakdown - Admitted With	0	0	1	1	1	2	0	3	0		1					1. 1. 1 A		1GE
Skin Breakdown - Acquired	0	0	1	1	0	0	0	0	0							1		
Surgery	4	2	1	7	2	0	0	2	0									T III
TOTAL	81	76	77	234	73	65	50	188	65	0	0	0	0	0	0	0	0	0

Lakeside

edical Center

ealth Care District Palm Beach County

PATIENT EVENT ANALYSIS OF TOP REPORTED EVENTS								
Category + #	Event Summary of Top Trends & Actions Taken To Prevent Re-occurrence							
IV Blood (6)	Surgery: 0, Medical Surgical: 0, Radiology: 1, ED: 2, PCU: 1, Peds: 2. An occurrence report is submitted for all IV infiltrations and reviewed by the Risk Manager to ensure the Intravenous P&P was followed and that a photograph of the infiltrate was taken. IV infiltrations are monitored for tracking and tranding also. First BD Nexiva Diffusics trial was held in December 2018 with great reviews of the product from ED, Surgical and Radiology staff. Second trial scheduled for August 29th and 30th to allow staff from the Medical Surgical, Pediatric, Critical Care, Telemetry and Obstetric Units trial and evaluate the product.							
Medication Variances (7)	Controlled drug waste issue: 1, Omission/missed dose: 2, Wrong dose: 1, Wrong drug/IV fluid: 1, Other: 2. All medication variances are submitted as an occurrence report. Applicable Managers, Risk Manager and Director of Pharmacy review and investigate all medication variances. Investigation includes but is not limited to: Education, Root Cause Analysis, Meetings/Interviews, Witness Statements, and thourough follow-up. All medication variances are tracked and monitored for trends and addressed appropriately.							
Patient Care (37) AMA: 32	AMA=32; OB: 10, Medical Surgical: 3, PCU: 11, ED: 8 Various reasons for patient's leaving AMA: Child care, things to do, do not wish to be admitted and will follow up with Primary Care Physician, family issues, leaving after dialysis treatment. Staff encourage patients to stay in the hospital and the providers explain the risks of leaving AMA to the patient and have them sign the AMA form. Patient Advocate follows up with all patient's who leave our facility agaist medical advice via follow-up phone call.							

RISK MANAGEMENT DASHBOARD



Location: <u>Lakeside Medical Center</u> Reporting Period: <u>3rd Quarter 2019 (July-Sept)</u>

ADVERSE EVENTS REPORT (AHCA)

No Adverse Incidents this Quarter

Survey Type & Date Survey Findings Summary & Actions									
No survey this quarter	Summary of corrective actions: N/A								

		N	ON	-PA	TI	ENT	r e	VER	T	RE	CPC)RT	'S			a la sur de la sur de la sur de la sur de la sur de la sur de la sur de la sur de la sur de la sur de la sur de la sur de la br>la sur de la	1.0	
EVENT CATEGORY	JAN #	FEB #	MAR #	Q1 TOTAL	APR #	MAY #	JUN #	Q2 TOTAL	JUL #	AUG #	SEP #	Q3 TOTAL	OCT #	NOV #	DEC #	Q4 TOTAL	2018 TOTAL	2017 TOTAL
Equipment Related	0	1	1	2	2	0	0	2	0									3.4
Safety	3	0	1	4	1	1	2	5	0							ALL THE A		
Security	2	0	0	2	1	0	2	2	1									
Medication Variances	32	39	31	102	26	14	10	50	18									
Visitor Events	0	1	2	3	1	1	3	5	1									
TOTAL:	37	41	35	113	31	16	17	64	20	0	0	0	0	0	0	0	0	0
1	ION	-PA'	fien	T EV	ENT	ANA	LYSI	S OF	TOF	RE	POR	TED	EVE	NTS				
Category + #	Eve	nt S	umm	ary o	f Top	Tren	ds & /	Action	is Ta	ken	To P	reven	t Re-	occui	rrenc	e		
Medication Variances	occurren	nce report		iewed and													ices are ente Il medicatio	
														_				

Sylvia Hall

From:	Validation <validation@hcgis.org></validation@hcgis.org>
Sent:	Friday, September 13, 2019 3:11 PM
ío:	Validation
Subject:	Hospital Outpatient Quality Reporting (OQR) Program Chart-Abstracted Calendar Year (CY) 2021 First Quarter 2019 (1Q19) Case Selection
Attachments:	Providers selected for Hospital OQR Program CY 2021 validation
Importance:	High

The purpose of this e-mail is to inform hospitals selected for Calendar Year 2021 chart-abstracted outpatient validation that the Clinical Data Abstraction Center (CDAC) support contractor for Centers for Medicare and Medicaid Services (CMS) has mailed the 1Q19 Case Selections to hospitals.

Packets with detailed instructions and case listings were sent by the CDAC to the attention of **"Medical Records Director"**, on **Friday, September 13th, 2019.** Please distribute this email to the appropriate medical records staff at your hospital.

Requested records not received by the CDAC within 45 calendar days from the original request will not be eligible for validation and will not be abstracted. **1Q19 medical records must be received at the CDAC by Monday, October 28th, 2019 prior to 4:30 p.m. Eastern Time.**

Related to information provided in the packet sent by the CDAC, a hospital's list of cases selected for validation each quarter, including all available patient identifiers, can be accessed via the QualityNet Secure Portal by a registered user. Please become familiar with this report, as it also displays the status of records received by the CDAC. To access the report:

- 1. Log in to the QualityNet Secure Portal.
- 2. Select My Reports, then Run Reports.
- 3. Select the Run Reports tab.
- 4. Under Report Program, select OQR.
- 5. Under Report Category, select Hospital Reporting Data Validation Reports.
- 6. Under Report Name, select Hospital Data Validation Case Selection Report.

Receipt of your medical records can be confirmed by contacting the CDAC Help Desk at <u>CDACHelpDesk@hcqis.org</u>. Please include your six-digit CCN/Provider ID when inquiring so they can assure they are providing information about your facility.

Keeping hospital contacts up-to-date is necessary to ensure submission deadline email reminders reach appropriate staff at your hospital. **The following contact types will receive validation-related notifications:** Hospital OQR, Medical Records, Medical Records–CDAC, Quality Improvement, and CEO/Administrator. If you would like to check who is listed for these contact types at your hospital, or make any updates, please send an email with your six-digit CMS Certification Number (CCN)/Provider ID to ogrsupport@hsag.com.

Note: The previously sent provider selection notification email (attached) contained the OQR Support contact email as ending in .org. It has since been corrected to .com. If you reached out to make contact changes between then and now, please ensure the list was received by emailing the correct address. Apologies for any inconvenience this may have caused.

Value Incentives and Quality Reporting Center (VIQRC): Validation Support Contractor Validation@hcqis.org



Hospital Administrator and Director of Nursing

Executive Summary September 23, 2019

QUALITY

- 2nd Quarter Quality Core Measure Report completed
- HCAHPS Report May 2019 July 2019
- Providers selected for Hospital OQR Program CY 2021 Validation

SERVICE

- Vacant position Women, Infant Children Manager 2 applicants interviewed
- Vacant position ED Manager
 2 applicants interviewed
- Gift Shop Manager Anne Gray and Marilyn Vanamburgh Transition – 10/1/2019

GROWTH

- The Joint Commission (CY 2020 Standards) webinar scheduled on 9/26/2019
- Community Needs Assessment held on 9/19/2019
- Anesthesia Contract pending
- LMC 10th Anniversary Planning Meeting scheduled on 9/26/2019
 * Event scheduled on 11/9/2019 from 1:00 4:00 p.m.
- CPI Trainings onsite at Lakeside Medical Center
- Human Trafficking In-Service at Lakeside Medical Center
- Quality Forum (employees) 10/1/2019 @ 2:00 p.m.