



Clinical Instructor Orientation Handbook

**Jewish Hospital
Louisville, KY**

Revised December 2013

KentuckyOne Health – Jewish Hospital Clinical Instructor Orientation Packet

Dear Clinical Instructors,

Thank you for partnering with Kentucky One Health - Jewish Hospital for your clinical experience. We are honored to provide this opportunity for you. This packet will provide the information needed to make your clinical experience here a success.

General Information

The clinical instructor must complete these steps **prior to** the start of clinical and/or **prior to** students being on the unit:

1. **Required Forms:** Please complete the forms at the end of this packet, and turn them into Sarah Woolwine. **These forms must be completed and signed before any clinical experience can begin.**

- **Validation of Clinical Orientation** completed by the instructor only. This validates that you had the opportunity to review the manual and ask me any questions. *See Appendix A.*
- **Exhibit B Confidentiality Statement** completed by instructor and students, this is our legal HIPPA documentation. *See Appendix B.*
- **Computer and Information Usage Agreement** completed by the instructor and students and returned at least 10 business days prior to the start of clinical. This allows the instructor to be granted computer access. *See Appendix C.*
- **Handbook Acknowledgement** completed by the students and the clinical instructor to verify the information in the handbook was covered. *See Appendix D.*
- **Nursing Student Assignment Sheet** completed by the instructor and provided to the unit to help facilitate assignments. *See Appendix E.*
- **Our Values and Ethics at Work Reference Guide** must be reviewed by both faculty and students and is available at <http://www.jhsmh.org/Our-Team/Nursing-Services/Clinical-Faculty-Student-Orientation.aspx>

2. **Computer Access:**

- Students will not be given individual access to our computer systems. Students will be able to pass medications and view charting under the direct supervision of their clinical instructor or a nurse on the unit.
- Clinical instructors will be provided computer orientation along with current employees. Please contact Sarah Woolwine at SarahWoolwine@KentuckyOneHealth.org to set up your computer instruction.

- a. ICIP, our computer charting class, is an 8 hr class offered every other Wednesday.
 - b. MedAdmin, our medication barcode scanning system, is a 4 hour class offered from 8-12 every other Thursday.
3. **Alaris IV Pump Training:** Instructors are required to take a 2 hour online course on using the Alaris pump system following the MedAdmin class.
4. **Student Identification:** Students are required to wear identification while on the unit. If a student does not have a school identification badge, please email KimLogsdon@KentuckyOneHealth.org with the student's name and the first day of clinical so that name badges can be made. The name badges can be picked up on the first day of clinical.
5. **Parking:** Parking passes are required. Please email Tamara Cook at TamaraCook@KentuckyOneHealth.org with the dates of clinical and the number of parking passes needed. Parking passes will be ready to pick up on the first day of clinical in the basement education office to the left of dialysis.
6. **Contact the Nurse Manager for your clinical unit.** See Appendix F for Nurse Manager Units and contact information.
 - Provide them your contact information
 - Set up a time with them to familiarize yourself with the unit
 - Provide them a copy of the syllabus for the class or a summary of objectives.
 - Provide them with the form, Nursing Student Assignment Sheet
7. **Clinical Orientation:** Instructors are expected to orient students using the student orientation manual and have them sign the Handbook Acknowledgement, the Confidentiality Statement, and the Computer and Information Usage Agreement. It is expected this will be done on or before the first day of clinical. **Students will not be allowed on the units until these forms are completed and signed.** These forms can be turned in to Sarah Woolwine: SarahWoolwine@KentuckyOneHealth.org
8. **Evaluation:** Instructors and students are encouraged to complete the Clinical Learning Environment Survey (located in the student manual). These forms can be turned in to Sarah Woolwine.
9. **Clinical Instructor Evaluation:** At the end of the clinical rotation, instructors should give the nurse manager or designee the Clinical Instructor Evaluation. The nurse manager or designee will return it to Sarah Woolwine. See Appendix G.

If you have any questions, concerns, or would like more information; please see Appendix F for contact information.

Clinical Instructor Expectations

- Must complete all required forms and paperwork before the clinical group will be allowed on the unit.
- Must maintain a professional appearance.
- Must arrive on time for scheduled clinical.
- All changes to clinical placement must be approved through Sarah Woolwine at SarahWoolwine@KentuckyOneHealth.org
- Must maintain professional conduct including upholding the KentuckyOne Health Standards of Performance and the KentuckyOne Health Mission, Vision, and Values during the clinical.
- Must contact the Nurse Manager for your clinical unit and:
 - a. Provide them your contact information
 - b. Set up a time with them to familiarize yourself with the unit
 - c. Provide them a copy of the syllabus for the class, objectives, and any special student needs
 - d. Provide them with the form: Nursing Student Assignment Sheet
- Must notify the unit if the clinical group will not be reporting for a scheduled day.
- Must provide a formal assignment sheet, this form is provided at the end of the packet.
- Must remain with the students at all times during the clinical rotation unless the rotation does not require faculty on site. Students must know how to contact the instructor at all times.
- Must sign in and observe all medication administration if passing medications with the students. The instructor will NOT share their passwords with the students.
- Instructor or Nurse must pull all medications for the students from the medication pyxis.

Nursing Student Expectations

- Must complete all required forms and paperwork before the student will be allowed on the unit.
- Must maintain a professional appearance.
- Must arrive on time for scheduled clinical.
- Must review the PCAR and then get report from the nurse caring for the assigned patient.
- Must report off to the nurse caring for the patient at the end of duty and when leaving the floor for any reason.
- **Will not copy any portion of the patient's medical record, all documents with protected health information must be placed in the shred bins at the end of the shift.**
- Must wear a visible nametag at all times.
- Will not pass any high alert medications that require a two nurse independent double check. *Please see Appendix H.*
- Will not administer any type of blood or blood product.

- Will not accept verbal or telephone orders from physicians.
- Will not administer IV medications in an emergent situation.
- Will not care for patients in Airborne Precautions including TB, chicken pox, shingles, measles, or epidemic influenzas; may provide care for other isolation patients.
- Students and Clinical Instructors are to follow the policies and procedures of their assigned unit.

Clinical Unit Expectations

- Representative from the unit will provide the Clinical Instructor with unit orientation including a tour and where to post assignments, where not to congregate, where to keep charts, when not to take charts, etc.
- Representative from the unit will provide Clinical Instructor codes to all locked areas the students will need to enter to perform their duties. Room codes may be distributed to students.
- Representative from the unit will provide Clinical Instructor or students PCARs and MAR worksheets needed to perform their duties.
- Should nurses on unit assume precepting a student, then that nurse will assume responsibility of direct supervision of student at that time, including supervising all treatments and all medication administration.
- Staff on unit will be responsive and helpful.

Observational Experiences

Observational experiences **MUST** be arranged through Sarah Woolwine who will schedule it with the clinical site. Sarah will notify the clinical instructor once the observational site has been confirmed. Once a site has been confirmed clinical instructors are expected to:

- Introduce themselves to the manager of the clinical site and provide them with contact information
- Contact the observational site manager and work out the details with a schedule of observations including the student's name, dates, and times they will be observing. Contact information can be obtained through Sarah Woolwine at SarahWoolwine@KentuckyOneHealth.org

Appendix A

Validation of Clinical Orientation to Jewish Hospital

Please initial each item indicating you have received the following information pertaining to your clinical rotation and have had your questions answered to your satisfaction.

_____ KentuckyOne Health Mission, Vision, Values and Standards of Performance

_____ Dress Code

_____ Parking/Identification Badges

_____ Infection Control

- Hand Washing
- Personal Protective Equipment
- Standard Precautions
- Isolation
- Blood spills/exposure

_____ Health Information Management

_____ Smoking Policy

_____ Patient Rights and Ethics

_____ Restraint and Seclusion

_____ Incident Reporting

_____ Hospital Safety Information

- Emergency and Disaster Codes and Response
- Hazardous Materials and Waste Management
 - Material Safety Data Sheet
 - Using appropriate waste bags (red, yellow, or trash)
 - Pharmaceutical Waste
- Medical Equipment Safety

_____ Patient Safety

_____ Patient Identification and Armbands including Two Patient Identifiers

_____ Administering medications

- High Alert High Risk Medications
- Medical Orders Written and Verbal
- Red Rules for Patient Safety

I have read and understand the Jewish Hospital Orientation information. All my questions have been answered satisfactorily.

Signature _____ Date _____

Name Printed _____

School Affiliation _____

Appendix B
EXHIBIT B

KentuckyOne Health
d/b/a JEWISH HOSPITAL

Statement of Understanding and Confidentiality Agreement

I, _____, by signing this Statement of Understanding and Confidentiality Agreement, do hereby represent that I have read and understand the following:

1. A shadowing or clinical learning experience has been arranged for me at Jewish Hospital ("Hospital") as part of the interview process, an agreement with my school, or a student observation request.
2. I understand that this experience does not entitle me to any wages, workers' compensation, other benefits or guaranteed employment with Hospital.
3. While shadowing a Hospital employee performing duties or participating in a clinical experience at Hospital, I will conduct myself in accordance with Hospital policies and standards of conduct.
4. I understand that Hospital is not responsible for injuries that I incur solely as a result of my own negligence. I acknowledge that I will be responsible for paying for any medical treatment I receive as a result of injuries incurred during the course of my experience and that I am encouraged to maintain personal health insurance.
5. I understand that I am required to have current TB tests and immunizations and that Hospital is not responsible for my exposure to any communicable diseases during this experience.
6. I understand that information regarding patients or former patients is confidential. I agree to permanently maintain the confidentiality of all patient information obtained during my experience and understand that an inability to maintain patient confidentiality during this experience will result in immediate dismissal and/or additional legal ramifications.
7. I understand that any action on my part which is not fully consistent with the above statements may warrant termination of this experience.
8. I understand that I may be required to undergo a criminal background check, Medicare/Medicaid exclusion check, and/or drug screening.
9. I understand that I may be required to submit to a health screening consistent with the laws and regulations or hospital policy, including a drug screening.
10. I understand that Hospital may terminate my experience at any time, with or without cause.

I have read and understand the above statements and accept them as conditions of my experience at Hospital.

Signature: _____ Date: _____

Printed Name: _____ Witness Signature: _____

Appendix C

Computer and Information Usage Agreement

(KentuckyOne Health Workforce members not employed by KentuckyOne Health)

KentuckyOne Health considers maintaining the security and confidentiality of protected health information a matter of its highest priority. All those granted access to this information must agree to the standards set forth in this computer and information usage agreement. All those who cannot agree to these terms will be denied access to protected health information entrusted by our patients to this organization. Each person accessing KentuckyOne Health data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. The following conditions apply to all those having access to protected health information.

As a condition of my association with KentuckyOne Health, I agree to the following:

1. I understand that I am responsible for complying with the KentuckyOne Health policies based on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that are available to me for review.
2. I will treat all information received in the course of my association with KentuckyOne Health, including but not limited to the patients of KentuckyOne Health, as confidential and privileged information.
3. Upon cessation of my association with KentuckyOne Health, I agree to continue to maintain the confidentiality of any information I learned at KentuckyOne Health and agree to turn over the keys, access cards, or any other device that would provide access to KentuckyOne Health or its information.
4. I will respect the privacy and rules governing the use of any information accessible through the computer system/network and only access and/or utilize protected health information that I have a need to know in order to perform my assigned duties.
5. I will respect the confidentiality of any reports or documents printed from any information system containing patient/member information and handle, store and dispose of material appropriately.
6. I will not disclose information regarding the patients of KentuckyOne Health to any person or entity other than as necessary to perform my duties and as permitted under the organization's policies. I understand that the information accessed through all KentuckyOne Health information systems contains sensitive and confidential patient care, business, financial and hospital employee information which should only be disclosed to those authorized to receive it.
7. I will not use or disclose any information that identifies a patient except that which is allowed by KentuckyOne Health policies based on HIPAA regulations.
8. I will prevent unauthorized use or viewing of any information in files maintained, stored or processed by KentuckyOne Health.
9. I will not remove any worksheet, record, report or copy of such from the area or office where it is kept except in the performance of my duties. I will report any violation of this code.
10. I will not seek personal benefit or permit others to benefit personally from any confidential information or use of equipment available through my work assignment.
11. I will not log on to any KentuckyOne Health computer systems that currently exist or may exist in the future using a password other than my own.
12. I will safeguard my computer password and will not post it in a public place, e.g., the computer monitor, or a place where it will be easily lost, e.g., on my nametag.

13. I will not allow anyone, including other employees, to use my password and/or authentication device to log on to the computer or alter information under my identity.
14. I will not utilize anyone else's password and/or authentication device in order to access any KentuckyOne Health system.
15. I will log off of the computer as soon as I have finished using it.
16. I will not attempt to establish electronic communication to the KentuckyOne Health network except by approved methods.
17. I will use an approved cover sheet for all faxes containing protected health information.
18. I will not use E-mail to transmit a patient's protected health information unless instructed to do so by my management.
19. I will comply with KentuckyOne Health Internet and Electronic Mail usage policies and in particular will not use these business tools for non-KentuckyOne Health commercial or personal use.
20. I will ensure all electronic storage media (CD, DVD, floppy diskette, computer hard drive, etc.) containing protected health information is destroyed according to KentuckyOne Health policy.
21. I will respect the ownership of proprietary software. I will not make unauthorized copies of such software even when the software is not physically protected against copying.
22. I will respect the procedures established to manage the use of all systems.
23. I understand that all access to the system will be monitored.

I understand that my access to protected health information maintained by KentuckyOne Health is a privilege and not a right afforded to me. By signing this agreement, I agree to protect the security of this information and maintain all protected health information in a manner consistent with the requirements outlined under the federal privacy regulations. Any breach of the terms outlined in this agreement will subject me to penalties, including disciplinary action, under KentuckyOne Health policies as well as any applicable State and Federal law. By signing this agreement, I agree that I have read, understand and will comply with all the conditions outlined in this agreement.

Signature

Title

Print Name

Company or Organization Name

Signature Date

Affiliated KentuckyOne Health Department

Estimated Departure Date if applicable

Appendix D

Handbook Acknowledgement

School: _____

Semester: _____

Instructor: _____

Unit: _____

The following students have received the Jewish Hospital Student Orientation Manual. The content of the manual has been covered in their orientation class. By signing this form, I am indicating that I have received this manual and have read the contents, and understand that I need to comply with the guidelines outlined in the manual. I know who to contact with questions or concerns.

Corporate Compliance Acknowledgment and Certification

I acknowledge that I have received information how to access the KentuckyOne Health Corporate Compliance Code of Conduct on the KentuckyOne Health Intranet and I agree to read it completely. I also agree to discuss any questions or concerns regarding the KentuckyOne Health Corporate Compliance Code of Conduct with my unit's supervisor or other member of management.

I certify that I will comply with the KentuckyOne Health Corporate Compliance Code of Conduct, KentuckyOne Health Corporate Compliance policies and procedures, and all KentuckyOne Health policies and procedures. I understand that it is my responsibility to report any concerns regarding possible violations of these standards and policies. Furthermore, I understand that KentuckyOne Health will not retaliate against me for making a good-faith report.

Student Names (Signature and Printed):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Orientation Instructor: _____

Date: _____

Please return this form to Sarah Woolwine in the System Education Office.

Appendix E

Nursing Student Assignment Sheet

Date: _____

School: _____

Instructor: _____

Instructor Contact Number: _____

Time on Unit: _____

Time Leaving Unit: _____

Student/Patient /Room#	Clinical Focus Areas (please circle tasks the student will be expected to perform)	Comments (Please specify any specific focus the student might have)
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	

Appendix F Contact Information

Sarah Woolwine, MSN, RN, PCCN, Clinical Liaison

SarahWoolwine@KentuckyOneHealth.org

Work: (502) 587-4194 Fax: (502)560-8401

Office Location: Outpatient Care Center Suite 303. Office hours are M-F 8:00am-4:00pm. If no one is in the office, you can slide the forms under the door.

Kim Logsdon, Education Department Training Assistant

KimLogsdon@KentuckyOneHealth.org

Jewish Hospital/Frazier Rehab

(502) 582-7487 Fax: (502) 560-8437

Office Location: Frazier Rehab Institute 15th Floor to the right off the elevators. Office hours are M-F 8:00am-4:30pm. If she is not in the office, you can put any forms, clearly labeled on her desk.

Unit	Ext	Manager	Man. Ext.	Specialty	Level
7 H&L	2570	Angie Freeman	2571	Post Op CABG	Inter. Tele.
8 H& L	2580	Angie Freeman	2571	Post Op CABG	Inter. Tele.
OHRR/CVIC	4480	Melissa Beams	4474	Cardiac Open Heart	ICU
5 Tower	4458	Christall Ingle	2839	Cardiopulmonary VAD	Inter. Tele.
6 Tower	4468	Connie Devine	4186	Vascular/Chest Pain Unit	Inter. Tele.
7 Tower	4478	Connie Devine	4186	Vascular/Chest Pain Unit	Inter. Tele.
4 West	4740	Elissa Grider	4905	Intermediate	Inter. Tele.
4 T (ICUA)	4363	Tammy Huff	4591	Cardiac ICU	ICU
4 T (ICUB)	4366	Tammy Huff	4591	Medical ICU	ICU
4 T (SCUC)	4369	Tammy Huff	4591	Medical ICU	ICU
4 S (ICU F)	4786	Sherri Ryan	2591	Transplant ICU	ICU
5 S (ICU G)	4601	Sherri Ryan	2591	Neuro ICU	ICU
6 West	4624	Tracy Fultz	8306	Surgical Med Surg.	Med Surg.
6 East	4464	Tracy Fultz	8306	Med Surg.	Med Surg
3 East	4434	Kathy Castillo	561-3908	Abdominal Transplant	Med Surg.
5 East	4545	Kate Schaffer	4090	Neuro/Stroke	Inter. Tele.
5 West	4456	Elissa Grider	4905	Med Surg.	Med. Surg.
9 Frazier	7453	Kate Schaffer	4090	Acute Orthopedics	Med. Surg.

Appendix G
KentuckyOne Health – Jewish Hospital
Clinical Instructor Evaluation
 (To be completed by Nurse Manager or Designee)

Instructor: _____
 School: _____

Unit: _____ Evaluator: _____
 Date: _____

Please indicate which response best reflects your experience with the above clinical instructor using the following scale.

5: Strongly Agree 4: Agree 3: Neutral 2: Disagree 1: Strongly Disagree

- | | | | | | |
|--------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Contacted the nurse manager prior to clinical to introduce themselves and orient to the unit. | 5 | 4 | 3 | 2 | 1 |
| 2. Maintained a professional appearance and conduct. | 5 | 4 | 3 | 2 | 1 |
| 3. Provided Nursing Student Assignment Sheets with clearly defined clinical expectations. | 5 | 4 | 3 | 2 | 1 |
| 4. Maintained communication and had good rapport with nurse manager, charge nurse, and staff. | 5 | 4 | 3 | 2 | 1 |
| 5. Was readily available to students at all times. | 5 | 4 | 3 | 2 | 1 |
| 6. Sought learning opportunities for students. | 5 | 4 | 3 | 2 | 1 |
| 7. Handled student issues in a professional manner. | 5 | 4 | 3 | 2 | 1 |
| 8. This was an appropriate clinical for this unit. | 5 | 4 | 3 | 2 | 1 |
| 9. I would like this clinical instructor back on my unit. | 5 | 4 | 3 | 2 | 1 |

Comments:

After completion, return to Sarah Woolwine in the System Education Department.

To be completed by System Education

- | | | |
|-----------------------------------------------------|-----|----|
| 1. Paperwork was returned in a timely manner. | Yes | No |
| 2. Computer class was scheduled in a timely manner. | Yes | No |
| 3. Communications were responded to promptly. | Yes | No |

Appendix H

HIGH-ALERT/ HIGH-RISK MEDICATIONS (11/11)

General Description / Qualifying Characteristics	Drugs Included (Lists may not be all inclusive)	Safety Strategies
Chemotherapy / Antineoplastics	All products are included.	<ul style="list-style-type: none"> Verbal orders for chemotherapy are prohibited. New orders must be written for each cycle of chemotherapy. Chemotherapy is stored only in the Pharmacy (segregated and labeled). Pharmacy prepares chemotherapy products. Maximum dose warnings are installed in pharmacy computer system. Two pharmacists review/confirm chemotherapy orders and all necessary calculations and must initial worksheet. Chemotherapy doses are labeled as such when dispensed from pharmacy and are delivered in a special transport bag. Chemotherapy agents are flagged as such on the MAR. Only chemo-certified nurses can administer chemotherapy. Two nurses check labeled product against physician order prior to administration.
Concentrated Electrolytes –	Magnesium Sulfate Injection, Concentrate	<ul style="list-style-type: none"> Outside pharmacy, Magnesium Sulfate concentrated vials are stored only in a non-matrix Pyxis drawer or crash cart with cautionary labeling. Otherwise, a premixed solution is available for use.
	Potassium Chloride Injection, Concentrate	<ul style="list-style-type: none"> Concentrated Potassium Chloride vials are not stored outside Pharmacy with the exception of Open Heart Surgery at JH. Only 20mEq vials are stored in a non-matrix drawer of Pyxis in a bag labeled “Caution – Must be Diluted”. Pre-mixed potassium solutions are purchased for use whenever possible.
	Potassium Phosphate Injection, Concentrate	<ul style="list-style-type: none"> Concentrated Potassium Phosphate vials are not stored outside the pharmacy.
	All Other Concentrated Electrolytes	<ul style="list-style-type: none"> Concentrated vials are not stored outside the pharmacy. No concentrations of sodium chloride greater than 0.9% are stored outside the pharmacy.
Direct Thrombin Inhibitors, Intravenous	Argatroban Bivalirudin (Angiomax) Lepirudin (Refludan)	<ul style="list-style-type: none"> Infusion pumps are used to administer intravenous direct thrombin inhibitors. Number of concentrations available is limited. <ul style="list-style-type: none"> Argatroban concentration is standardized to 1mg/1mL. Pharmacist dosing consult is available upon prescriber request. Two nurses check all doses and/or pump settings at initiation and at any rate changes. <ul style="list-style-type: none"> Dosing is standardized to mcg/kg/minute.

Heparin, Unfractionated Injection, Intravenous administration only	Heparin, Unfractionated Injection Intravenous administration only	<ul style="list-style-type: none"> Standardized protocol and pre-mixed solution are used for heparin therapy in Acute Coronary Syndromes, DVT, CVA, Stroke, TIA. Infusion pumps are used to administer intravenous heparin. Number of concentrations of heparin is limited; Heparin concentrations greater than 5,000 units/mL are not purchased. Storage is segregated. Two nurses check all IV bolus doses and/or pump settings at initiation and at any rate changes.
Oral anticoagulants	Rivaroxiban (Xarelto) Dabigatran (Pradaxa)	<ul style="list-style-type: none"> Only unit-dose products are used. Dosing adjusted per protocol for renal dysfunction. Rivaroxiban should be avoided in severe hepatic impairment (Child-Pugh classes B and C) or in patients with coagulopathy associated with hepatic disease. Routine PTT/PT/INR testing not required by FDA for these products.
	Warfarin (Coumadin)	<ul style="list-style-type: none"> Only unit-dose products are used. Anticoagulation policy establishes guardrails for initial therapy dosing. A baseline International Normalized Ratio (INR) is available for all patients started on warfarin. Initial dose is not dispensed from pharmacy without appropriate baseline INR. Subsequently, a current INR is available and used to monitor and adjust therapy; anticoagulation policy establishes minimum monitoring requirements. Food and Nutrition/Dietary is notified of all patients receiving warfarin, and the patient's diet is monitored according to the established Food/Drug Interaction program.
Insulin	Includes all insulin products: Regular Insulin (Novolin or Humulin R), NPH Insulin (Novolin or Humulin N), 70/30 Insulin (Novolin or Humulin 70/30), Insulin Apart (Novolog), Insulin Lispro (Humalog Insulin Glargine (Lantus), etc. <i>List may not be all inclusive.</i>	<ul style="list-style-type: none"> Standardized concentration is used for all insulin infusions. Pharmacy prepares all insulin infusions. Limited insulins are stored in Pyxis in non-matrix drawers. Two nurses check product selected (insulin vial) and dose prepared (syringe) for all insulin doses. Two nurses check pump settings at initiation of insulin infusions.
Patient Controlled Analgesia (PCA); Epidural infusions; and Other Continuous Infusion Opiates	Morphine, Fentanyl, Hydromorphone, (Dilaudid), Meperidine (Demerol), Bupivacaine (Marcaine, Sensorcaine), Ropivacaine (Naropin)	<ul style="list-style-type: none"> Standardized PCA order form is available for use. Pre-mixed morphine and meperidine PCA syringes are purchased. They are segregated in storage. Pharmacy prepares all other admixtures. Two nurses check syringe/bag for correct drug and strength and all settings at initiation, syringe/bag change, and setting changes.
Look-Alike / Sound-Alike Medications	See Look-Alike / Sound-Alike Medication list.	<ul style="list-style-type: none"> Per Look-Alike / Sound-Alike Medication Policy.