Florida State University
College of Nursing

Clinical Faculty Handbook
Dear Faculty Member,

Welcome to Florida State University College of Nursing and thank you for your commitment to educating our exceptional students. Educating our nursing students is of primary importance to us and we appreciate your assistance and dedication to this process. As an educator in the didactic and/or clinical environment, it is important that you keep current with issues and maintain expertise and excellence as a nursing professional. A major part of your role as an educator will be to incorporate the recommendations and competencies into your students’ learning experiences.

The role of the nurse educator is to facilitate this process through using adult learning theories. It is important to recognize that not all students learn the same way and at the same rate. Some need more time than others to achieve mastery. However, students learn best when actively involved in the learning process. Learning for nursing students occurs in the cognitive, affective, and psychomotor domains. As a nurse educator it is important for you to integrate these three domains into the classroom and/or clinical experiences and adapt your teaching style to meet the learning styles of your students.

We are here to assist you in anyway possible, and hope your find this faculty handbook helpful. Please let us know if you need further information or have additional questions.
JOB DESCRIPTION

Nursing is a practice discipline requiring cognitive, sensory, affective, and psychomotor performance requirements. The registered nurse is responsible for the assessment, planning, implementation, and evaluation of clients in a variety of health care settings. An adjunct faculty or clinical faculty with an adjunct appointment is a part-time faculty member who is expected to provide significant instructional, research and/or service to the University, teaching major portions of a course or entire course(s) with responsibility for assigning grades.

Adjunct faculty and clinical faculty with adjunct appointments possess qualifications for appointment as instructor or higher. Appointments are made through academic departments and colleges in accordance with the educational institution policy. Terms and conditions of adjunct faculty and clinical faculty with adjunct appointments are governed by their individual appointment letters and/or contracts.

The clinical educator is expected to conduct the clinical component of the course and correlates the classroom content to the clinical setting. Clinical educators facilitate students’ achievement of course objectives and prepares the students to master skill sets to move forward throughout the program.

POSITION REQUIREMENTS

A. Education

1. Graduate of an accredited nursing program with a Master of Science Degree in Nursing

2. Registered Nursing State of Florida licensure

3. Certifications for specified clinical sites or experiences

4. Theoretical or experiential learning appropriate for the assigned course or courses.

NEW ADJUNCT FACULTY

There are some necessary procedures for all new faculty to follow before teaching a didactic or clinical course for the College of Nursing. If you have questions or need further clarification, please call the Assistant Dean for Undergraduate Programs.

Complete the required adjunct faculty packet and submit the required documentation. Please bring the completed packet to the appropriate personnel in the nursing department.

All information must be submitted in order for faculty to be entered into the system in order to begin receiving payment.
Every adjunct faculty member or clinical faculty with adjunct appointments will provide a(n) official transcript(s) of graduate degrees and an updated curriculum vitae prior to the issuance of an adjunct faculty contract. Materials are then forwarded to the Office of Human Resources.

In order to maintain communication with clinical faculty please submit the following information to the College of Nursing:

- Home address and phone number
- Cell phone number
- Work address and phone number
- Current email address

Payment

When selected for employment, adjunct faculty or clinical faculty with adjunct appointments will be paid according to the policies and procedures of the hiring division, center, or program. Please submit the appropriate forms and copies of voided checks in order to receive automatic deposit.

FACULTY EXPECTATIONS

Since the quality of the students’ education depends on the University's ability to address their individual academic needs, didactic and clinical faculty are expected to be available for students to consult with them on a reasonable basis. Adjunct faculty are expected to make arrangements for students to contact them outside of the classroom or clinical during the duration of the course. This communication may take many different forms, e.g. in-person exchanges on campus, and before or after class or clinical, telephone, or email. Virtual office hours may also be appropriate in some programs and/or courses.

Your cooperation and participation is important for the success of our program. There are responsibilities expected of adjunct faculty members:

Clinical Course Faculty:

- Review and adhere to the policy and procedures of the College of Nursing
- Attend faculty meetings and scheduled faculty development programs as requested.
- Remain timely in regard to submission of paperwork.
- Use principles of Adult Education in determining teaching strategies and learning activities.
• Work with lead faculty to plan, implement and evaluate each course offering to maintain quality and effectiveness.

• Attend scheduled meetings the first week with the lead course faculty and all adjuncts teaching in the course. Information regarding the clinical site, policies and procedures for the specific program, clinical institution, course syllabi, established pre and post conference activities, clinical course objectives and class rosters, will be reviewed and distributed at this time.

• Contact course lead faculty on a weekly basis to keep him/her informed of student progress or any issues that occur in the clinical setting.

• Contact the course lead faculty and Assistant Dean of Undergraduate Programs immediately of unusual circumstances and/or problems.

• Obtain phone numbers and email addresses of students on first day.

• Act as a role model for students:
  • Present yourself the way you expect students to present themselves
  • Speak with students the way you want them to speak to you
  • Maintain appropriate communication with staff members and form positive relationships with the staff
  • Maintain punctuality
  • Know your own strengths and weaknesses

• Learn new technology before you need to use it. Ask staff for assistance.

• Maintain standards of professional nursing practice this includes professional dress. Clinical faculty are expected to wear clean uniforms with lab coat, ID badge required by the clinical institution and may also be required to wear the ID badge of the educational institution. Hair, fingernail length and polish, and jewelry should follow the same standards set for the students.

• Contact the course lead faculty and Assistant Dean for Undergraduate Programs immediately of unusual
POLICIES

A. Parking Permit

All adjunct faculty should have a parking permit in order to park on campus. Forms are available from the University.

B. Hospital Parking

Each clinical institution has guidelines for student and faculty parking. This information will be given to you by the lead course faculty. Please adhere to the parking requests of the institution and ensure that students also follow these policies.

C. School Closures

School closures and suspension of classes are at the discretion of the educational institution administration. If classes are suspended due to weather or emergency situations, students do not report to clinical sites or classes. Students enrolled in online classes may or may not have access to the necessary technology or NSU website. Please be cognizant of this and keep abreast of all school closures and locations. This information may be found on the FSU Website www.fsu.edu

1. Hurricanes

Hurricane season is generally considered to be that period from June 1 to November 30.

Hurricane Watch

Administrators will be monitoring weather conditions and will pass on the information to all employees. Keep your radio tuned to a local radio station for announcements. President or highest-ranking administrative officer will announce when the college will close.

Hurricane Warming

Once a hurricane warning is declared, the highest ranking administrative officer will suspend classes. Clinical classes will be cancelled. Students already in clinical settings are to be dismissed from the clinical site.

D. Clinical Faculty Absences

Should a clinical faculty member find it necessary to miss a clinical day, she/he should contact the Assistant Dean for Undergraduate Programs as far in advance as
possible so that adequate coverage may be provided for the clinical group. Only approved personnel may substitute for instructors and only authorized personnel may assign substitutes. Classes cannot be dismissed except by authorized personnel such as the Assistant Dean, etc. Clinical faculty are expected to be timely to the clinical area. PLEASE DO NOT CHANGE HOURS of a scheduled clinical day without prior approval.

F. **Adjunct Faculty Evaluation**

Adjunct faculty are evaluated by the Assistant Dean for Undergraduate Programs in addition to the students at the end of each course. These evaluations are available to you through your Assistant Dean for Undergraduate Programs.

G. **Injuries**

If a student becomes injured at the clinical site, call the Assistant Dean for Undergraduate Programs and follow the instructions based on the hospital protocol. Please familiarize yourself with the institutional policies of the clinical site. An incident report will need to be filed with the educational institution and a copy placed in the student's file. If a student is injured or becomes ill in the classroom, notify the Assistant Dean for Undergraduate Programs immediately.

**CLINICAL RESPONSIBILITIES**

A. **Faculty**

Lead Faculty: Each course has full time faculty who manage the classroom didactic component and establish the clinical instructional activities which are based on the clinical objectives. This faculty will assist in your orientation and will be your contact for any questions. Keep him/her informed of any problems. The lead faculty member will provide you with his/her contact numbers and email.

B. **Orientation to the Clinical Area**

The lead faculty will give you the name of the contact person at your assigned clinical agency. Contact that person at least one week prior to your first clinical day to introduce yourself. Provide the clinical unit with a contact phone number and email for you in case you need to be reached. Please make sure that you adhere to all policies for orientation required by the clinical facility. Make certain you: a) make arrangements for conference room space; b) understand where you and students are to park; and c) have discussed mutual responsibilities between agency and the educational institution.

C. **Student Clinical Group**
The lead faculty for the course will have a copy of your student roster (class list) and provide this to you. On the first clinical day students need to provide a phone number and email address where they may be reached on a regular basis. The College of Nursing verifies student health records, HIPAA requirements, and CPR certifications and provides this information to the clinical institution. If any questions arise regarding these issues contact the lead faculty and the Assistant Dean for Undergraduate Programs.

D. Discipline Problems

The clinical faculty is not expected to jeopardize the progress of the other students in the clinical group by permitting the continued presence of any student whose behavior could adversely affect the group. Please notify the lead course faculty member and Assistant Dean for Undergraduate Programs immediately when confronted with a discipline problem. Student issues should only be discussed with FSU faculty and administrators.

E. Patient Assignments in Clinical Area

Prior to the student’s arrival in the clinical area, you need to review the patient census and select patient(s) for each student that relate to the course objectives and level of the course within the program. Make sure that you understand patient needs prior to assigning the patient to the student. The names of the patients you assign to the students should be posted on the clinical unit in the location your unit staff has directed.

F. Clinical Hours

- Clinical hours may vary. The established time for a clinical experience is determined by the Assistant Dean for Undergraduate Programs and the clinical institution. A rotation consists of six weeks with one to two clinical days per week. The schedule may range from a 12 hour day to 7-1/2 hour day’ Students must be given 1/2 hour for lunch or dinner per Board of Nursing requirement. Some clinical institutions set hours during which students may have access to the cafeteria for lunch and/or dinner. Please adhere to these policies and plan the clinical day accordingly.

- Pre-conferences and post-conferences are required per Florida Board of Nursing rules and regulations. The amount of time for conferences may vary depending on individual clinical situations. In general, students should spend a minimum of 5.5 hours in patient contact on most clinical days. Pre-conference should not preclude students from receiving report with the oncoming shift.

- The actual starting and ending time for the clinical shift may vary from one clinical location to another as long as the overall clinical hour requirement is met. Most
clinical institutions request that students receive report with the oncoming shift staff. This is an integral experience for students as they socialize into the professional role. Please make sure that you are aware of the time when report occurs and have students on the unit, with their assignments in order to receive report.

G. Documentation of Student Progress

Student Counseling Forms: In most situations if concerns arise regarding a student, contact the lead faculty member for guidance on preparing a student counseling form. This form should be written to document your discussion of the concern with the student. Such situations might include; incidents of tardiness/absence lack of preparation for their clinical assignment, failure to perform a previously learned skill. These should be done at the time of the situation prior to the student leaving the clinical area. If this is not feasible (i.e. student is absent) the student form must be shared with the student prior or on the next clinical day. Counseling forms should be used to assist students in remediating areas of concern. The lead faculty and/or Assistant Dean for Undergraduate Programs must be notified immediately of any counseling form issued and the student counseling forms must be filed in the students’ folder at their campuses. (See section on Counseling Students at the end of the handbook).

H. Clinical Evaluation

Students are learning skills necessary to function in the role of the registered nurse. Evaluation is an important part of this learning. Two types of evaluation are used in the clinical environment: a) formative and b) summative. As a clinical faculty member, it is important to provide students with objective and non-judgmental evaluation of their progress and offer ways to improve clinical performance. It is expected that clinical faculty will provide constructive feedback to students privately and in a caring manner that indicates positive regard for them as students. Always focus on student strengths.

Formative evaluation: Formative evaluations are conducted at midterm. This evaluation provides the student with his/her areas of strengths and areas needing further development. Students not performing well at midterm should have received interim anecdotal counseling sessions. If a student is to receive an unsatisfactory performance evaluation at midterm, the clinical faculty must contact the lead faculty and/or Assistant Dean for Undergraduate Programs to discuss the student's progress prior to meeting with the student. A developmental plan outlining the steps the student needs to take to improve his/her performance must be given to the student.

Summative Evaluation: Summative evaluations are given to students at the end of the term. Students not receiving a satisfactory summative evaluation must have received interim anecdotal counseling, a developmental plan outlining steps to improve areas for development and a reassessment of his/her performance. The
clinical faculty must meet with the lead faculty and the Assistant Dean for Undergraduate Programs prior to giving a student an unsatisfactory grade for the summative evaluation.

Each student's evaluation must be filed in his or her folder at the end of the semester. Any student with less than a passing grade must have a counseling form completed and must make an appointment with the Assistant Dean for Undergraduate Programs. Midterm evaluation is to be done as part of a regular clinical day. Final evaluations should be completed at the clinical facility on the last day of the clinical experience.

I. Student Success Nursing Lab

Students may receive a remediation plan which requires them to go to the student success nursing lab. Prior to completing a remediation plan, the clinical faculty must contact the lead faculty to discuss the plan. The clinical lab instructor will assist the student in the remediation process and provide feedback to both the lead faculty and the clinical faculty.

J. Simulation

Clinical simulation experiences for all clinical groups will be scheduled by the coordinator for simulation and the lead faculty. Clinical faculty are expected to notify students of simulation schedule and adhere to requests of engagement by the coordinator for simulation learning. Information gained regarding student performance during simulation should be used to provide assignments to assist students master skills in the clinical environment.

CONFERENCES

Pre-conference

The purpose of the pre-conference is to discuss the objectives for the day and clarify expectations. This time is to be used to select the key points that students need to focus on for the day. Clinical faculty should emphasize the importance of correlating assessment data including laboratory values, to medication administration and the pathophysiology of the patient's disorder. During this time clinical faculty should focus on the quality and safety indicators that may pertain to the students' patient assignments and ways to address these indicators.

Post-Conference

Post conferences are a structured clinical learning activity. The lead faculty will provide a guide and designated topics for the clinical post conferences for each week of the course. These activities include evidence-based practice standards are
designed to assist students in making the connections between the didactic components of the course to the clinical setting. During post conference clinical faculty should again focus on the quality indicators and have students identify ways in which they addressed these initiatives. Clinical faculty who need assistance with facilitating these activities should contact the lead faculty member for assistance.

Many of our clinical facilities are tight on space. Discuss with administration or education where they would like you to meet for pre and post conference. Remember--Confidentiality is important in discussing your patients.

**PLANNING THE CLINICAL DAY**

The clinical day should be planned around the objectives. Clinical faculty should meet with staff prior to the beginning of the clinical rotation and give an outline of the clinical objectives and the activities that will be provided to assist students in meeting these objectives.

**A. Clinical faculty responsibilities in planning the day**

- Be aware of all medications and procedures for each patient assigned to students
- Limit off unit experiences. All off unit observations and experiences must be related to clinical course objectives. The lead faculty for the course will designate which off unit experiences are to be integrated into the clinical course. Clinical faculty may not send students to off unit experiences that have not been previously discussed with the lead faculty member.
- Keep a grid of students, patients, and patient needs
- Build in time to supervise each student performing a total health assessment several times during a term

**B. Supervision of students**

- **Direct Supervision**
  Direct supervision is direct observation by the clinical faculty member. The following should always be directly supervised:
  - Medication administration as guided by the facilities policies
  - Treatments
  - Invasive skills
  - Documentation
- **Indirect supervision**
  The student is supervised by someone other than the clinical faculty member. This should be clearly communicated and understood by the student, individual providing supervision, and clinical faculty member.

**C. Student and Patient Safety**

- Familiarize yourself and students with institutional policies
• Follow educational institution guidelines and health care institutional policies without exception
• Know where students are at all times

D. The Unsafe Student
An unsafe student is always a concern to faculty, administration, staff and other students. If as a clinical faculty you determine that a student is unsafe in the area it is important to immediately contact the lead faculty and Assistant Dean for Undergraduate Programs.

• Be sure to have specific incidents and anecdotal notes, not just a “feeling.” Remove the student from direct patient care, but do not send the student home. Sending the student home does not afford the student an opportunity for learning. Give the student a learning opportunity related to the safety issue.
• Document the incident objectively, clearly and concisely. (See the section on Counseling Students included in at the end of the handbook.) Complete the “Corrective Action Plan” document- developmental plan to address the safety issue.

If you have any questions at any time regarding the expected role of a clinical faculty member, clinical experiences, or policies of the educational institution please do not hesitate to contact your lead faculty or Assistant Dean for Undergraduate Programs for guidance.

The following pages include ways to facilitate student learning in the clinical environment.
Key Points in Counseling Students

- Always remember the FERPA law when counseling students. Any information regarding student progress and/or behaviors is to be discussed only with the lead faculty in the didactic course and the Assistant Dean for Undergraduate Programs.

1. Students should be aware of their progress. They should not be surprised at their formative and summative evaluations.

2. Prior to meeting with the student plan the conversation and consider the key points that need to be addressed.

3. Locate a private area to discuss any issues with students.

4. Focus your comments on the behaviors and performance, not the person.

5. Some students are more personable than others. The counseling and evaluation process is not personal. Make sure:
   a. That concerns are valid and based on objectives, safety, and follow the evaluation criteria for the course etc.
   b. That you would counsel all students regarding these concerns
   c. To remain fair
   d. To avoid statements like: “You should have learned that in...” or “I know you were taught this…”

6. Remember, no student is “all bad.” Always begin with a positive statement:
   a. “I liked the way...”
   b. “I was impressed with....”
   c. “I noticed that you have a very nice way with....”

7. Once identifying positive behaviors, ask the student how he/she feels they are performing in the clinical setting. If students are unrealistic go back to the positive statement and then add:
   a. “Here are some of the issues that I see...”
   b. “I have some concerns regarding...”

8. Documentation should be clear, concise, identify the specific objective or objectives and be free of emotional and/or subjective terms. Include a developmental plan.
a. State what the student needs to do to demonstrate improvement.
b. Describe where this remediation will occur.
c. Give a reasonable time frame for remediation.
d. Allow for demonstration of mastery and when this will occur.
e. Inform the student of the outcomes if he/she is unable to master the skill or remediate satisfactorily.

9. Both student and clinical faculty sign the counseling form.

MEDICATION ADMINISTRATION

All medications are expected to be administered safely, through use of the SIX RIGHTS. They are to be administered in a timely manner and are to be documented accurately. It is understood that most health care institutions use automated medication dispensing systems such as PYXIS and that passwords are required to access these systems. If the institution does not issue clinical faculty access passwords, it is the responsibility of the clinical faculty to accompany the student and assigned nurse when obtaining medications. Once the appropriate medication is selected the clinical faculty will abide by the institution practices identified by the facility on the supervision of medication administration. The faculty member hold the discretion to supervise all medication administration if they deem it appropriate. If the institution allows students independent medication administration, it is up to the discretion of the clinical faculty member or primary nurse to indirectly observe medication administration.

REQUIREMENTS:

1. At the beginning of each shift, the student will check the medication record to determine which medications are to be administered that shift and their respective times of administration.
2. Medications will be prepared for administration **within 60 minutes** of the actual written time of administration, except for extenuating circumstances (patient off floor, patient NPO, missing meds., etc.)
3. Oral medications will remain in their unit dose package until delivered to the patient for administration.
4. Medications are to be checked by clinical faculty. Any incorrect medication, set up by the student, at the time they are checked by the clinical faculty will be considered to be and will be classified as a medication error and managed accordingly. Students enrolled in the practicum experience will have all medications verified by the preceptor prior to administration. The clinical preceptor is to directly or indirectly observe medication administration per the institutional policy on student medication administration.
5. Asepsis (medical and/or surgical) must be maintained during the entire medication procedure.
6. PATIENT NAMEBANDS MUST BE CHECKED (AND SCANNED WHERE BARCODE TECHNOLOGY IS USED) PRIOR TO MEDICATION ADMINISTRATION. FAILURE TO DO SO WILL BE CONSIDERED A MEDICATION ERROR AND WILL BE DOCUMENTED AS SUCH.

7. PRIOR to check by the instructor, the student will be knowledgeable about:

- Drug action / type (ex.; antihypertensive - type: ace inhibitor)
- Major side effects and incompatibilities
- Amount of time to push an IV push medication and if dilution is necessary.
- Correlate pathophysiology of disease process to expected medication effects
- Necessary assessment data such as vital signs or lab values and pharmacokinetics
- Correct IV drop rate or ml/hr. IV pump rate for IV meds.
- The correct medication dosage: ex., if tablet must be halved, if a fraction of the medication is to be used, and/or if more than one tablet, vial etc. needs to be used.
- Proper needle/syringe size; appropriate site selection and amounts of medications allowed at each site.
- CVC and saline flush procedures
- Safe dose ranges

8. The student will be knowledgeable of normal ranges and/or therapeutic ranges and of inappropriate vital signs and/or levels (based on the normal and/or therapeutic ranges) that will cause a medication to be held and will state these to the clinical faculty at the time of medication check.

9. The student will demonstrate skill proficiency in all medication administration.

10. All students must have with them at ALL clinicals: a working watch with second hand, a stethoscope, and access to current drug information.

11. All medications must be documented immediately FOLLOWING medication administration and no more than 10 minutes following unless a special circumstance has prevented this.

Questions to ask students regarding medication administration:

1. “Tell me the rationale behind your patient receiving this medication.”
2. “What assessments might you want to gather prior to giving this medication?”
3. “What decisions might you make based on your assessment?”
4. “What lab values are pertinent to have prior to giving this medication?”
5. “How might your assessment data and laboratory data influence your nursing judgment regarding administration of the medication?”
6. “How do you plan to assess your client’s response to the medication?”

**Integrating the IOM Recommendations and the QSEN into the Clinical Environment**

Pre-conferences and post-conferences are ideal times to discuss and integrate the IOM recommendations and QSEN competencies into the clinical learning environment. Case studies addressing the QSEN competencies will be supplied by the lead faculty of your courses. These should also act as guides for conducting pre-conferences and postconferences.

Questions to ask students:

1. “What did you do (or What will you do) to ensure the safety of your patient today?”

2. “How did you (or How will you) prevent your patient from contracting a nosocomial infection?

3. “Let's look at all the patients we have as a group. What tasks or skill sets do you think could be safely delegated to an LPN or UAP? What criteria did you use to make these decisions?

4. “Let's talk about your patient as an example for looking at the best practices for nursing care. Identify the nursing interventions you used today that support these best practices?”

5. “How did you implement SBAR communication techniques today?”
Nursing Instructors Orientation and Welcome Packet

Capital Regional Medical Center
Step 1: Enter Student user’s ID
Step 2: Enter Student user password

Recommended Student reset password to something they can remember
CRMC Clinical Resources

Policy Stat- Policies and Protocols

Go to Internet Explorer and Intranet home page to start

How to look up hospital policies
Dynamic Health- Nursing Skills

Go to Internet Explorer and Intranet home page to start

URL
^ Nursing Procedures - Dynamic Health
*Supply Net - EDMV
_Remote Access Enrollment
3-4 ID Lookup

Nursing Procedures or Skills
Clinical Pharmacology-
Medication education for nurses and patients

Welcome to Clinical Pharmacology!

- Content Updates
- Implementation and Training
- Off-site Access

Medications and Patient Educations
Meditech and EMR

How Access the electronic medical record

FLI - Florida Panhandle Market
Clinical Patient Care System

West Florida Hospital Providers - PK Ordering has been turned off. Please place all orders in Meditech from this point forward. If you need any assistance, call the CPOE line 850-494-2763.

You are about to access an HCA - Information Technology & Services, Inc. (IT&S) computer system. This system is to be used only by authorized users of IT&S, its customers and affiliates. As a user of this system, you have no expectation of privacy rights or ownership in anything you may create, store, send or receive on this system. By proceeding, your use of this system constitutes your consent to monitoring, retrieval, and disclosure of any information within this system for all purposes deemed appropriate by IT&S, including enforcement of rules concerning unacceptable uses of this system. If you have any questions about what constitutes an acceptable use by you, please consult the written policies provided by IT&S and your company. Press <Enter> or <Return> to continue.

Select:  
1. LIVE
2. 5.6.7 TEST

The system may ask the user to provide their id and password again.
Nursing now has the ability to access all Meditech modules & routines using one standard Desktop Menu. Nursing staff will also now be granted access to all facilities in their market.
Click on the icon labeled "Nursing Status Board" and then choose your facility. It will then bring you directly to your status board.
Process Intervention for Documentation

Review is used for data collection and review of the chart

Medication Administration Record to pass medication

Reference Clinical Resource
Clinical Pharmacology and CRMC Intranet
**Meditech/EBCD Students Document:**

1. Vital/Height/Weight Measurements
2. Routine Daily Care
3. Hygiene Care
4. Intake and Output
MEDITECH Keyboard and Commands

This illustration displays the standard PC keyboard and some common commands.

<table>
<thead>
<tr>
<th>Key</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;ESC&gt;</td>
<td>ESCAPE key; go backward, exit without saving any entries or results</td>
</tr>
<tr>
<td>&lt;F4&gt;</td>
<td>GET key; used in result entry screen to call up specific templates or comments such as canned text.</td>
</tr>
<tr>
<td>&lt;F6&gt;</td>
<td>PREVIOUS field key; moves cursor to the previous field</td>
</tr>
<tr>
<td>&lt;F7&gt;</td>
<td>Beginning key; F7 takes you to the top of a list, for example, it will take you to the first intervention listed in Process Interventions.</td>
</tr>
<tr>
<td>&lt;F8&gt;</td>
<td>End key; F8 takes you to the bottom of a list, for example, it will take you to the last intervention listed in Process Interventions.</td>
</tr>
<tr>
<td><strong>&lt;F10&gt;</strong></td>
<td><strong>DELETE key; use to delete an entire line of text on a specific field or line.</strong></td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><strong>Text Erased</strong></td>
</tr>
<tr>
<td><strong>&lt;F11&gt;</strong></td>
<td><strong>EXIT key; use to exit out of any screen.</strong></td>
</tr>
<tr>
<td><strong>&lt;F12&gt;</strong></td>
<td><strong>FILE key; use to file, save or send information</strong></td>
</tr>
<tr>
<td></td>
<td><strong>MAGIC key; opens a second window of MEDITECH to “branch” from one routine to another; Suspend allows the user to suspend a session temporarily.</strong></td>
</tr>
<tr>
<td><img src="image2.png" alt="Image" /></td>
<td><strong>Magic Menu</strong></td>
</tr>
<tr>
<td><strong>&lt;Space Bar&gt;</strong></td>
<td><strong>RECALL key; recall the previous patient for look up fields.</strong></td>
</tr>
<tr>
<td><strong>&lt;Enter&gt;</strong></td>
<td><img src="image3.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>&lt;Shift&gt;</strong></td>
<td><strong>SELECTS all items by placing a check next to each item For example, in Process Interventions, select Shift Right Ctrl to select all interventions.</strong></td>
</tr>
</tbody>
</table>
# MEDITECH Navigation Mouse or Keyboard

<table>
<thead>
<tr>
<th>Toolbar</th>
<th>Description of Functionality</th>
<th>Key Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>![File Icon]</td>
<td><strong>FILE/SEND/SAVE</strong>; to file your work</td>
<td><code>&lt;F12&gt;</code></td>
</tr>
<tr>
<td>![Exit Icon]</td>
<td><strong>EXIT</strong>; to close or exit a window or screen</td>
<td><code>&lt;F11&gt;</code></td>
</tr>
<tr>
<td>![Help Icon]</td>
<td><strong>ONLINE HELP</strong>; to access online help</td>
<td><code>&lt;Shift&gt; &lt;F8&gt;</code></td>
</tr>
<tr>
<td>![Look Icon]</td>
<td><strong>LOOKUP</strong>; to lookup preprogrammed responses for a field</td>
<td><code>&lt;F9&gt;</code></td>
</tr>
<tr>
<td>![Session Icon]</td>
<td><strong>SESSION MANAGEMENT</strong>; Magic Menu, Suspend Session, to lock the computer 5 minutes at a time</td>
<td><code>&lt;Shift&gt; &lt;F12&gt;</code></td>
</tr>
<tr>
<td>![Tools Icon]</td>
<td><strong>TOOLS</strong>; to access the Calculator with the first click and with the second click access a perpetual Calendar</td>
<td><code>&lt;Ctrl&gt; &lt;F12&gt;</code></td>
</tr>
<tr>
<td>![Select Icon]</td>
<td><strong>SELECT (Check)</strong>; to select a single item on a list</td>
<td>Right <code>&lt;Ctrl&gt;</code></td>
</tr>
<tr>
<td>![Select All Icon]</td>
<td><strong>SELECT ALL (Check All)</strong>; to select all items on a list</td>
<td><code>&lt;Shift&gt;</code> Right <code>&lt;Ctrl&gt;</code></td>
</tr>
<tr>
<td>![Left Arrow Icon]</td>
<td><strong>SHIFT LEFT ARROW</strong>; “Be Left Out”</td>
<td>Left Arrow key</td>
</tr>
<tr>
<td>![Right Arrow Icon]</td>
<td><strong>SHIFT RIGHT ARROW</strong>; “Go Right In”</td>
<td>Right Arrow key</td>
</tr>
<tr>
<td>![Up Arrow Icon]</td>
<td><strong>UP</strong>; to move highlight bar up before selecting a specific item</td>
<td>Up Arrow key</td>
</tr>
<tr>
<td>![Down Arrow Icon]</td>
<td><strong>DOWN</strong>; to move highlight bar down before selecting a specific item</td>
<td>Down Arrow key</td>
</tr>
<tr>
<td>![Shift Up Icon]</td>
<td><strong>SHIFT UP ARROW</strong>; to change a list of items a page at a time</td>
<td>Shift Up key</td>
</tr>
<tr>
<td>![Shift Down Icon]</td>
<td><strong>SHIFT DOWN ARROW</strong>; to change a list of items a page at a time</td>
<td>Shift Down key</td>
</tr>
</tbody>
</table>
**Process Interventions Verb Strip**

This illustration displays a portion of the MEDITECH Process Interventions Verb Strip and its commands. The commands vary by access level, so not all users will have every “verb” listed.

<table>
<thead>
<tr>
<th>Verb</th>
<th>Description/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>Add Intervention</td>
</tr>
<tr>
<td></td>
<td>This allows additional interventions on the process interventions screen to be added.</td>
</tr>
<tr>
<td>DI</td>
<td>Document Interventions</td>
</tr>
<tr>
<td></td>
<td>To change and/or time or documenting multiple times.</td>
</tr>
<tr>
<td>DN</td>
<td>Document Now</td>
</tr>
<tr>
<td></td>
<td>This routine is used to document interventions that are performed for the patient at the current time.</td>
</tr>
<tr>
<td>AL</td>
<td>Allergy Link</td>
</tr>
<tr>
<td></td>
<td>All Allergies filed are filed, verified, and saved in the system. Allergies may be viewed and/or edited.</td>
</tr>
<tr>
<td>VH</td>
<td>View History</td>
</tr>
<tr>
<td></td>
<td>View Documentation. May edit or undo. There are specific time limits for editing; refer to facility policy and/or procedure</td>
</tr>
</tbody>
</table>

![Image of View Care Item History dialog box with undo function]

**Undo**: Select the entry and then undo.
To activate the Code Blue alert, pull the lever down.
Over-door lights

Call Light System

- Flash Red = Pain
- Flashing Green = Bathroom
- Flashing Pink = Rounding

- 10 min call reminder
- Meal tray in room
- High Risk Fall

- Nurse/tech in room
- Resp. Therapist in room
- Rainbow – Dirty Room
## Tracker

### MedSurg StepDown C Tracker Icons

<table>
<thead>
<tr>
<th>Icon</th>
<th>Legend</th>
<th>Icon</th>
<th>Legend</th>
<th>Icon</th>
<th>Legend</th>
<th>Icon</th>
<th>Legend</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDY</td>
<td>Blood Ready</td>
<td>F</td>
<td>Foley in place &gt; 24 hours but &lt; 36 hours</td>
<td>7-1</td>
<td>MEWS - decreases by 2 or more (and CURRENT score is &lt; 5), GREEN text</td>
<td>TK</td>
<td>Discharge Order, time elapsed 0-45min</td>
</tr>
<tr>
<td>BLD</td>
<td>Blood Infusing</td>
<td>F</td>
<td>Foley in place &gt; 24 hours or greater</td>
<td>1</td>
<td>MEWS - CURRENT &lt; 5, GREEN text CURRENT ≥ 5, RED text</td>
<td>DC-0:46</td>
<td>Discharge Order, time elapsed 46min-1hr</td>
</tr>
<tr>
<td>R/B</td>
<td>Blood Infusing 1 hr prior to warning time</td>
<td>F</td>
<td>Foley in place &lt; 24 hours</td>
<td>7-8</td>
<td>MEWS - if decrease ≥ 2 but CURRENT remains ≥ 5, RED text</td>
<td>EC-0:64</td>
<td>Discharge Order, time elapsed &gt; 1hr</td>
</tr>
<tr>
<td>R/B</td>
<td>Blood Infusing 1 hr prior to max transfusion time</td>
<td>F</td>
<td>Skin Risk</td>
<td>1-3</td>
<td>MEWS - increases by 2 or more, RED text</td>
<td>CosDC</td>
<td>Conditional Discharge Order, time elapsed</td>
</tr>
<tr>
<td>TF</td>
<td>Diet + Tube Feed</td>
<td>V</td>
<td>Unverified order</td>
<td>3-1</td>
<td>CURRENT and PREVIOUS display ONLY if change ≥ 2</td>
<td>XFER</td>
<td>Transfer Order, time elapsed</td>
</tr>
<tr>
<td>CL</td>
<td>Diet = Clear Liquid</td>
<td>S</td>
<td>Uncollected Specimens</td>
<td>S</td>
<td>Sepsis - Positive Tier 3 but bundles have not been implemented</td>
<td>ADM 1:12</td>
<td>Admit Order w/ elapsed time</td>
</tr>
<tr>
<td>FL</td>
<td>Diet = Full Liquid</td>
<td>C</td>
<td>Central Line/PICC</td>
<td>S</td>
<td>Sepsis - Positive Tier 3 and bundles have been implemented</td>
<td>S</td>
<td>Suicide Risk</td>
</tr>
<tr>
<td>NEW</td>
<td>Non-med, non-STAT unacknowledged order</td>
<td>S</td>
<td>STAT order or STAT medicine order that is unacknowledged</td>
<td>S</td>
<td>Sepsis—No Positive Tier 3 and bundles have been implemented</td>
<td>R</td>
<td>Restraints—if electronic ordered</td>
</tr>
<tr>
<td></td>
<td>Daily Weight - backlight patient room blue</td>
<td>Observation - backlight patient name khaki</td>
<td>Unacknowledged, non-STAT medication order</td>
<td>S</td>
<td>Suicide Risk and Restraints</td>
<td>SK</td>
<td>Suicide Risk and Restraints</td>
</tr>
<tr>
<td></td>
<td>Fall Risk</td>
<td>66</td>
<td>Vaccine Status—not addressed, unable to assess FLU and/or PNEU due</td>
<td>66</td>
<td>Restraints order closest to expiration</td>
<td>Telemetry</td>
<td>Telemetry</td>
</tr>
<tr>
<td></td>
<td>Residency—physician name backlight pink</td>
<td>Glucometer BS Checks</td>
<td>Nurse’s name</td>
<td><strong>,</strong></td>
<td>Confidential Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clean Bed Indicator, Name field highlights</td>
<td>Dirty Bed Indicator, Name field highlights</td>
<td>Empty bed is on HOLD in Bed Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACDP</td>
<td>Isolation</td>
<td>Diet is not equal to NPO, CL, FL or TF</td>
<td>NPO</td>
<td>Diet = NPO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMAR

EMAR – electronic Medication Administration Record is often used interchangeably with BCMA. It is documentation of medication administration on-line in MEDITECH.

Following the correct medication administration process allows the system to electronically perform checks for the

- **Right Patient**
- **Right Medication**
- **Right Dose**
- **Right Time**
- **Right Route**

**Please refer to the student medication administration policy**

1. Access eMAR Desktop
2. **Scan** patient’s **armband** barcode, then a will appear to the right of the patient’s name
3. **Scan** barcode on each **medication** package.
   - **NOTE:** when administering more than one medication, each package must be scanned
4. Complete any indicated information, checking for any error messages on the screen
5. A appears to the left of the medication and an asterisk * will appear to the right of the scheduled or NSCH (nonscheduled time).
6. Review the administration data and **Click Submit** button
7. Click **Save and Recompile** or Save and Exit button.

**Icons function and descriptions on the eMAR desktop**

<table>
<thead>
<tr>
<th>Icon</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Link Meds" /></td>
<td>Link Meds</td>
<td>Displays medication that is linked to a highlighted medication</td>
</tr>
<tr>
<td><img src="image" alt="Notebook or Questions" /></td>
<td>Notebook or Questions</td>
<td>Displays information needed, e.g., glucose, heart rate</td>
</tr>
<tr>
<td><img src="image" alt="Co-Signature" /></td>
<td>Co-Signature</td>
<td>Co-signature is required for medication administration.</td>
</tr>
<tr>
<td><img src="image" alt="Instructions" /></td>
<td>Instructions</td>
<td>Medication instructions, e.g., sliding scale, etc</td>
</tr>
<tr>
<td><img src="image" alt="Historical Links" /></td>
<td>Historical Links</td>
<td>Pharmacy has performed a Copy/edit.</td>
</tr>
</tbody>
</table>

**The eMAR Desktop consists of several Medication Color indicators**
<table>
<thead>
<tr>
<th>Scheduled Time</th>
<th>Green background, black time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication NOT given</td>
<td>GRAY background, WHITE time</td>
</tr>
<tr>
<td>Not Administered Time</td>
<td></td>
</tr>
<tr>
<td>Administered Time</td>
<td>WHITE background, GRAY time</td>
</tr>
<tr>
<td>Medication given</td>
<td></td>
</tr>
<tr>
<td>Next Scheduled Time</td>
<td>Green background, black time</td>
</tr>
<tr>
<td>Overdue Time</td>
<td>Red background, black time</td>
</tr>
<tr>
<td>Future Scheduled Time</td>
<td>White background, black time</td>
</tr>
<tr>
<td>Hold Medication</td>
<td>YELLOW background, HOLD time</td>
</tr>
<tr>
<td>Currently Selected Order</td>
<td>Medication order on BLUE background</td>
</tr>
<tr>
<td>Discontinued Order</td>
<td>Medication order on YELLOW background</td>
</tr>
</tbody>
</table>
Emergency Codes

CALL:*52121

CODE BLUE- Cardiac Arrest
CODE STROKE
CODE SEPSIS
CODE ICE- hypothermia treatment post STEMI
CODE BERT- Behavioral Emergency Response
CODE GREY- Security
CODE PINK- infant abduction
CODE ADAM- Pediatric abduction
CODE SILVER- Active shooter
CODE WHITE- Hostage/Weapon Situation
CODE BLACK- Bomb Threat
CODE BROWN- Extreme weather
CODE ORANGE- HazMat/Bio Terrorism
CODE GREEN- Disaster Plan
CODE RED- Fire
MET CALL- Medical Emergency
Code Elopement- Patient deemed unsafe to leave the hospital on their own accord
Code Telemetry- Rhythm Change or Signal Loss
Facility Map
NURSING/PARAMEDIC STUDENT RESPONSIBILITIES

I. POLICY:

A. The TMH RN assigned to the patient will retain complete oversight and accountability for all care.

B. For clinical rotations, the faculty instructor must be onsite and readily available including experiences designated as observational. With all clinical rotations, the faculty instructor must communicate student names/assignments, objectives, tasks to be performed and the instructor's contact information to applicable department leadership such as Nurse Manager and/or Charge Nurse.

C. Senior students completing their final Practicum Internship may be paired with a TMH RN for their clinical rotation. In this case, the faculty instructor may not be present at TMH, but must be able to be contacted by telephone if needed.

D. TMH colleagues in a clinical rotation, as either a student or faculty, must adhere to these guidelines for students.

II. PROCEDURE:

A. RN, LPN or Paramedic faculty instructors or the TMH nurse will collaborate with the Charge Nurse or Nurse Manager on patient assignments.

B. Instructors or the TMH nurse must oversee delegated procedures for assigned students.

C. Instructors or the TMH nurse must accompany the nursing or paramedic student for all gastric (naso-, oro-gastric or PEG), parenteral (including IVs), sublingual and transdermal medications. Nursing students may administer oral medications independently only with the approval of the Instructor or TMH nurse.

D. Students will not be provided access to the Pyxis machine. All medications must be withdrawn by an instructor or a TMH nurse.

E. If the medication to be administered is a controlled substance requiring wasting, 2 licensed nurses must waste or witness the waste, one of whom must be a TMH nurse.
F. Students are allowed to perform delegated waive testing under the direct supervision of the TMH nurse or faculty instructor.

G. The TMH nurse assigned to the patient will:
   1. Assign appropriate duties to the nursing or paramedic student;
   2. Clearly define the duties and responsibilities assigned to the student;
   3. Retain accountability for all care delivered to the patient.

H. RN, LPN and paramedic students are expected to:
   1. Receive a bedside SBAR handoff report at the start of the shift.
   2. Provide a bedside SBAR handoff to the TMH nurse at the end of their shift.
   3. Perform positive patient identification before the administration of a medication or performance of a procedure.
   4. Follow up and document the patient's response to any PRN medications.
   5. Complete all documentation on their assigned patients promptly.
   6. Have all documentation reviewed by the TMH nurse or the faculty instructor.
   7. Report all patient changes promptly to the TMH nurse.

I. RN, LPN and paramedic students are not allowed to:
   1. Enter any isolation room requiring an N95 respirator (mask);
   2. Collect laboratory or blood bank specimens;
   3. Set up, refill or program PCA or PCEA pumps;
   4. Administer chemotherapy, heparin or insulin infusions;
   5. Administer, regulate or discontinue blood products;
   6. Accept verbal or telephone orders from a provider;

J. RN, LPN and Paramedic students may start a peripheral IV after they have met their program's requirements for training in this skill. Their instructor or a TMH nurse must be present at all times. A TMH nurse will take over if specimen (blood) collection is required after the IV start.

III. RESPONSIBILITIES:

All Registered Nurses, Licensed Practical Nurses, Schools of Nursing and Paramedic programs are responsible for implementation, maintenance, and compliance with this policy and procedure.

IV. REFERENCES:

A. FS §464.019, Approval of nursing education programs

B. FS § 401.2701, Emergency medical services training programs


*Signature on file in Nursing Administration*
Ryan Smith, MSN, MHA, RN

VP/Chief Clinical Officer

Policy and Procedure Review and Revision History:

Creation Date: 07/2014

Revised: 07/2016

Revised: 02/2018

Revised: 04/2019

Revised: 1/2020

Revised: 04/2021
POLICY AND PROCEDURE NO. 100.100.503  Date Created: 06/03/91
Revised: 03/12/2021

STANDARD MEDICATION ADMINISTRATION SCHEDULE

I.  POLICY:

Standardized, scheduled times are to be utilized for administration of routine medication orders as prescribed by the physician. When transcribing a medication order on the patient profile, the exact corresponding scheduled time is to be entered in the order entry field, "Scheduled Time".

Electronic orders will default to standard dosing times.

Medications eligible for standard dosing times are prescribed on a repeated cycle of frequency (refer to appendix A for standard dosing times).

Medications not eligible for standard dosing times include but are not limited to the following: STAT doses, first doses or loading doses, one-time doses, investigational drugs, time sequenced doses (i.e. for serum drug levels), and PRN medications.

II.  PROCEDURE:

Definitions

Scheduled routine medications: all maintenance doses administered according to a standard, repeated cycle of frequency (i.e. daily, BID, TID, QID, weekly).

Non time-critical medications: medications where early or delayed administration within a specified range of either 1 31 or 2 hours should not cause harm or result in substantial sub-optimal therapy or pharmacological effect.

Time-critical medications: medications where early or delayed administration of maintenance doses of greater than 30 minutes before or after the scheduled dose may cause harm or result in substantial suboptimal therapy or pharmacological effect.

Time-critical medications should be administered within 30 minutes 40 (before or after) of the scheduled time. These critical medications will be distinguished as appropriate on the MAR and nursing task lists to ensure easy identification for timely administration. The following medications have been deemed time-critical:

IV vancomycin and aminoglycosides

IV and oral anticonvulsants

Immunosuppressive agents (in the management of solid organ transplant rejection or myasthenia gravis) 48 d. Scheduled opioids for pain

Medications prescribed more frequently than every 4 hours
Medications prescribed as BID, TID, QID, every 4 hours or every 6 hours will be administered within 1 hour before or after the scheduled dosing time except for those medications deemed time-critical.

Medications prescribed for daily, weekly or monthly administration will be administered within 2 hours before or after the scheduled dosing time.

Medications may be prescribed for administration within a specified period of time (i.e. required for testing purposes- arginine, cosyntropin, metolazone, or furosemide). Refer to appendix B and C as recommendations for optimal administration in regards to meals and pharmacokinetic principles.

The exact time of administration will be documented on the Medication Administration Record (MAR).

If a patient misses a dose of a time-critical medication for any reason, the reason should be documented in the medical record. Nursing staff should contact the pharmacist regarding the rescheduling of a missed or late dose if the dose affects the monitoring of drug levels.

The nurse may reschedule the time of administration of routine, scheduled medications per patient request or preference. Appendix B and C will be consulted for optimal administration times.

For respiratory care medications, standard times will be based on the department's policy and procedure.

Processes surrounding this policy will be evaluated on a routine basis for improvement initiatives.

RESPONSIBILITIES:

Medical Staff Members

Nursing Staff

Medication Safety Subcommittee

Pharmacy and Therapeutics Committee

REFERENCES:


Appendix A482.23c Standard: Preparation and Administration of Drugs

ISMP Guidelines. Acute Care Guidelines for Timely Administration of Scheduled Medications.

www.ismp.org/tools/guidelines/acute/other/tasm.pdf

Respiratory Care Policy and Procedure 1 – 06. Staff Assignment/Procedure Priority

Original with Signature on File in Pharmacy

Clarence Herring, PharmD, CPh

Interim Director of Pharmacy
Appendix A: Standard Dosing Times

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Standard Associated Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1000</td>
</tr>
<tr>
<td>BID</td>
<td>1000 and 2200</td>
</tr>
<tr>
<td>TID</td>
<td>0600, 1400, 2200</td>
</tr>
<tr>
<td>QID</td>
<td>0600, 1200, 1800, 0000</td>
</tr>
<tr>
<td>Every 4hrs</td>
<td>1000, 1400, 1800, 2200, 0200, 0600</td>
</tr>
<tr>
<td>Every 6hrs</td>
<td>0600, 1200, 1800, 0000</td>
</tr>
<tr>
<td>Every 12hrs</td>
<td>1000 and 2200</td>
</tr>
<tr>
<td>Q Evening</td>
<td>2000</td>
</tr>
<tr>
<td>Nightly</td>
<td>2200</td>
</tr>
<tr>
<td>AC</td>
<td>Varies according to unit; should be 30 mins before meals</td>
</tr>
<tr>
<td>PC</td>
<td>Varies according to unit; should be 30 mins after meals</td>
</tr>
</tbody>
</table>

Appendix B: Medications with Recommended Administration Times

<table>
<thead>
<tr>
<th>Drug</th>
<th>Administration Time</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actonel/Fosamax</td>
<td>0600</td>
<td>To give on an empty stomach</td>
</tr>
<tr>
<td>Digoxin</td>
<td>1200</td>
<td>To allow for return of lab values and reporting to physician</td>
</tr>
<tr>
<td>dofetilide</td>
<td>0800 and 2000</td>
<td>To give two hours prior to EKGs</td>
</tr>
<tr>
<td>Furosemide, torsemide, bumetanide</td>
<td>0900 and 1700 (if BID)</td>
<td></td>
</tr>
<tr>
<td>Isosorbide mononitrate</td>
<td>0800 and 1500</td>
<td>To decrease tolerance by allowing a nitrate-free period</td>
</tr>
</tbody>
</table>
Levothyroxine, thyroid 0600 To give on an empty stomach
Long-acting insulin 2200 To more closely mimic normal physiology
Metolazone 0830 and 1630 To assure administration prior to furosemide
Midodrine 0730 and 1630 To give all doses while patient is upright
NPH insulin 0800 and 2000 To more closely mimic normal physiology
Sitagliptin 0800 To more closely mimic normal physiology
Sotalol 0800 and 2000 To give two hours prior to EKGs
Warfarin 1600 To allow for return of lab values and reporting to physician

Appendix C: Medications Given with Regard to Meals

<table>
<thead>
<tr>
<th>With Meals</th>
<th>Before Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAIDs</td>
<td>Oral hypoglycemics</td>
</tr>
<tr>
<td>Steroids</td>
<td>Alendronate</td>
</tr>
<tr>
<td>Potassium</td>
<td>Levothyroxine</td>
</tr>
<tr>
<td>Iron supplements</td>
<td>Metoclopramide</td>
</tr>
<tr>
<td>Doxycycline</td>
<td>Pancrelipase</td>
</tr>
<tr>
<td>Nitrofurantoin</td>
<td></td>
</tr>
<tr>
<td>Metronidazole</td>
<td></td>
</tr>
<tr>
<td>Metformin</td>
<td></td>
</tr>
<tr>
<td>Mexiletine</td>
<td></td>
</tr>
<tr>
<td>Insulin</td>
<td></td>
</tr>
</tbody>
</table>