

ATTACHMENT C

**ARROWHEAD REGIONAL MEDICAL CENTER  
DEPARTMENT OF NURSING POLICY AND PROCEDURE MANUAL  
2021 - 2024 Summary of Policy Revisions**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (All New Policies and Major Revisions)
564.00 v7		<b>X</b>			Patient Transfers – In House and Interagency	<p><b>Policy revised to evidence-based practice</b></p> <ul style="list-style-type: none"> <li>Added EMTALA policy reference, updated lateral transfer to remove order requirement. Removed time restrictions for transfers. Removed forms that are no longer being used.</li> </ul>
580.30 v2		<b>X</b>			Ultrasound Guided-Peripheral Intravenous Catheter Insertion	<p><b>Policy Revised to evidence-based practice</b></p> <ul style="list-style-type: none"> <li>Updated training component to allow for additional trainers in the process.</li> </ul>

SC 6.2023