

To whom it may concern:

I _____ have read, fully understand and agree to comply with the following Arrowhead Regional Medical Center policies and procedures:

- a) Clarification of Expectation on Incorrect Charting.
- b) Nurse Alert: IV Admixture (CSP) and Tubing Labeling.
- c) Intravenous Admixture And Administration.
- d) Nurse Alert: Pain Management Utilizing Patient Controlled Analgesia (PCA) Mandatory Patient Monitoring and “2 RN Verification.”

Sincerely,