SLS-WAVE™

HELPS MEET ISMP Guidelines*

Point of Administration Scanner

From the Innovators of Safe Label System® (SLS)



Fast 'hands-free' electronic documentation
at administration – with less time spent in the AIMS/EHR

Preserving Medication Identity from Preparation Through Administration

CODONICS

SLS-WAVE™

Point of Administration Scanner

Preparation → Administration

Extending BCMA into the OR

Barcode-enabled medication administration
Less time documenting in the AIMS/EHR[1]
Real ROI for pharmacy

The OR Has a Documentation Problem

In the operating room, documentation often happens after the fact. Anesthesia providers move quickly. Workflows are dynamic. Medications are administered rapidly throughout the procedure. Traditional documentation methods can slow workflow, increase manual steps, and introduce inconsistencies into the patient record.

Many providers rely on macros within Epic® or other AIMS/EHR systems — selecting medications from a prebuilt list rather than documenting the exact product administered.

While fast, these workflows may not always capture:

- The exact NDC[2]
- Manufacturer-specific product information
- Exact prepared concentration
- Precise medication identification

For pharmacy, that matters.

Especially in 340B environments where accurate NDC documentation directly impacts charge capture, compliance, reimbursement, and medication traceability. **Accurate medication identification also helps support safer perioperative medication administration workflows.**

Traditional documentation methods can slow workflow, increase manual steps, and introduce inconsistencies into the patient record. SLS-WAVE was designed to address these challenges by extending barcode medication administration (BCMA) workflows into perioperative environments.

Supports Barcode-Enabled Medication Administration Workflow

SLS-WAVE functions as an optimized point-of-administration scanner for Epic, Cerner® and other AIMS/EHR platforms.

When used with Safe Label System (SLS), barcode data from the prepared syringe label is passed directly into the appropriate AIMS/EHR documentation fields during administration.

Depending on the AIMS/EHR system, clinicians may receive:

- Visual display of medication information[3]
- Allergy alerts
- Audible verification[4]
- Time-stamped documentation

Together, these barcode-enabled safety checks help reduce the risk of syringe swaps – one of the three most common medication errors in the operating room – and other medication errors in perioperative and post-operative environments.

This workflow helps support:

- Barcode medication administration (BCMA) initiatives in perioperative environments
- Real-time AIMS/EHR medication documentation
- Reduced manual entry
- Improved workflow consistency
- An additional safety check prior to administration

Designed for Real Anesthesia Workflow

Mounted within arm's reach, SLS-WAVE enables fast, workflow-friendly barcode scanning during administration. Providers simply "*wave*" the prepared SLS syringe past the scanner on the way to the IV port.

No searching.
No manual medication lookup.

Providers spend less time documenting in the AIMS/EHR because the medication information and the timestamp are *automatically documented within the workflow*, requiring only dose entry.

SLS-WAVE shown connected over VESA mount to top of AIMS monitor.

Contact Codonics for more information on this configuration.



Preserve Medication Identity at Administration

When used with **Codonics Safe Label System® (SLS)**, SLS-WAVE captures medication barcode data directly from the prepared SLS syringe label during administration and passes that data into Epic, Cerner and other AIMS/EHR systems.

This helps support:

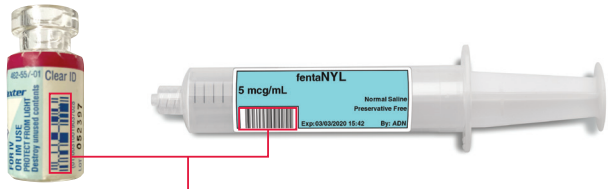
- Accurate electronic documentation
- Enhanced charge capture
- Improved billing accuracy
- 340B accountability initiatives
- Reliable medication traceability
- Reduced manual reconciliation effort

Why It Matters

The original vial barcode — containing the **source NDC** — is often discarded during medication preparation.

SLS-WAVE helps preserve medication identity from preparation through administration by electronically passing the medication barcode data (NDC) from the prepared syringe label into the patient record.

This helps improve medication traceability, billing accuracy, charge capture, and documentation consistency.



Exact NDC matching vial to syringe

Supports ISMP Guidance for Perioperative Medication Safety

SLS-WAVE supports workflow initiatives aligned with ISMP guidance, including:

- Use of machine-readable barcode labels on practitioner-prepared syringes and infusions
- Barcode scanning prior to administration
- Real-time EHR medication documentation workflows
- Steps toward bidirectional smart pump interoperability workflows

HELPS MEET ISMP Guidelines*

NEW Epic Anesthesia Blood Module Compatibility

SLS-WAVE Administration Scanners are an approved medical device accessory **regulated** for use with the **Epic Blood Product Administration Module (BPAM)**.[5] With a single scan, SLS-WAVE reads multiple barcodes simultaneously and passes each data element into the correct field in BPAM, including:

- Donation Identification Number (DIN)
- ABO blood type/Rh factor
- Product code
- Expiration date/time

This helps reduce manual data entry while simplifying one of the most documentation-intensive workflows in perioperative care.



PROVIDER IMPACT

- Eliminates scanning barcodes one at a time
- Reduces manual steps during high-acuity cases
- Speeds documentation when multiple blood products are required

WORKFLOW IMPACT

- Scan blood bag → barcode data passes directly to BPAM
- Add additional units without restarting the workflow

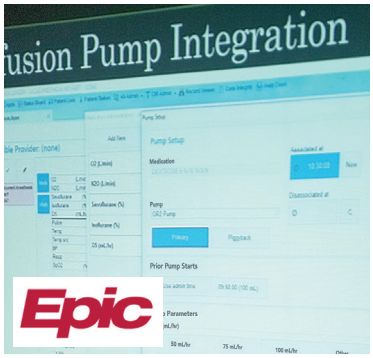
Supports Interoperable Smart Pump Workflow

SLS-WAVE supports interoperable syringe and LVP pump workflows by enabling medication barcode data from the prepared SLS syringe label to be passed into Epic during administration.

Once the syringe is loaded into the interoperable pump, **anesthesia providers no longer need to manually update Epic**, as pump changes and titrations are automatically documented within the workflow.

Benefits include:

- Faster, more accurate documentation
- Reduced manual programming steps
- Improved workflow efficiency
- More consistent medication records
- EHR-connected smart pump initiatives



4 Easy Steps

1. Scan syringe
2. Scan pump
3. Enter order in 3 clicks
   (Rate, Dose, Duration)
4. Confirm & start pump

Real Value for Pharmacy and Anesthesia

FOR PHARMACY	FOR ANESTHESIA
Exact NDC documentation	Workflow-friendly scanning
Enhanced charge capture	Reduced manual documentation
340B accountability support	Fast administration workflow
Improved billing accuracy	Improved workflow consistency
Reduced reconciliation effort	Additional safety checks prior to administration

Specifications:

System:
Used in conjunction with SLS PCS, the SLS-WAVE is a USB-powered scanner with cover and adjustable mount

Scanner Interface:
USB (standard 6 ft. cable)

Power:
USB, 5 VDC, 850 ma peak
Standby: 5 VDC +/-10% @ 125 ma avg.
Operating: 5 VDC +/-10% @ 480 ma avg.

Dimensions (with housing and connector):
4.25" (10.8 cm) H x 9.45" (24 cm) W x 9.1" (23 cm) D

Weight: 3.48 lbs
Compliance: CE, IEC 60950-1, cULus, FCC

Readable Barcodes:
UPC-A, EAN-13, Data Matrix, Databar Composite

Epic Anesthesia Blood Module Compatibility:
Available on SLS-WAVE Administration Scanners with serial numbers beginning with 25 (manufactured in 2025) or later.

Call Codonics today at 800.444.1198 or visit www.codonics.com for more information.

[1]Integration with Epic requires May 2019 or newer software; Cerner September 2019 or newer
[2]NDC must be included in Epic's database to receive that data from SLS-WAVE.
[3]Cerner Sep. 2015 and newer supports visual for drug name and concentration.
[4]Epic Anesthesia Nov. 2021 and newer supports audio for allergies and drug name.
[5]The Epic® Blood Product Administration Module (BPAM) is an FDA Class 2 device 510(k) cleared (BK241081/product code MMH) software module.
*ISMP Medication Safety Alert! Acute Care Edition during 2015 and APSF Newsletter. 2010;25(1):1,3-8.

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Society for Technology in Anesthesia
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