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Summa Health System

May 2008

Emergency Education News

Special points of interest:

- JCAHO pointers
- Point of care testing updates
- Physician attestation
- Flolan update
- Upcoming CEN
- Intraosseous infusions

So what exactly is your job?

For those of you that do not know yet, I have recently taken the ED Educator position. For those of you that do know—I am here to answer the question everyone has been asking … so what exactly is your job? Well, I can't really give you a list of everything I will be doing, because honestly, I don't know it all yet. A lot of what I will do will depend on you. I want to be a resource for the staff. If you want more info on something, just let me know. If I don't know the answer immediately, I will research it. I will keep you up-to-date on new policies, procedures and medications. I will also make continuing education more available and will start scheduling everyone for their certifications and re-certifications. A focus on evidence-based practice will be used. Hopefully, I will be able to encourage some of you to showcase the talent we have in our department and participate in research projects and write for publications. So, before I end up sounding like a politician campaigning I will end this by asking you to email or call me with any concerns, questions, comments or suggestions. I would also appreciate ideas for future newsletters.

~ Debbi Dixon

Office: 357-3617

Email: dixond@summa-health.org

Pager: 971-4093

Point of care testing updates

After a long meeting discussing BGT's and urine dips, I thought I would share with you all that I learned. Here goes …

- If you are going to collect urine (or stool for that matter), you must label the bedpan or urinal in the patient's room before leaving to pour it in a container.
- Urine dips are still not being checked off appropriately. Please fill out the form in the dirty room and place a label every time.
- The billing number can be used for patients without a scan-able band. Do not use the medical record or a slew of zero's and nine's.
- There will now be a BGT machine on the Team 4 Cart.
- Please see me if you have not completed the urine and BGT competencies this month. They are due by the 30th!
- All specimens (blood, urine and stool) must be kept in the room until it is sent. It must also be labeled in the room.

Physician Attestation

First, the good news… the last set of chart audits showed that "time outs were @ 99%! However, the scores for the physician attestation were a combined 64%; 51% for City and 73% for STMC. This is a problem we are working on a long-term solution for—but as you know, that takes some time. So, for the meantime, we will need to be more proactive. Even though this is a physician responsibility, we need to work as a team to get our desired results. Please remind the physicians to sign the attestations—they are printed on the bottom left corner of the consent forms. Also, please notify the clinical coordinator, Sandy, Nance or myself when you have a conscious sedation, as we will be another reminder to have the attestation signed. Dr. Blanda has spoken with the physicians about this, but she is looking for nursing support until the situation is resolved. Thank you for your cooperation!

This is a JCAHO survey year!

Joint Commission Updates

As many of you know, this is a JCAHO survey year. That being said, here are a few of the 2008 National Patient Safety Goals:

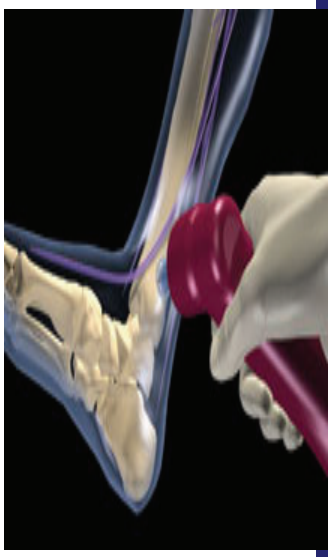
- Use at least two patient identifiers when providing care, treatment or services
- Accurately and completely reconcile medications across the continuum of care
- Encourage patients' active involvement in their own care as a patient safety strategy
- Improve the effectiveness of communication among caregivers
- Improve the safety of using medications
- Reduce the risk of health care-associated infections
- Reduce the risk of patient harm resulting from falls
- Identifies safety risks inherent in its patient population
- Improve recognition and response to changes in a patient's condition

CEN Certification

We are in the process of organizing another CEN review course. Anyone interested in taking the course and the exam, please let me know as soon as possible. I do not have an abundance of details at this point, but I will relay any information I get. In case you were curious about what the CEN exam consisted of, here is an outline. It consists of 150 multiple choice questions on the following topics:

- Cardiovascular (21)
- Gastrointestinal (9)
- GU, GYN, OB (10)
- Maxillofacial/ocular (6)
- Neurological (15)
- Orthopedic/wound (13)
- Psychological/social (6)
- Respiratory (18)
- Patient care management (9)
- Substance abuse/ toxicological/environmental (10)
- Shock/Multi-system (11)
- Medical emergency (11)
- Professional Issues (7)

Intraosseous Infusions

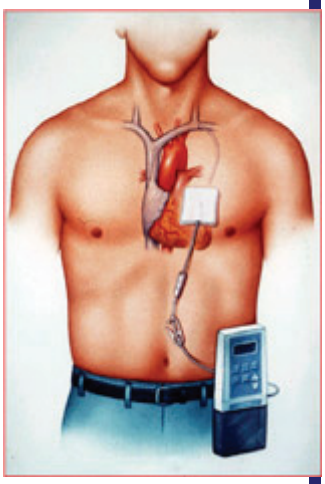


Some of you may have seen them and had no idea what to do with them. So, here is a brief update on the growing trend of intraosseous access, or IO. Many squads are bringing in full arrests with IO's in place, either for quick access or secondary to poor peripheral access. They take only a few moments to insert and can be utilized in all the same ways a peripheral IV can. We have a binder with everything you need to know about IO's in the conference room. I have also made some reference cards to hang in the trauma rooms to highlight insertion and removal of the apparatus.

Quick notes:

- Time out procedure should be followed and informed consent obtained if patient is conscious.
- A pressure bag or pump is needed since the flow rates are lower than an IV.
- Possible sites include sternum, proximal/distal tibia and proximal/distal humerus.
- Do not rock the catheter to remove—it can cause it to break off.
- To remove, disconnect IV tubing, place a sterile 10cc syringe to the hub, rotate the catheter clockwise and pull gently. Cover with a bandage.
- All IO patients go to the unit

Flolan



What is Flolan? Flolan (epoprostenol) is a synthetic prostaglandin used to treat pulmonary hypertension. Flolan imitates the natural prostaglandings produced by the body to keep blood vessels healthy by removing the buildup of lipids & lowering BP. It dilates the blood vessels in the lungs and throughout the body. It is continuously infused directly to the heart through a permanent indwelling central venous catheter using a small, computerized, portable infusion pump. Reconstitution of Flolan is sterile and can be stored in the refrigerator for up to 48 hours. Even short breaks in the delivery of Flolan may cause the treatment to stop working, since the drug lasts only 3-5 minutes. It is a lifetime therapy, and the dose is constantly increased to remain effective; however, there is no max dose. Flolan costs about $100,000 annually and requires special training for the patient to learn about preparation and care.

When caring for patients on Flolan, remember to never let the dose run out.

All Flolan patients get admitted to T3 where the nurses have been trained.

Source: Summa Health System, Akron, OH.

Summa Health System

June 2008

Emergency Education News

Special points of interest:

- Upcoming events
- CEN
- Documentation
- Cardene
- Clinical Practice Council
- Trauma undates

Trauma Reminders

Did you know we saw 1,114 traumas last year? That averages to slightly over 3 each day! Your hard work does not go unnoticed, especially by the lives you touch in Room 1.

Here are some trauma reminders to tuck away:

- Please remember to document pre/post pain scale. We are currently at 30%
- Remember to detach the yellow copy of the trauma flow sheet and attach it to the ED copies. This is the only way we can properly bill for traumas.
- There are a few updates on the trauma blood policy: You now need two witnessed signatures on the label (before they were allowing only one on traumas).
- The green Fenwall arm band stickers need to be attached to the blood tube sample for Type & Cross and the blood req. This is the only way to put together who has been getting what trauma blood. This gets especially tricky when more than one trauma is going on at the same time.

Restraints for behavioral health

A few updates on the use of leather restraints for behavioral reasons …

- Whenever restraints are initiated , you must fill out every part of the restraint log. When the logs are audited, leaving one area blank will cause it to be not in compliance—which is a Joint Commission violation.
- Before leather restraints are applied, Brant Russell needs to be notified by pager. He will then discuss any alternatives, if any, with the attending. There is an initiative to reduce the amount of leather restraints we use.
- A policy will be coming out soon for restraint use in the Emergency Department, so look for that for guidance.
- If a patient is placed in 4-point leathers, a one-on-one sitter needs to be at the bedside at all times. This again is a Joint Commission requirement. A nursing assistant will need to be assigned to every patient placed in restraints. If there are no NA's on the floor, the supervisor needs to be notified.

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Joint Commission Updates

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- Improve recognition and response to changes in a patient's condition
- Universal protocol

Some items they will check for:

- No staff food or drink in patient care areas.
- Anything in the hallway (ie bedside tables with suture setups) must be used within 30 minutes.
- All documentation and signatures must be legible.
- Time outs done and documented for required procedures.
- They are watching to make sure hands are washed for at least 15 seconds after every patient contact.
- Purell needs to be dry on hands before you are allowed to walk into a patient's room. They check!
- Can staff report a concern to The Joint Commission

CEN

I am please to announce we have scheduled Cheryl Randolph for our CEN review class. She will be here August 18th and 19th. The class registration begins at 0700 with the review beginning at 0730 each day and ending at 1600. Breakfast and lunch will be provided each day. Flyers are available with more information. The review course also offers 14 CEs as a bonus. The cost for Summa RNs will be $225 if registered before August 4th and $255 after the 4th. In the next week of two, I will be putting out a notebook of CEN review questions with answers and rationales. There are a few hundred questions included, which should help anyone planning on taking the exam.

Please let me know if you are interested in attending the course.

Upcoming Events

- CEN review :August 18th and 19th.
- Traeger Conference: September 29th
- CATN (Course in Advanced Trauma Nursing): November 24th and 25th.
- BLS instructor class October 3rd & 18th. Let me know if you are interested.
- RN preceptor class— Thursday June 19th 8-4.
- CATN (advanced trauma nursing) November 24th and 25th.

Things to know ...

- There will now be baskets in triage for urine specimen cups. Please dispense them to patients, especially if they are to return to the waiting room. There has been concern from the docs regarding the length of time it is taking to obtain urine from patients. Remember, you can straight cath them after 30 minutes. We also have the new quick caths for females in the cabinet in the zone 1 pyxis room.
- Please don't forget to separate the yellow duplicate sheet from the trauma flow sheet. Several copied trauma charts have been sent to medical records without the yellow sheet—this does not allow us to bill properly for the trauma.
- Don't forget to mark the pain scale on the trauma sheet. The latest audit scores showed improvement, but it seems to be an area that gets overlooked. I know I am asking you to ask how much pain a GSW is in, but again, Joint Commissions!
- The urine dip log has improved in the past month, but we are still getting dinged on it. Please remember to place a white patient label on the log and fill out every spot. It also needs to be documented in the top right corner of the nurse's notes.
- If has been requested that completed charts be placed in the basket of the zone the patient was seen in. The docs are getting charts to sign off on that were not theirs and it is causing some confusion.

ORDERSET, LEANN - Structured Notes Entry Dialog

ED Triage - Structured Notes

Suicide Risk Screen

Suicide Risk Screen

Have things been so bad lately that you have thought you would rather not be here?
- Yes
- No

Have you had thoughts of harming yourself?
- Yes
- No

Are you thinking of suicide?
- Yes
- No

Have you ever tried to harm yourself?
- Yes
- No

Have you made current plans to harm yourself?
- Yes
- No

Patient answered yes to one of the above questions.
- [ ] Suicide precautions activated per Policy.
- [ ] Attending Notified.

Suicide Risk Assessment

- When a patient presents to either triage or by squad, a brief suicide risk assessment needs to be completed.
- If the patient does not appear to be suicidal, the assessment is simple and no further action is required.
- If the patient appears to be suicidal, or states they wish to harm themselves, suicide precautions need to be activated.

Cardene

Cardene, nicardipine hydrochloride, is a calcium channel blocker given IV for hypertensive crisis. Cardene works by blocking the passage of calcium into cardiac and vascular smooth muscle, thus decreasing the contraction and lowering blood pressure in the process. Cardene's onset is within 5 minutes and peaks at 19 minutes. It does not affect heart rate nor does it contribute to rebound hypertension when discontinued. An arterial line is not need for blood pressure monitoring, since Cardene does not cause an unexpected drop in blood pressure. In fact, Cardene typically will no longer affect a normotensive patient. It is not weight based and is at a concentration of .1 to 1. The only contraindication to Cardene is advanced aortic stenosis. It is even a good choice for the renal patient.

Cardene is currently on our protocols for hypertensive crisis as well as acute ischemic stroke and intracerebral hemorrhage.

Source: Summa Health System, Akron, OH.