

Purpose of Isolation & Standard Precautions: To prevent the spread of resistant organism(s) and communicable disease. For more detailed information refer to the EOC (**Environment of Care Manual**) Infection Control Tab.

Patient and Family Education: Nurse should instruct patient's family & visitors on specifics of the required conditions of isolation for each patient. The patient may only leave the room under direction and supervision of the hospital personnel. Clothing should be sent home in impervious (plastic) bags and family should receive instructions on laundering from EOC.

Transportation of patient: Transportation should be limited on all isolation cases. If the patient is transported out of the room ensure that precautions are maintained & notify the accepting department.

See Environment of Care (EOC) Manual:

- ❖ See EOC transmission based precautions for the following
 - Standard precautions
 - Post Mortem Care
 - Type & Duration of Precautions
- ❖ See Hazardous material procedures management of potential medical waste potential
 - Disposal of Material (PIMW) Potentially Infectious Medical Waste.

Summary of Isolation Criteria

R= Required O=Optional NN= Not necessary SC=Special Circumstance (refer to EOC)

Isolation Criteria		Contact Isolation	Airborne Isolation	Droplet Isolation
Examples of Identified Microorganism		MRSA, VRE, C-diff	TB	Influenza
Handwashing		R	R	R
Face Protection	Mask w/TIES	NN	NN	R
	N-95	NN	R	NN
Gowns		R	O	O
Red Bag of contaminated waste (PIMW)		SC	SC	SC
Physician Order Needed	START	R	R	R
	STOP	R	R	R
Negative Pressure Room		NN	R	NN
Signage		Orange	Blue	Green
Cohorting		SC	SC	SC

Cavi-wipes ~ environmental surface cleaning & disinfecting of equipment after patient use. This applies to all patients and their equipment not only patients on isolation i.e. including but not limited to: stethoscope, thermometer, canes, walkers, scissors, wheel chair, slider boards etc....

Bleachwipes should be used to clean/disinfect equipment used in contact with c-difficile #19130 (9x9).

Gloves should be worn when in contact with cleaners

Safe Transport of Patients

CATEGORY	PRECAUTIONS TO BE TAKEN BY		
	PATIENT	TRANSPORTER	PERSONNEL PERFORMING TEST, ETC.
CONTACT PRECAUTION	Clean blanket for cart.	Gloves must be worn.	Gown, gloves.
AIRBORNE PRECAUTION	Surgical mask with ties	N-95 Respirator (if patient is unable to wear a mask).	N-95 Respirator (if patient must remove mask for procedure, or is unable to wear one).
DROPLET PRECAUTION	Mask	Mask (if patient unable to wear one)	Mask

White: (original) Employee file

Yellow: copy to company/staff

Pink: to employee/ agency staff

May 1, 2005

NAME: _____

Date: _____

PREVENTION of MEDICATION ERRORS at RESURRECTION MEDICAL CENTER (RMC)

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All Agency/Registry RNs are expected to follow accepted nursing practice while at RMC, which includes safe administration of medication. In order to help prevent medication errors we are providing some information as a quick reference. Please refer to the Hospital Policy and Procedure Manual for complete guidelines / policies/procedures. Always follow the 5 "rights" of medication administration- the right drug, the right patient, the right dose, the right route, & the right time.

1) The RIGHT DRUG

- ♦ At the beginning of the shift, before dispensing any medications always check your MARs (Medication Administration Record) against the Kardex. If there are any discrepancies, refer to the chart and specific medication order. **When in doubt, check it out.** If you have any further questions, verify the order with the Pharmacy &/or Physician. **Do not assume--double check all orders that concern you.**
- ♦ Be aware of drugs with similar names, for example, **Celebrex** ("NSAID"), and **Cerebyx** ("anti-seizure"). These drugs are similar in name only with different actions, and it would be a serious error to give one instead of the other!
- ♦ Each shift the RN is required to check charts for missed orders. Write the date, time, and "8 hr. chart check done" and sign your name, on the DPO (Direct Physician Order) underneath the last order written.
- ♦ Night nurses are responsible for doing a 24 hr. chart check on each of their patients looking for missed or incorrect orders. Write the date, time, and "24 hr. chart check done" and sign your name on the DPO underneath the last order written. When the new MARs arrive you must check your new MAR against the old MAR, then against the Kardex. Check the chart for any new medications or med/time changes ordered in the last 24 hr. and make appropriate changes.

2) The RIGHT PATIENT

- ♦ Always introduce yourself, ask the patient his/her name and date of birth (DOB), check ID band, to verify patient identity. Tell the patient what meds you are giving, and if the patient voices any concerns about them, listen carefully and recheck, to avoid a possible error. Open medications at the bedside. Also, recheck for any possible allergies or drug sensitivities. Bed #1 is the closest bed to the door.
- ♦ **NEVER leave any medications at the bedside, including inhalers, eye drops, swish & swallow liquids.** Unless, physician has ordered self-medication at the bedside of patient's own birth control pills and/or optical meds.
- ♦ **Multi-dose vials** should be **dated when opened**. All vials are to be **discarded after 30 days**.

3) The RIGHT DOSE

- ♦ Read and check all abbreviations. **Verify all drug measurements, decimal placements and special instructions.** Remember, there is a big difference between "mcgs/kg/min" and "mcgs/kg/hr", OR "mcgs/min" and "mgs/hr", OR "53cc/hr" and "5.3cc/hr." If you have any further questions, verify the order with the Pharmacy &/or Physician. **Do not assume--double check all orders that concern you. When in doubt, check it out.**
- ♦ Two RN's (one must be an RMC RN) are to verify insulin type, dose in the syringe for subcutaneous/IV Push, New and existing Heparin IV Push orders must be checked in the syringe, and at bedside. Cardizem, Chemotherapy, Cordarone, Diprivan Dopamine, Epidural anesthesia, Natrecor, Nipride, Neuromuscular Blockades, Pitocin must be verified at bedside. **The correct medication, dosage, concentration, pump rate, and line attachment with each initial set up, and upon receiving a new patient to the unit.** The MAR will contain a notation of "High Alert" on the above medicated drips. The note will read "2 RN Check".
- ♦ All patients on **Insulin, Heparin and Coumadin** have a related flow sheet that must be maintained. **Coumadin** is administered at RMC at 9:00pm.

4) The RIGHT ROUTE

- ♦ Ensure that medications are being given by the proper route- orally, IV drip, IVPB, injection, etc. If a med is ordered "IM" or "PO", assess the patient to see how the drug would be best tolerated and most effective. If a patient's meds are ordered "PO" and they are refusing them (for example due to nausea or vomiting), contact the physician to get the orders changed to IV, IM, or via NGT (nasogastric tube) as appropriate.
- ♦ **IV PUSH MEDICATION LIST:** Each unit has an approved list of medications that can be given IV push by a RN. Prior to giving any IV push meds; check the list to make sure that the specific medication is on the list.

5) The RIGHT TIME

- ♦ Give each med at prescribed time, varying only by a 30 minutes before or after time prescribed. Chart medications by crossing off each med as it is given, put your initials next to the "X", and sign the bottom of the MAR. If a med is unable to be given (for example if the patient refuses, or is at a test at the time), the "X" must be circled and a reason written next to why the med was not given. **ALL** medications should be administered to the patient within a two-hour window (1 hour prior to scheduled dose or 1 hour post scheduled time) is considered acceptable time frame.
- ♦ See pain management tool at RMC.

Additional Items

- ♦ **READ BACK OF Telephone/verbal ORDERS** All orders must be read back in detail and confirmed with physician. Any issues contact resource nurse.

PRE-OP MEDICATIONS: must be given when the call is received from the receiving department and not before; unless specific pre-op orders are given

- ♦ **IV THERAPY:** All "field IVs" (IVs started by paramedics), must be restarted ASAP on admission to the unit. All peripheral IVs are to be restarted every 72 hrs.

Report ALL DRUG REACTIONS PROMPTLY on the Adverse Drug Reaction Hotline: extension 5697.

Report all med errors promptly to your supervisor, even if the med error did not harm the patient. Take steps to correct the situation immediately. Complete electronic incident report for all potential/actual medication errors. For those without computer access, notify resource nurse. Your efforts help ensure that patients get the medications they need--- safely!

Print Name: _____ (Signature) _____ Date _____ Agency _____

PAIN MANAGEMENT at RESURRECTION MEDICAL CENTER (RMC)

All Agency/Registry RNs are expected to follow accepted nursing practice while at RMC, which includes comfort and pain management. The following information is a quick reference. Please refer to the Hospital Policy and Procedure Manual for complete guidelines / policies/procedures.

The patient will receive appropriate measures to promote comfort and pain relief.

A. Assessment

1. Upon admission, all patients will be assessed for pain: presence or absence of pain and history of pain if pain is present, the patient needs to be assessed for:
 - Acute pain vs. Chronic pain
 - Intensity of pain using the 0-10 pain scale
 - Location
 - Frequency
 - Duration/ spiritual, cultural and ethical beliefs
 - Age specific information
2. For the non-communicative patient try to elicit from family and or surrogate the patient's usual behaviors such as withdrawal, agitation, facial grimacing, moaning, guarding.
For pediatrics use FLACC scale, for neonates use N-PASS scale (as applicable)
3. Pain will be documented using the pain-rating assessment as appropriate.

B. Intervention

1. The patient will be instructed on the use of the 0-10 pain scale
0= no pain, 1-3=mild pain, 4-6=moderate pain, 7-8=severe pain, 9-10=worst possible pain
2. Document the patients report of pain
3. When pain is identified as a problem establish an individualized pain management goal and plan a pain goal that will be established with the patient /family.
4. When pain is reported as >4/10, or does not meet the patient's established goal, an intervention will be initiated to reduce pain. In ED refer to standing orders and/or discuss plan with ED physician. Oral and IV administration of pain meds is preferred over intramuscular administration
5. Opioids are the analgesics of choice for pain that is moderate to severe acute.
6. For continuous pain, scheduled or continuous infusion analgesics are indicated with additional medication available as needed for breakthrough pain.
7. When switching opioid analgesics or their route of administration, equianalgesic conversions will be utilized.
8. Remember to offer nonpharmacological therapies when appropriate. These include: relaxation, music therapy, message, diversional techniques, emotional support and prayer. ED patients remove restrictive clothing, jewelry, provide ice and evaluate as needed.
9. Documentation of pain management will include: assessment, interventions and effectiveness of treatment as applicable. DOCUMENTATION MUST BE DONE ONE HOUR AFTER PAIN INTERVENTION for effectiveness reassess and intervene as needed or until pain goal met.
10. Patient and family education about pain management is to be ongoing and documented.
11. For patients receiving PCA or epidural or continuous opioid infusion analgesia the application protocol will be as followed. See policy manuals.
12. Activities are coordinated to provide rest and sleep periods as needed.

C. Evaluation

1. Reassessments will be done and documented
 - a. Routinely and at regular intervals (at least every 12 hrs for inpatients)
 - b. One hour after pain intervention (in ED reassessment requirements are subject to complaints)
 - c. At report of inadequate pain control
 - d. At each new report of pain
 - e. After any known pain producing event; In ED at disposition for ALL patients
2. Adverse effects of treatment will be monitored and treated appropriately on an ongoing basis
3. Adherence to standards will be monitored to improve patient outcomes.

Name: _____ Date _____ Agency _____
(Print Name) (Signature)



CONFIDENTIALITY STATEMENT

I understand that, in the course of my work with Resurrection Health Care (RHC) and its affiliates, I am responsible for maintaining the confidentiality of any business, employee or patient (“individually identifiable health”) information to which I may have access. I understand that the use and disclosure of confidential information is governed by specific laws, policies and procedures. I am responsible for knowing and following those policies and procedures that are necessary to the performance of my duties for RHC. If I am unsure of any confidentiality requirements of RHC, I will contact my supervisor or an appropriate RHC representative for further direction.

INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

I understand that RHC has developed specific policies and procedures for the proper use and disclosure of individually identifiable health information. I am aware that, unless specifically identified as part of my job responsibilities for RHC, I am not authorized to view or discuss any individually identifiable health information. I also am responsible for using and disclosing patient information in a discrete manner, in appropriate locations and with similarly authorized individuals. Any violation of these confidentiality requirements will be reviewed carefully by RHC and, if substantiated, may result in disciplinary action and/or sanctions, up to and including, termination in accordance with RHC policies and procedures.

COMPUTER SYSTEMS

I understand that in the course of my work with RHC, I may need to use the network computer system in order to fulfill my duties for RHC. If this is required, I understand that the ID number (“login”) and password assigned to me is a unique code that identifies me to the network computer system. All network entries that I make will reference my identity, and I am fully responsible for all such entries. Accordingly, I will keep my login and password confidential and will not reveal them to anyone. I will sign off the network before leaving my terminal. I will notify RHC immediately if I believe the confidentiality of my login or password has been compromised. I further understand that any information I access from the network is strictly confidential and will be used only for the performance of my duties for RHC. I understand that anyone who knowingly attempts to access the system with another user’s login and password may be subject to disciplinary action and/or sanctions, as applicable.

COMPUTER SOFTWARE CODE OF ETHICS

I understand that RHC licenses the use of computer software from a variety of third parties. Also, I understand that the software developer customarily maintains a copyright to the software and, unless expressly authorized to do so, RHC and its employees/agents have no right to make copies of the software, unless for backup or archival purposes. I also agree that I will not provide software to third parties. I therefore agree to use software on RHC computers in strict compliance with RHC policies. Furthermore, I will notify my supervisor or Information Services immediately about any known or suspected misuse of software.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY STATEMENT AND AGREE TO ABIDE BY ITS TERMS.

Print Name

Signature

Department

Date