



QUICK UPDATES February 10, 2004

Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are 14 Quick Updates!!

1. **Crushing oral medications** - Have you ever wondered what oral drug forms can be crushed? This is an important question when your patient cannot swallow or has everything delivered through a gastric tube. The Pharmacy Department advises that the following oral drug forms should NEVER be crushed. If a nurse is ever in doubt, they can additionally call a pharmacist:
 - hazardous drugs
 - powder-filled capsules
 - liquid-filled capsules
 - slow- or sustained-release (SR), delayed release, long-acting (LA), or other dosage forms with this type of labeling
 - enteric coated tablets
 - effervescent tablets
 - sublingual tablets
2. **Look-Alike/Sound Alike Drugs** - This poster has been updated and a current version can be printed and posted from <http://intranet.cc.nih.gov/nursing/resource2.html>.
3. **Pre-Filled Heparin and Saline Syringes** - Kudos to all who worked so hard converting to this new product. During recent rounds, you asked 2 great questions about the new product:
 - a. Can the pre-filled syringe be discarded in MPW box . . . the answer is YES if there is no needle attached.
 - b. Can the saline pre-filled syringe be used to dilute viscous drugs prior to administration . . . the answer is NO. The pre-filled syringe is strictly for flushing VADs.
4. **Code Cart Policy and Supplies List** - To comply with recent practice and supply changes, BLS and ACLS inventory lists were updated on October 20, 2003. Every BLS and ACLS code cart should now contain a inventory list dated 10/20/03 and all previous inventory lists are to be discarded. Remember, if you need pre-filled heparin or normal saline syringes, place your order with the Pharmacy. All other supplies are obtained through the Visual Supply Catalog. If you have any questions about practice changes or inventory changes, please contact Nancy Ames or Tammy Jenkins.
5. **Emergency Management Tips**
 - a. You asked us to describe the difference between Defend in Place and Shelter in Place?
 - **Defend in Place** - is a specific requirement in the life safety code. It requires health care be in facilities that are constructed with rated fire and smoke barriers so that patients and staff do not have to evacuate the area of care unless the threat is imminent. Our Fire Inspectors reinforce this concept during fire drills in clinical areas.
 - **Shelter in Place** - is a more general term frequently used by Homeland Security. It occurs when emergency responders have identified a hazardous situation and determined that it is safer for individuals to stay at work, home or other area rather than attempt to travel on the roads. The NIH Security Advisory emails from the ORS Information Line is one way that staff will know if the NIH is under a Shelter-in-Place "curfew".
 - b. **Evacuation Routes** have been added to the inside front cover of all CC Emergency Plan Flip Charts. Take a peek and note your routes of safe evacuation.
 - c. **Red Phones** - Glow in the dark stickers have been added to the handset of each red phone so that it can be easily seen in the dark with the aid of a flashlight. If your red phone does not have the requisite **GLOW-IN-THE-DARK STICKER**, please contact Michele Evans (496-5281). We are working on preparing the Red Phone Number List on glow-in-the-dark paper . . . more to come on this last piece.

Past issues of the QU are posted on the Nursing Intranet <http://intranet.cc.nih.gov/nursing/resource2.html>

6. **Isolation and Nutrition Trays** - Have you ever wondered who should get a disposable nutrition tray? The answer is simple . . . only patients on Radiation Precautions receive disposable trays and utensils. All other patients receive non-disposable items. Additionally, nutrition staff will deliver trays to all patient rooms except those who are on Respiratory Isolation Level 3. In this case, the nutrition staff will leave the tray in the ante room, alerting both the patient and the healthcare provider who will then deliver the tray wearing appropriate protective equipment.
7. **Carbohydrate Counting** - Trends in diabetes management are evolving fast. One of the more effective and popular methods to control blood glucose for diabetics, especially for those prescribed insulin, is carbohydrate counting. Kudos to Christine Salaita, RD and Kathy Feigenbaum, RN for their poster describing the details of Carbohydrate Counting. The poster has generated much discussion among diabetic patients and staff who have seen it displayed on **8W, 11W, 11E, OP9**. If your diabetic patient is interested in learning more about Carbohydrate Counting, you can call a registered dietitian for assistance (496-4610) or send a MIS request.
8. **The Diabetic Record has been revised!** Form #NIH 1905 (10-03) has been updated and was distributed to **inpatient** units the week of October 27th. This form is intended to track serum glucose and insulin trends for an entire week but does not replace MIS charting. If you need additional forms, please call or place an order through Medical Records (496-2292).
9. **A Gentle Reminder . . . confidential waste paper** is to be discarded in CC approved Shred Boxes. Shred Boxes are emptied once/twice a month by a contractor. If you don't have an approved shred box and think you need one, please contact Michele Evans (496-5281).
10. **Securing medical record bags** - In 2003, you told us that the ties used to secure the medical record blue bags were difficult to break by hand or cut with scissors . . . a problem in an emergency. With thanks to the Medical Records Department, we now have blue breakaway ties similar to those used to secure our crash code carts. They have been distributed to all patient care units. If you need more, please call Medical Records @ 496-2292. Remember, whenever a medical record travels from one location to another, it is safely and securely done by placing it in a blue bag and securing the zipper with the blue breakaway ties.
11. **MIS Printers are jamming** - Many of you have reported that MIS printers are jamming causing delays obtaining necessary paperwork. MMD is working with the paper manufacturer to eliminate variables at the plant. In the meantime, before you place paper in the printer, the manufacturer recommends that the paper be carefully fanned. This will loosen any sheets that might be sticking together. Please continue to let us know if you are having difficulties.
12. **Blood Cultures** - nurses inquired about the correct order for drawing a blood culture specimen. The Microbiology Section of DLM was very helpful in confirming the accuracy of the DLM website. That is, the aerobic bottle should be filled first and then, the anaerobic bottle.
13. **Got SPAM?** Some of you have asked how to protect your email accounts against spam. For those of you who aren't knowledgeable in tech-talk, spam is unsolicited junk email. If you receive an unsolicited email from an outside source that should not be reaching an NIH employee mailbox, forward the email to abuse@mail.cc.nih.gov.
14. **Post-Transfusion Instruction Sheets** for outpatients have been translated into 6 languages and are now posted for your convenience on the Patient Education website. http://www.cc.nih.gov/cc/patient_education/pepubs/ Check them out!