



## QUICK UPDATES

February 2003

Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are **12** Quick Updates!!

**1. Because you took the time to report . . . thank-you!** You've asked us about some of the changes we've made as a result of the occurrence reports you filed. Here are 12 highlights from June - December 2002.

- ❑ Pharmacy evaluated a number of look-alike and sound-alike drug pairs. To better differentiate these look-alike and sound-alike drug products, trade names and clinical indications have been added to the MIS Meds Index.
- ❑ When potassium chloride (KCl) is ordered as a bolus infusion, a warning now appears on the ordering screen and in the order, "Final rate from all sources of IV K must not exceed CC KCl policy."
- ❑ Prescribers can now order medication administration times 'round-the-clock or at times convenient to the patient's normal waking hours and personal schedule.
- ❑ A daily dose option for oral Methotrexate has been eliminated from ordering screens.
- ❑ A PRN dosing option for extended-release opiates (e.g., MS Contin®) has been eliminated from ordering screens.
- ❑ The IVIG formulary has been standardized to just 3 products. The IVIG ordering screens now include infusion guidelines and, the Pharmacy's website includes IVIG product specific information (<http://internal.cc.nih.gov/formulary/ccfs/ivig/ivig.html>).
- ❑ The Nutrition Room Service program has been created in response to your many requests.
- ❑ Diet orders coded in some protocol order sets as "nursing orders" have been recoded so that your patient's diet order is routed to the Nutrition Department.
- ❑ We increased our IV pole inventory. Prior to placing the order, you gave us helpful suggestions for improving the pole's design. As a result, the new IV poles have 6 larger wheels, contain an O<sub>2</sub> canister ring, a place to hang collection bags, and a circular tray for care essentials. The redesigned IV poles in ICUs and Interventional Radiology now have power strips added.
- ❑ Housekeeping and Materials Management developed a procedure for cleaning IV poles and IV pumps.
- ❑ Your suggestions have been used to clarify supply descriptions in the Visual Supply Catalog. And, your continued suggestions are welcomed. Email Barbara Fahey or Paula Wrenn when you think a product might be better described.
- ❑ Specimen bags were tearing and not opening as intended. We have changed out this lot of bags.
- ❑ Materials Management is able to track timely the delivery of supplies to patient care areas and when requested, can provide you with the status of your requested item.

Because you took the time to report, many improvements have been made. Thank-you for your insight and attention to details!!! Give each other a pat on the back and keep reporting!! It's working!

**2. Product Updates** - Product Updates are now posted on the Nursing intranet under Staff Resources <http://intranet.cc.nih.gov/nursing/resource2.html>. If you have questions about any of the product information reported in this edition of QU, take a moment to browse this site. To access the index of all Product Updates posted, click on the "Bookmark" tab located to the left of the document.

**3. Refrigerator Temperature Monitoring** - You continue to do a magnificent job of responding to audio temperature alarms on refrigerated medications! As a gentle reminder, please double check to be sure the alarms are turned ON. If the alarms are not turned on, it is impossible for you to know if your refrigerator is keeping your patient's medications sufficiently cool. We have learned that some alarms are sounding off when the refrigerator's temperature appears to be in range. Please continue to report these discrepancies. Your reports will be investigated.

**4. Sharps Containers** - OMS routinely tracks needle-stick injuries in the CC. We wanted you to know that the procedures we have in place seem to be working well . . . needle-stick injuries are at an all-time low!!! You are doing an OUTSTANDING job. We want to remind you that when sharps containers are over-filled, it is possible for someone to experience an unnecessary needle-stick injury. To prevent injuries associated with overfilling, sharps containers should be sealed shut when they are three-quarters full and then, placed carefully into an MPW box. Do not fill the sharps container above the "FULL" line. Healthcare workers in areas that use sharps containers are responsible for routinely changing the containers when they are  $\frac{3}{4}$  full. If you need instruction on how to remove a sharps container from the wall, please consult with your nurse manager or supervisor. And if needed, MMD will facilitate inservicing from the manufacturer's representative. You may also want to re-review Universal Precautions, which features a discussion on the safe handling and disposal of sharps and sharps containers. Training is available by contacting the Hospital Epidemiology Service at 6-2209.

**5. Visual Supply Catalog (VSC)** - The VSC is a user-friendly web-based system for ordering CHS stock items and will be replacing the MIS CHS Main Menu Ordering Screens. In March 2003, the MIS CHS Main Menu ordering screens will be turned off and will no longer be available to you. Please note that the MIS CHS Specialty Screens, the MIS CHS OR Supplies Screens, and MIS-O-GRAMS will remain active and available to you per usual. In March, the VSC (<http://supply.cc.nih.gov>) will be the primary method for ordering CHS stock items. If you order CHS stock items and you need VSC training, please notify your supervisor immediately and send an e-mail request to Barbara Fahey or Jerry Taylor asap! Be sure to include your name, location, extension, and supervisor's name.

**6. Hand Hygiene** - The CC is waging an ongoing campaign that promotes frequent hand washing by all CC staff, patients, and visitors. 3M™ Avagard™ is an alcohol-based hand sanitizer and is now available in wall-mounted pump dispensers outside inpatient rooms on units where patients are at increased risk for infection. This product is also available in pocket-size. This hand antiseptic can be used for routine hand sanitizing when hands are not visibly soiled. If your hands are visibly soiled, thorough hand washing should be employed using water and a CC-approved soap. For the health and well-being of your patients and your families, wash your hands before and after entering a patient's room and prior to handling any medication or food. Using a CC approved hand lotion after hand washing will also improve the health of your skin.

**7. Collecting a Urine Sample for C&S** - You recently noted that the vacutainer product we use for urine culture collection does not come in a sterile package, nor is it labeled "sterile." And, you questioned then if the urine sample in the "clean" container would be appropriate to use for culture & sensitivity tests. Dr. Patrick Murray (Chief, Microbiology Service) explains that although urine is theoretically a "sterile" fluid, it can be transiently colonized by bacteria migrating from the urethra into the bladder. These bacteria are rapidly removed from the body by the normal flushing action of voiding. Additionally, small numbers of bacteria are commonly introduced into the urine when the specimen is collected by voiding or catheterization. For these reasons, the urine specimen does not have to be collected in a sterile container as long as there is no delay in transporting the specimen from the patient to the lab. Therefore, the convenient use of the vacutainer system is acceptable for culture of the specimen.

## **8. And, 2 final points on Urine Collections**

- **Leaking Urine Specimens** - Recently, urine specimens delivered to DLM and Pathology were leaking from their containers on delivery. At the moment, it does not appear to be a product design issue. So, we are asking for your help by double checking that the lid is tighten on the container prior to placing it in the specimen bag. Continue to report all specimen leaks via the ORS.
- **24 hour heavy metal free urine containers** - If you need a container for 24-hour free heavy metals urine collection, please call Outpatient Phlebotomy at 6-5777 between 7:00 a.m. - 4 p.m. Monday-Friday. At all other times please call Chemistry at 6-3386 to obtain a container.

**9. Missing Patients** - During our walking rounds, you told us you have questions about what to do if we cannot locate your patient. Take a minute to review the MEC Policy 97-6 Suspected Missing Patient (<http://push.cc.nih.gov/policies/PDF/M97-6.pdf>). But in a nutshell, here are 7 salient points you should consider. If you suspect your patient is missing, immediately:

- Conduct a unit search
- Call the page operator to facilitate an overhead page announcement for the patient to return to the unit.
- Notify the nurse manager/designee, the attending physician, and the family, if appropriate.
- If the patient still cannot be located, the nurse manager/designee will notify N&PCS Service Chief. From this point on, decisions will be made to involve the NIH Police, CC Administrators, and the Social Work Department.
- Once your patient has been located, all previously notified people are to be informed of the patient's return and the patient's status.
- The nurse will assess and document the status of the patient and, file an ORS.
- The physician will assess and document the patient's status.

**10. Antiemetic Guidelines Updated** - An antiemetic task force of the Pharmacy and Therapeutics (P&T) Committee recently revised the CC's Antiemetic Guidelines. As many of you know, the 5-HT<sub>3</sub> serotonin receptor antagonists (e.g. ondansetron [Zofran<sup>®</sup>] and granisetron [Kytril<sup>®</sup>]) are used in the prophylaxis and treatment of chemotherapy and radiation therapy-induced nausea & vomiting as well as post-operative nausea & vomiting. Here are 4 highlights from the revised Guidelines:

- ❑ Ondansetron (Zofran<sup>®</sup>) has been selected to be the primary 5-HT<sub>3</sub> antagonist for the CC formulary.
- ❑ Granisetron (Kytril<sup>®</sup>) has been retained in the formulary but should be reserved for therapeutic failures or other unique clinical situations.
- ❑ The guidelines:
  - ❑ promote single-dose oral prophylactic regimens for Chemotherapy-Induced Nausea & Vomiting (CINV)
  - ❑ promote a lower dose of intravenous ondansetron in single-dose regimens when a patient is unable to take an oral regimen.
  - ❑ employ a 3-level classification of emetic potential (High, Intermediate and Low) for CINV.
  - ❑ no longer recommend high-dose regimens of 5-HT<sub>3</sub> antagonists in BMT/SCT conditioning regimens.
  - ❑ now include other indications, e.g., high-risk radiation therapy, delayed CINV, post-operative nausea & vomiting, and established nausea & vomiting.

Revisions to the MIS order screens for ondansetron and granisetron will be made over the next few months. A pocket version of the guidelines is being produced as a reference for prescribers and clinicians. Inservices for high-use clinics and nursing units will be scheduled over the next month. Call Tom Hughes (6-7499) or Reem Shalabi (4-7426) of the Pharmacy Department if you have questions about the Antiemetic Guidelines.

**There's more . . . check out the last page!!!**

**11. Vaccine Information Sheets** – Federal law has mandated certain changes in the administration and documentation of vaccines . . . we thought you should know. The National Childhood Vaccine Injury Act now requires healthcare workers to (1) provide the patient with a Vaccine Information Sheet (VIS) **PRIOR** to any immunization and to document the VIS' edition date, and the date it was provided to the patient, and (2) document not only the vaccine product administered but also the product's manufacturer and lot number. The CDC does not specify that expiration date be documented. **Nurses, please note the following 5 important points:**

- ❑ In MIS, all medical orders for immunizations will automatically remind the nurse to **"GIVE VACCINE INFORMATION BEFORE DOSE."**
- ❑ MIS documentation fields have been revised. When the prompt, "CRITICAL CDC NOTE REQUIRED" appears in the vaccine order, nurses must select "VACCINE (CRITICAL CDC NOTE REQUIRED)" from the Meds Comments-Sites screen in order to document the required data.
- ❑ Access to VIS statements is available on the Clinical Desktop by selecting the CC Formulary icon and the appropriate link:
  - VIS in English: Centers for Disease Control website, <http://www.cdc.gov/nip/publications/VIS>
  - VIS in other languages: Translations in 26 languages are available from a CDC partner, the Immunization Action Coalition at their website <http://www.immunize.org/vis/>.
- ❑ If you are administering a **combination vaccine** and there is no single VIS for the combination, use a VIS for each component of the vaccine being administered.
- ❑ The regulations do NOT apply to experimental vaccines or those used for anergy testing.

**12. Oxygen Shut-Off Valves** – During a recent survey, you asked about the difference between the O<sub>2</sub> shut-off valve located outside each inpatient room and the one located at the entrance to each nursing unit. Specifically, you wanted to know when you should use each type of shut-off valve. Here are the answers . . . in an emergency:

- ❑ Only the fire department or maintenance staff (when instructed to do so by the fire department) will shut off the unit's main oxygen supply using the Main Shut-Off Valve **after** they confirm that all patients who need oxygen have been safely switched over to O<sub>2</sub> tanks. This means that the nurse must do a "sweep" of the entire **inpatient unit or outpatient clinic** to confirm all patients have been safely transitioned to oxygen tanks.
- ❑ The nurse will use an O<sub>2</sub> shut-off valves located outside the inpatient's room to cut the oxygen supply to that room only and, only after the patient has been safely switched to an O<sub>2</sub> tank. The individual shut-off valves are marked with the individual room numbers. The rationale for using the individual shut-off valve is to cut oxygen source in the location of the immediate fire emergency without jeopardizing other unit patients who may need oxygen.
- ❑ **Outpatient areas**, your oxygen shut-off valves are located at the front desk and at the back of your clinic. The individual exam rooms do NOT have O<sub>2</sub> shut-off valves located outside the exam room. You must do a "sweep" of the entire outpatient area to confirm all patients using oxygen have been safely transitioned to oxygen tanks.