

QUICK UPDATES

October 2002

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

- 1. 2002 Foil the Flu Campaign** – The NIH Clinical Center influenza vaccination program for health care workers is underway for the 2002-2003 flu season. Here is how you can get your **FREE** flu vaccine:
- ❑ Most PCUs and clinics have a deputy nurse vaccinator who will provide vaccinations throughout the flu season (November through April). Check with the nurse manager.
 - ❑ Since October 7th, the OMS staff have taken their traveling vaccination show on the road. Look for posted signs in your PCU's and clinics for dates and times.
 - ❑ The OMS alphabetical walk-in clinics start November 7th in Building 10, Room 6C306. The schedule is based on the first letter of the employee's last name. Photo identification must be presented.

With this many choices, we are hoping that 100% of our direct patient care providers will be vaccinated! For complete information on the **2002 Foil the Flu Campaign**, including the OMS walk-in vaccine schedule dates, visit the ORS Division of Safety website @ <http://www-staging.ors.od.nih.gov/ds/flu/>. Influenza season begins in November and lasts through April. It only takes 1-2 weeks to develop immunity after vaccination. Get your vaccine and take a colleague with you. Our patients depend on you!



- 2. Having Trouble Accessing the ORS??** – Occasionally, people have difficulty accessing the ORS. Barbara Quinn is the new Nursing Department contact for an ORS problem. Please contact Barbara if you have any troubles accessing the system. Special thanks goes to Mary Sparks who has helped us trouble shoot these calls for the last few years.

- 3. Refrigerated Medications** – You are doing an awesome job of responding to audio temperature alarms on refrigerated medications!! We have received several ORS reports regarding malfunctioning refrigerators. As a result of the alarms and your ORS reports, some PCUs have discovered that their medication refrigerators do not meet standards for safe medication storage. These refrigerators have been replaced. Kudos for your vigilance!! We wanted you to know that your ORS reports are helping us identify patient safety issues.

- 4. More on Refrigerated Medications** – Oh, there's more . . . here are 3 refresher points we thought might be helpful:

- Since it is possible for someone to silence an alarm and then not report the malfunction, you are advised to always note the temperature display as part of your routine use of the refrigerator to be sure it is not registering "out of range." This is similar to routinely checking your car's gas gauge and taking the appropriate action.
- **Gentle reminder** . . . do not turn off the refrigerator alarm as this defeats the purpose of the device . . . that is, sparing you the need to manually check and log temperature checks. If you DO need to turn off the alarm b/c it appears to be malfunctioning, please remember to file an ORS and follow the directions posted on your refrigerator.
- Since the new temperature device provides 24/7 monitoring, temperature logs for medication refrigerators are no longer used.
- Pharmacy will check refrigerator monitors monthly to be sure they are working properly, alarms are on, and temperatures are within range. Pharmacy will notify nurse managers if variances are found.

5. Triple-checking Medication Labels – What would you do if you were asked to dispense medication to a patient from a container or package that contained more than 1 label? You probably don't routinely think about this but you often receive medications that may have the manufacturer's label and a CC generated label. Which label should you use?? If you answered that all labels need to be congruent WITH the prescriber's order, give yourself a great big pat on the back!! You are correct!! If any of the labels do not match, call the Pharmacy to clarify and return the drug product to Pharmacy if requested. If the medical order does not match the medication labels, you must seek clarification about the intended dose with the prescriber and arrange to have the order amended in MIS.

6. Pediatric Emergency Drug Sheet (PEDS) – The PEDS has been revised to reflect current practices for the administration of Naloxone HCl (Narcan®) to pediatric patients. The new recommendations now print whenever a PEDS is generated for a pediatric patient. As of October 3rd, you should have a copy of the generic version of the revised PEDS and it should be located on top of your Pediatric BLS or ACLS carts. The new PEDS standardizes the Naloxone HCl concentration to 0.4 mg/mL for all patients. If you have a generic PEDS on your BLS or ACLS cart, please check to be sure you have the most recent version!! **The resuscitation dose has been increased from 0.01 mg/kg to 0.1 mg/kg (max single dose = 2 mg)**, per recommendations made by the American Academy of Pediatrics and the American Heart Association. **The neonatal concentration of Naloxone HCl (0.02 mg/mL) should no longer be in any patient care area . . . Pharmacy has removed all remaining product.** If you find any vials of the Naloxone HCl (0.02 mg/mL) in your patient care area, return them promptly to Pharmacy. If you have any questions or concerns, please contact Tammy Jenkins, RN (104-5800) or Nancy Ames (104-5808).

7. Voriconazole (intravenous) – We learned about changes in voriconazole administration recommendations and thought you should know. The former label prohibiting concurrent administration with electrolyte-containing solutions no longer applies to the voriconazole product. Pharmacy's auxiliary label affixed to the voriconazole product should now state, "Do not administer with blood products." This means that concurrent administration of voriconazole with blood products should not occur. This is similar to your practice with Amphotericin B. After collaborative work initiated by our Pharmacists, the drug manufacturer and the FDA, have deemed it acceptable practice to administer voriconazole concurrently with electrolyte-containing solutions. A representative of the manufacturer has indicated that a written statement would be issued to clarify this situation.

Now, some of you have already asked if Amphotericin B should be labeled similar to voriconazole? We don't have the answer at this time. Pharmacy and Nursing will be discussing the best way to handle this situation and we will seek your input prior to making a final recommendation. **Great work, Pharmacy and Nursing!!!**

8. Physicians are "Privileged" to Practice - When a physician, dentist, NP, or PA is "privileged" to practice, the Medical Board has validated they are "competent" to perform certain procedures . . . similar process as for nurses. This bit of information is important and here's why . . . It's 1 a.m. and Dr. Phil (whom you have only seen on television) has entered a MIS order for your patient to receive Midazolam 5 mg IV now. Dr. Phil would like to perform a lumbar puncture. Because you are familiar with the MEC Policy 92-9 Administration of Sedation, you know that Dr. Phil should be "privileged" to administer conscious sedation. It crosses your mind, too, that he should also be competent to perform a lumbar puncture. Since you have never worked with Dr. Phil, you wonder how to validate he is privileged to perform the procedures he has ordered. Here are the 2 resources you can call:

📌 The Admissions Desk (6-3315 or 6-3141) 24/7. The Admissions Clerk will be able provide you with the requested information as long as you have the name of the provider. Or,

📌 The Credentialing Office in Medical Records (6-5937), Monday – Friday, 8:30 a.m. – 5:00 p.m.

And hopefully by doing this, you will learn that Dr. Phil is not really an employee of the NIH but a television personality.

9. Hazardous Drug Spills . . . an update – have you ever worried about how to manage a hazardous drug spill on one of our inpatient mattress covers? Worry no more!! Unless there is an obvious tear in the mattress cover (obvious to the naked eye), the mattress cover is impervious to all fluids. When you spill a liquid on the surface of the mattress, it will pool on the top (we tried it out with water). So, if there is a hazardous drug spill on an inpatient mattress, take the following steps:

- ✚ Relocate the patient to another room until you have time to manage the spill
- ✚ Obtain your Spill Kit (available from CHS but should be in the patient care area when you are administering a hazardous drug)
- ✚ Put on your protective gear (chemo gown, gloves, mask)
- ✚ Blot the spill and discard according to the Nursing Department Procedure: Safe Handling and Disposal of Hazardous Drugs (<http://intranet.cc.nih.gov/nursing/shhdpro.html>).
- ✚ If there is no obvious tear in the mattress cover (as seen with the naked eye), ask your housekeeper to clean the bed according to their routine procedure.
- ✚ If there is an obvious tear, manage the spill as described above and THEN, arrange with Housekeeping to remove the mattress for an inspection of the stuffing.
- ✚ You can then relocate your patient back to this bed, if you wish.
- ✚ An addition to our PRO: Safe Handling is forthcoming.

10. Back Safety – Back injuries can be a career-ending injury! We wanted you to know about a new lift device (the Golvo[®]) now available that can assist you to move your immobile patients from bed to chair and back again. If you have not received inservicing on the Golvo[®], please call Jerry Taylor to arrange for training. The manufacturer has provided a videotape for viewing. The Golvo[®] is also available to move expired patients from a bed to a gurney. Once you have transported your patient to the morgue, the Golvo[®] in the morgue is available to you to once again to move your patient. The lift devices are located on 5W and 11W. Call these either of these 2 units any time of day to arrange to use the Golvo[®]. **Get Back to Safety!!**

11. Need Routine Building Maintenance Help? – During one of the safety surveys, we learned something we thought everyone should know. Some people still use the MIS-O-GRAM to report routine building maintenance issues. While you can still use the MIS-O-GRAM, there is no way to track what has been done in response to your request. To provide better customer support, DES has created a web site to report **routine** building maintenance issues (<http://58000.nih.gov/>). The BEST part is that web site allows you to track the response to your request by using the web site's search engine. You need only enter in your assigned project number, your phone number or, the location of the building maintenance request. An important note . . . if the request is an **EMERGENCY, FIRST call Clinical Center Maintenance Unit at 6-5862.**



12. Does your fridge need to be cleaned?? – We thought you might want to know how to arrange the cleaning of your unit refrigerators. The charge nurse or the nurse manager can take 1 of 2 approaches:

- ✚ Speak directly with your unit-based housekeeper, or
- ✚ Call 6-2417 and make a request through a housekeeping supervisor

With either approach, the refrigerator usually can be cleaned that same day . . . if not that same day, the next day. **In order to get the refrigerator cleaned, though, you must empty the refrigerator of all contents.** And remember, too, before you put items back into the refrigerator that belong to a patient, the item must be labeled with their name and the date.

13. Blood Cultures – Did you know that the bar code found on the blood culture bottles (BacT-ALERT[®] SA and BacT-ALERT[®] SN) are used by the DLM staff to process the blood culture samples you send? When applying the patient's label to the bottles, be sure to place the label below the bar code. DLM staff suggest affixing the label on the colored portion of the manufacturer's label.

14. Whole Blood Tests (Editor's Correction)

- Incorrect information was sent in the August 2002 "Quick Updates." Our apologies . . . here is the corrected information. The DLM Chemistry Service offers some lab test results in 15 minutes. This is how it works:

- Enter STAT order into MIS for the requested test (see below for tests that can be ordered)
- Draw the whole blood sample into a pre-labeled capped heparinized syringe with no air bubbles. 1 mL is all that is needed for adults; ½ mL is all that is needed for peds. AND, it can't be any heparinized syringe (**AN IMPORTANT POINT**). CHS stocks the appropriate syringe (Syringe, ABG . . . CHS #02322 or #02323). Take a look at the DLM web site (<http://www.cc.nih.gov/cp/>) to determine if ice is needed or not.
- The specimen must be sent to DLM within 15 minutes of collection by Messenger/Escort or tube system in a STAT Specimen bag. **Please contact Messenger/Escort by phone for STAT specimen pick-up.**
- Results will be available in MIS in 15 minutes

The following tests can be processed in 15 minutes:

TEST	MIS Test Name	What is included
Ionized Calcium, whole blood	Ca Ion. WB*	Ionized calcium
Chemistry 1, whole blood, venous	Chem1WB Ven	Sodium, potassium, chloride, bicarbonate, glucose, ionized calcium
Chemistry 2, whole blood, arterial	Chem2WB, Art	Arterial pH, pCO ₂ , pO ₂ , bicarbonate, O ₂ saturation, hematocrit, sodium, potassium, chloride, glucose, lactate, ionized calcium
Chemistry 2, whole blood, venous	Chem2WB, Ven	Venous pH, pCO ₂ , pO ₂ , bicarbonate, O ₂ saturation, hematocrit, sodium, potassium, chloride, glucose, lactate, ionized calcium
Glucose whole blood	Glucose WB*	Glucose
Lactate, whole blood	Lactate WB*	Lactate
Potassium, whole blood	Potassium WB*	Potassium

* Carefully order the correct test. The DLM staff use the whole blood (WB) description to determine which machine to run the test on, to facilitate review of the data over time, and to match the ordered test with the test results.