

SUBJECT: PATIENT IDENTIFICATION FOR CLINICAL CARE AND TREATMENT	REFERENCE #2016
	PAGE: 1 OF: 3
DEPARTMENT: MEDICAL SURGICAL UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of _____ Hospital to ensure that all patients are properly identified prior to any care, treatment or services provided.

Exception: Patients unable to provide identifying information, who experience conditions requiring emergency care, will receive treatment prior to identification if such care and treatment is necessary to stabilize the patient’s condition (i.e., unidentified patient arriving comatose to the Emergency Department).

PRINCIPLES OF IDENTIFICATION:

- A system for positive identification of all hospital patients fulfills four (4) basic functions:
 - Provides positive identification of patients from the time of admittance or acceptance for treatment.
 - This identification system shall apply to patients in all areas of the hospital.
 - Provides a positive method of linking patients to their medical records and treatment.
 - Minimizes the possibility that identifying data can be lost or transferred from one patient to another.
 - Improves the accuracy of patient identification.

PATIENT IDENTIFICATION POLICY:

- Hospital Arm Band:
 - A tamperproof, nontransferable identification band shall be prepared and affixed to the patient in the Admitting Department.
 - The identification band will include the patient’s full name, hospital identification number, medical record number, date of birth, age, sex and attending physician.
 - If the patient is an Emergency Department admission, an Emergency Department identification band will be prepared immediately upon patient entry to the Emergency Department treatment area. The identification band will be affixed to the patient and will list the patient’s full name, Emergency Department identification number, sex and date of birth.

SUBJECT: IV THERAPY - COMPLICATIONS	REFERENCE #2211
	PAGE: 1 OF: 5
DEPARTMENT: MEDICAL SURGICAL UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of Nursing Services of _____ Hospital to manage the complications of IV therapy and possibly prevent them. Depending on the kind of problem, intervention may be needed from the physician in the management of the problem. In that case it is the duty of the RN or the IV certified LPN/LVN to notify the patient’s physician.

PURPOSE:

- The purpose of managing complications of IV therapy is to prevent a more serious problem from developing. If a problem does develop, it is necessary to intervene to prevent sepsis, emboli or more serious problems which could lead to the demise of the patient if they are not dealt with properly. Each complication will be explained with regard to a) possible causes, b) signs and symptoms, c) intervention and d) prevention.

- Complication - Infiltration:

Possible causes: Needle or catheter displacement, puncture of the vein and loss of integrity of the vessel wall with seepage of IV fluid into the tissue.

Signs and symptoms: Cool skin, swelling and discomfort around the site; edema of the entire arm or leg; absence of blood flashback (there may still be blood flashback with infiltration present); sluggish flow rate; leakage of IV fluid from the IV site.

Intervention: Discontinue the infusion and remove the catheter or needle immediately. If infiltration is detected within _____ minutes of onset and swelling is light, apply cold compresses. Otherwise, apply warm, wet compresses to promote absorption, and elevate the affected arm or leg. Start a new IV in the unaffected arm/leg if possible

Prevention: Stabilize the needle or catheter with a splint if the site lies over a joint or if the patient is active; palpate occasionally to confirm proper needle position; check the IV flow rate frequently; check the IV site frequently.

- Please see section on the management of extravasation. Some IV fluids pose special problems.

MEDICATION ERROR ANALYSIS TOOL

Date/Time of Error: _____ Med Record #: _____ Drug/Name: _____

Doses Involved: _____ Patient Name: _____

Summary of Occurrence: _____

The Medication Error Classification System: (Please circle the level that applies to this error.)

Level 0: No error occurred, potential error.	Level 1: Error occurred without harm to patient.
Level 2: Error occurred, increased monitoring but no change in vital signs or any patient harm.	Level 3: Error resulted in need for increased monitoring, there was change in vital signs but no ultimate patient harm; any error needing increases laboratory monitoring.
Level 4: Error resulted in need for treatment with another drug, increased length of stay, patient transfer to a higher level of care (i.e., ICU), or required intervention to prevent permanent impairment of damage.	Level 5: Error resulted in permanent patient harm.
	Level 6: Error resulted in patient death.

Error Type: (check all that apply)

- | | | | | |
|--|--------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> wrong drug | <input type="checkbox"/> or solution | <input type="checkbox"/> unordered drug | <input type="checkbox"/> wrong dose | <input type="checkbox"/> or rate |
| <input type="checkbox"/> omission | | <input type="checkbox"/> wrong dosage form | <input type="checkbox"/> expired drug | |
| <input type="checkbox"/> wrong route | | <input type="checkbox"/> wrong patient | <input type="checkbox"/> incompatible infusions administered | |
| <input type="checkbox"/> wrong administration time | | <input type="checkbox"/> prescribing error | <input type="checkbox"/> other _____ | |

Factors Contributing to Error: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> verbal order | <input type="checkbox"/> illegible order | <input type="checkbox"/> continued after order to discontinue |
| <input type="checkbox"/> monitoring guidelines not followed | <input type="checkbox"/> midnight check done incorrectly | <input type="checkbox"/> medication delivery delay |
| <input type="checkbox"/> telephone order | <input type="checkbox"/> routine medications not in cassette | <input type="checkbox"/> ambiguous written order |
| <input type="checkbox"/> MAR printed incorrectly | <input type="checkbox"/> dispensed incorrectly by Pharmacy | <input type="checkbox"/> drug selected from floor stock |
| <input type="checkbox"/> pump malfunction (specify pump type) _____ | <input type="checkbox"/> pump misprogrammed (specify pump type) _____ | |
| <input type="checkbox"/> RN verified incorrect transcription | <input type="checkbox"/> drug or solution mislabeled by Pharmacy | <input type="checkbox"/> misread MAR |
| <input type="checkbox"/> new bag not reordered until present bag very low or empty | <input type="checkbox"/> medications unavailable from Pharmacy | <input type="checkbox"/> IVPB hung ahead of time |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

Personnel involved: (check all that apply)

- | | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> RN | <input type="checkbox"/> LPN/LVN | <input type="checkbox"/> LPT | <input type="checkbox"/> US/NT |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Per Diem | <input type="checkbox"/> Registry | <input type="checkbox"/> MD |
| <input type="checkbox"/> Other: _____ | | | |

Problem Resolution/Outcome (use back of form if more room needed):

Signature: _____ Date: _____

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Medical Surgical Unit

Scope: Provides inpatient services to patients requiring acute medical and/or surgical management, diagnostic testing, clinical treatment, pre- and postoperative care, treatment and convalescence.

Date: _____

Responsibility: Medical Surgical Unit Nurse Manager, Nurse Executive, Nursing Services PI Committee, Organizationwide PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service	<p><u>Management of Patient with CHF:</u></p> <ul style="list-style-type: none"> - Assessment of diuresing as evidenced by I&O every shift, weight on admission and discharge - Adequate assessment of lung sounds with documentation and any change reported to physician - Documented patient understanding of CHF teaching (early signs/symptoms) 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>		Data will be collected from the patient record on a weekly basis by the Medical Surgical Unit PI designee. 100% of CHF x-rays will be reviewed, with a random sample of five (5) to 10 assessed per month for evidence of improved lung sounds (compare x-ray with documentation). Data will be aggregated, reviewed and reported on a monthly basis to the Medical Surgical Unit Nurse Manager and the Nursing Services PI Committee on a quarterly basis.	<p>Nursing</p> <p>Medical Staff</p> <p>Imaging/Radiology</p>
	<p><u>Maintenance of Optimum Skin Integrity:</u></p> <ul style="list-style-type: none"> - Progressive ambulation orders written, as appropriate - Patients with an overall assessment score of 10 will have potential for skin breakdown addressed - Immobile patients turned every two (2) hours 	<p>Provision of Care, Treatment and Service</p>		Data will be collected from the patient record, direct patient observation, staff communication and review of a coded list of patients with a diagnosis of pressure ulcers on a weekly basis by the Medical Surgical Unit PI designee. Data will be aggregated, reviewed and reported on a monthly basis to the Medical Surgical Unit Nurse Manager and the Nursing Services PI Committee on a quarterly basis.	<p>Nursing</p> <p>Medical Staff</p>

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Medical Surgical Unit Registered Nurse
 Prepared by: _____
 Date: _____

Supervised by: Nurse Manager
 Approved by: _____
 Date: _____

Job Summary: Provides direct and indirect patient care in the medical-surgical setting. Communicates with physicians/Nurse Manager/co-workers, as appropriate about changes in patient's clinical condition including results of diagnostic studies and symptomatology. Is able to respond quickly and accurately to changes in condition or response to treatment. Additionally, is able to perform general nursing duties in all departments with adequate supervision.

DUTIES AND RESPONSIBILITIES:

E = Exceeds the Standard M = Meets the Standard NI = Needs Improvement

<u>Demonstrates Competency in the Following Areas:</u>	<u>E</u>	<u>M</u>	<u>NI</u>
Ability to perform a head-to-toe assessment on all patients and reassessments as per policy. This includes: pediatric, geriatric and the general patient population.	2	1	0
Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.	2	1	0
Ability to revise plan of care as indicated by the patient's response to treatment and evaluate overall plan daily for effectiveness.	2	1	0
Ability to perform waived testing (point-of-care testing) per Clinical Laboratory's and the patient care unit's policies and procedures.	2	1	0
Ability to interpret results of waived tests; take appropriate action on waived tests results.	2	1	0
Performs patient care responsibilities considering needs specific to the standard of care for patient's age.	2	1	0
Knowledge of medications and their correct administration based on age of the patient and their clinical condition.	2	1	0
Follows the five (5) medication rights and reduces the potential for medication errors.	2	1	0
Formulates a teaching plan based upon identified learning needs and evaluates effectiveness of learning, family is included in teaching as appropriate.	2	1	0
Demonstrates an ability to assist physicians with procedures and performs services requiring technical and manual skills.	2	1	0
Demonstrates ability to perform treatments and provide services to level licensure.	2	1	0
Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and their families. Functions as liaison between administration, patients, physicians and other healthcare providers.	2	1	0
Interacts professionally with patient/family and involves patient/family in the formation of the plan of care.	2	1	0
Demonstrates knowledge of the principles of growth and development over the life span and the skills necessary to provide age appropriate care to the patient population served. Able to interpret data about the patient's status in order to identify each patient's age specific needs and provide care needed by the patient group.	2	1	0
Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	2	1	0