

SUBJECT: CRITICAL TESTS AND CRITICAL RESULTS AND VALUES REPORTING	REFERENCE #2008
DEPARTMENT: ORGANIZATIONWIDE	PAGE: 1 OF: 6
APPROVED BY:	EFFECTIVE: REVISED:

DEFINITIONS:

- **Critical Tests:** Tests which will always require communication of the results, even if normal, i.e., STAT exams.
- **Critical Results:** Findings (even if from routine tests) which always require rapid communication of the results, i.e., panic values or red-line values.

POLICY:

- _____ (name of organization) shall communicate critical test results and critical results and values to the licensed independent practitioner (LIP) and/or clinician who is licensed by the state of _____ and approved by this institution to take clinical action pursuant to the results of critical test results and critical results and values.
- Generally critical results or “panic” values are defined by the medical staff, with input from nursing services for specific tests.
- However, critical results are understood to be any resultant test values/levels/interpretations where delays in reporting have the potential for causing serious adverse outcomes for patients.
- Critical test results and critical results and values from routine tests can occur for Clinical Laboratory, Imaging/Radiology, Cardiology and other diagnostic tests in any setting in this organization.
- Critical tests are defined as those tests that are STAT exams which demand the rapid reporting of results, whether normal or abnormal.

PROCEDURE:

- A list of prioritized critical tests and critical results and values (panic values) specific to the individual department will be kept in the Clinical Laboratory, Imaging/Radiology Department, Cardiopulmonary Department, Cardiology Department, Neurology Department, Pathology Department, other departments and all patient care units.
- Lists of critical tests and critical results and values will be developed in conjunction with nursing services and approved by the medical staff.

SUBJECT: MEDICATION AND SOLUTION ADMINISTRATION - INVASIVE PROCEDURES	REFERENCE #3008
DEPARTMENT: SURGICAL SERVICES	PAGE: 1 OF: 4
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POLICY:

- All medications and solutions in procedural area shall be labeled. This includes medications and solutions on and off the sterile field.
- The label will include:
 - The name of the medication/solution
 - Strength of the medication/solution
 - Amount (if not apparent from the container)
 - Date of expiration, when the medication/solution will not be used within 24 hours
 - Time of expiration, when the medication/solution expires in less than 24 hours
- The following medications and solutions must be labeled when removed from their original containers:
 - Medications:
 - Prescription medications
 - Other products designated by the FDA as a drug
 - Over-the-counter drugs
 - Herbal supplements
 - Dietary supplements
 - Vitamins
 - Nutraceuticals
 - Vaccines
 - Diagnostic and contrast agents
 - Respiratory therapy treatments

SUBJECT: STAFF EDUCATION - ANTICOAGULATION MANAGEMENT PROGRAM	REFERENCE #3012
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APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- _____ Hospital's Anticoagulant Management Program (AMP) ensures that all patients receiving anticoagulant therapy shall be monitored and followed to reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
 - All patients prescribed anticoagulants shall be followed by the AMP service and will receive individualized, coordinated care while receiving this medication.
 - The AMP shall provide a consistent mechanism for the assessment, monitoring and education of patients receiving anticoagulation medications.
- All prescribers of anticoagulant therapy, as well as healthcare providers caring for patients on anticoagulants, shall receive, at the time of orientation, annually and as needed, education and training on:
 - Approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used
 - Required laboratory testing:
 - Baseline INR
 - Continuous INR monitoring
 - Medication administration requirements:
 - Oral dose products shall be used whenever possible
 - When infusion is required, pre-mixed infusions shall be used whenever possible
 - Continuous intravenous heparin shall only be administered using programmable pumps
 - Pre-loaded syringes, made specifically for pediatric patients, shall be used
 - Before the administration of anticoagulants, the healthcare provider shall always compare the indication for heparin with the patient's diagnosis/condition to ensure they match before administering heparin

SUBJECT: INSERTION OF CENTRAL VENOUS LINES AND PICC LINES - BUNDLE	REFERENCE #7015
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DEFINITION:

- According to the Institute for Healthcare Improvement (<http://www.ihl.org/ihl>), “The Central Line Bundle is a group of evidence-based interventions for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually.”
- The central line bundle has five (5) key components:
 - Hand hygiene
 - Maximal barrier precautions
 - Chlorhexidine skin antisepsis
 - Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters
 - Daily review of line necessity, with prompt removal of unnecessary lines

POLICY:

- A standardized supply kit shall be used for insertion of central and PICC lines.
- Aseptic technique shall be followed for the insertion and care of intravascular catheters.
- Catheters shall be properly anchored after insertion.
- Hand Hygiene:
 - Hand hygiene shall be followed before and after palpating catheter insertion sites, as well as before and after inserting, replacing, accessing, repairing or dressing an intravascular catheter.
- Maximum Barrier Precautions:
 - The proceduralist and the assistant must wear a head cover, mask, sterile gown and sterile gloves.

SUBJECT: RAPID RESPONSE TEAM	REFERENCE #16003
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	REVISED:

POLICY:

- The Rapid Response Team (RRT) is a group of specially trained clinicians within _____ Hospital that nurses and other hospital staff, as well as patients and family, can call upon at any time to provide critical care expertise at the bedside (or wherever it is needed) of a patient whose condition is deteriorating, or when a staff member needs consultation for a patient who “just doesn’t seem right”.
- _____ Hospital is committed to improving quality of care for patients by reducing cardiac arrests and other acute life-threatening events, decreasing lengths of stay and reducing patient mortality rates through the use of rapid response teams.
- The Rapid Response Team shall be available, by pager, 24 hours a day, seven (7) days a week.
- The Rapid Response Team can be activated by nurses, physicians, respiratory therapists, nurse practitioners or physician assistants who provide patient care at _____ Hospital, as well as patients and family. RRT activation does not require a physician’s order or permission. The RRT is activated by calling the following number: _____.
- NO calls to the Rapid Response Team shall be considered inappropriate. There shall be effective communication between the patient care unit RNs and the RRT.

PROCEDURE:

- The Rapid Response Team shall be composed of:
 - A Critical Care or Intensive Care Unit Registered Nurse
 - A Respiratory Therapist
 - A Physician Assistant or Hospitalist
 - Other: _____
- Rapid Response Team members will be available to respond immediately (within five [5] minutes) when called, and will not be constrained by competing responsibilities.