

SUBJECT: ARTERIAL LINE MANAGEMENT	REFERENCE #1205
DEPARTMENT: Telemetry/Progressive Care Unit	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

**POLICY:**

- An arterial catheter is to be inserted by a physician qualified in the procedure, following an Allen’s test.
- The patient’s safety and comfort will be maintained by the nurse during the procedure.
- Aseptic technique will be maintained by the nurse and MD throughout the procedure.
- The arterial catheter alarm system will remain activated at all times. Alarm parameters should be set at 20 above and 10 below the patient’s normal arterial pressure.
- The pressure bag will be kept at 200 – 300 mm Hg to maintain catheter patency.
- Monitoring equipment must be calibrated before the catheter is inserted and then every 8 hours.
- Arterial catheter blood pressure reading is to be checked against a cuff pressure after insertion, every shift and PRN.
- The entire monitoring set-up will be changed every 72 hours.
- Arterial line site checks must be documented every two (2) hours on the Telemetry Unit flowsheet. The physician will be notified of abnormal findings.

**EQUIPMENT:**

- Arterial catheters, radial or femoral
- Monitor module and pressure cable
- Pressure tubing and bag
- Standard Heparin solution
- Gloves
- Sterile drapes

SUBJECT: MEDICATION ADMINISTRATION	REFERENCE #3042
DEPARTMENT: TELEMETRY/PROGRESSIVE CARE UNIT	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

- Medications will be administered only upon the order of physicians, dentists or podiatrists, who are members of the medical staff, are authorized members of the house staff or have been granted clinical privileges to write such orders and under the guidelines of their respective scopes of practice. Administration will be by a physician, registered nurse, licensed practical/vocational nurse, respiratory therapist, physical therapists and/or their respective supervised students.
- Registered nurses may administer all parenteral, oral, rectal and topical medication including blood and blood products if not specifically excluded elsewhere by medical staff by-laws.
- Licensed practical/vocational nurses may administer IV electrolytes, nutrients, blood and blood products, if IV certified, and all IM, subcutaneous, intradermal, rectal, topical, sublingual and oral medications if not specially excluded elsewhere by medical staff by-laws. (Verify with your state’s Board of Nursing.)
- In the instance of intravenous therapy and cancer chemotherapy, only those persons approved by the hospital to administer such medications shall be allowed to do so.
- The following policies will govern administration of medication in this institution:
  - Medication Administration Record will be compared with the Kardex prior to preparation of any medication at least one (1) time each shift. The individual administering the medication will verify the medication selected for administration is the correct medication based on the medication order and the medication product label. The individual administering a medication will be aware of the following information concerning each medication before administration:
    - Therapeutic action
    - Untoward actions or side effects
    - Antidote (if applicable) and its location

# PERFORMANCE EVALUATION AGE-RELATED COMPETENCY

(To be completed for all Clinical Personnel)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: Telemetry Unit Nurse Manager Evaluator: \_\_\_\_\_

Unit: \_\_\_\_\_

Age Range of Patients to Whom Service is Provided: Pediatric to Geriatric

M = Meets Compliance Criteria

NC = No Compliance

N/A = Not Applicable for this Staff Member

COMPLIANCE CRITERIA	M	NC	N/A	COMMENTS
<b>PEDIATRICS (2-11 yrs)</b>				
Maintains safe environment: bed rails in "up" position and locked, age appropriate toys and/or games. Aware of need for peer relationships (i.e., with visitors); however, questions any strangers attempting to enter room. Uses age appropriate equipment (i.e., potty chair); ensures safe nutrition (cuts food into small bites to prevent choking). Identifies patient using two (2) patient identifiers using arm/leg armband.				
Involves child in care and educates parents/caregivers at same time. Ensures return demonstration; allows child to have control by allowing choices, as appropriate to situation.				
Recognizes abuse/neglect potential.				
Provides parents/caregivers with adequate, direct information regarding pediatric condition (i.e., what child will look like, what type of tubes to expect).				
Recognizes child may view a painful procedure as punishment.				
Maintains thermoregulation.				
Uses age/size appropriate equipment.				
Demonstrates knowledge of medication conversion rates for pediatric dosing.				

SUBJECT: ACKNOWLEDGMENT OF RESULTS OF DIAGNOSTIC TESTING	REFERENCE #9012
	PAGE: 1 OF: 1
DEPARTMENT: TELEMETRY/PROGRESSIVE CARE UNIT	EFFECTIVE:
APPROVED BY:	REVISED:

**POLICY:**

It is the policy of this organization to require acknowledgment of results of diagnostic testing performed on patients.

**PROCEDURE:**

- Results of lab work, imaging tests and other diagnostic testing are to be placed on the patient’s medical record as soon as possible after receipt of the hard copy result.
  - All reports of diagnostic testing and consultations will be placed in a designated area for physician review while awaiting permanent placement in the medical record by the Unit Secretary.
  - As soon as possible, the Unit Secretary will file all hard copy results of diagnostic testing and consultations in the medical record under the appropriate test category.
  - The ordering physician will initial each result when reviewed.
    - The physician may review and initial the result before the copy has been filed in the medical record, however regardless of where the review is performed, the physician must initial his/her review directly on the test result once the review has been performed.
  - All test results reported verbally to patient care unit staff will be read back to the individual reporting the results to verify accuracy. The verbal results will be documented by the receiver on the physician progress notes, once the results have been “read back” and verified for accuracy.
    - Only patient care providers approved by the organization to receive diagnostic test results and proven competent in the interpretation (general clinical interpretation) of those results, may receive and verify verbal test and consultation results.
    - The patient care provider receiving the test results will contact the ordering physician to report any critical or significantly abnormal diagnostic test results.