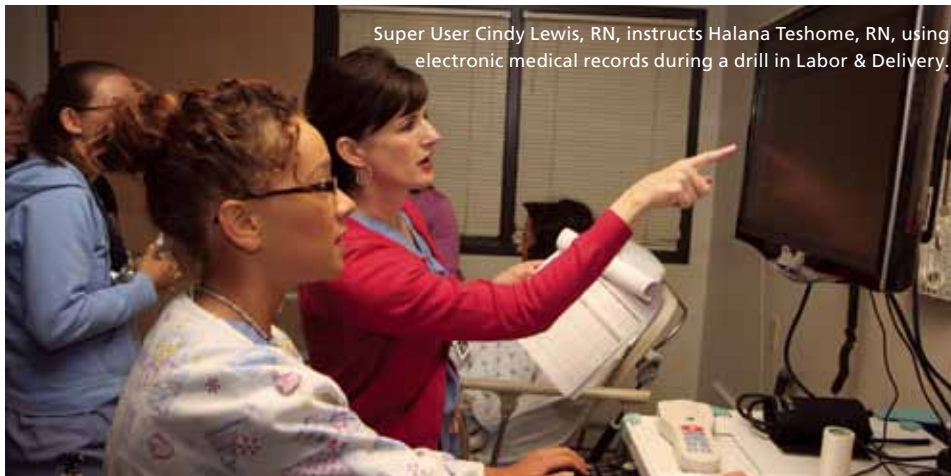


Clinical Care Connection



Parkland

Connecting Parkland's clinical staff with the latest information and patient care updates June 2009



Super User Cindy Lewis, RN, instructs Halana Teshome, RN, using electronic medical records during a drill in Labor & Delivery.

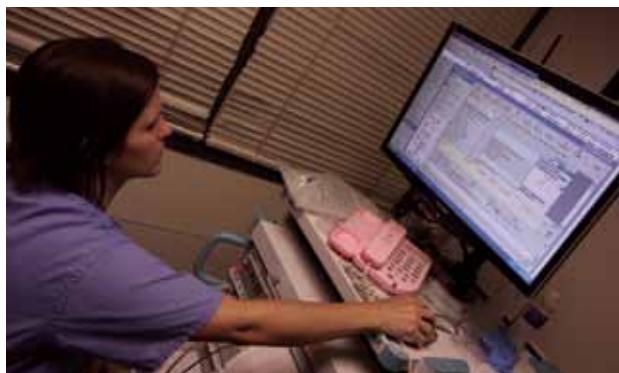
Parkland is Live!

On April 28 at 0001 hours, nurses at Parkland entered a new era. They started documenting patient's vital signs, I&O, admission screen, lines and drains, medications and orders management in EPIC – the Electronic Medical Record (EMR) that Parkland is using. Since February, nurses and physicians have been going to classes and practicing in a "Playground" to prepare for the Go-live. The practice paid off.

We had another successful implementation in a series of many since September 2005 when ADT, registration, billing, scheduling, clerk order entry and results review went live. Since then implementations have occurred with Optime in OR, ASAP in ED, Radiant in Radiology and EPIC HIM in HIM. Ambulatory clinics (COPC and WISH) starting rolling out their go-lives in October 2008 with all of them considered to have been very successful. Now with Inpatient Clinical Documentation (often referred to as IP Clin Doc) and Stork (EPIC's application for L&D) live in the inpatient arena, nurses have access to patient information that they previously did not have or had to wait hours or days to get by requesting the patient chart.

"Love EPIC!!! Frustrating initially but think it's going to be awesome. Super Users very helpful," said Christy, RN. This quote says a lot.

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Making a change such as this is frustrating at first because of being novices at computer documentation. Being able to see the potential for the EMR will keep us all on the right track to improve patient care. Parkland Super Users and staff really stepped up to the challenge and made this the success that it was.

“It has been wonderful to be able to get my notes and work done from my office computer. This has cut my work time in half and I am able to spend more time with physicians and patients,” said an IM Case Manager. Although this quote is from a Case Manager it is true for nurses also. Our goal is to improve care for our patients. The EMR allows nurses to spend more time with patients (charting can take place right at the bedside) and eliminates errors caused by unreadable handwriting.

So what's next? There is still a lot to accomplish for nursing – assessments, notes, care plans, patient education, ICUs. Other departments in the hospital (ancillary and procedure areas, OPCs) will be brought on-line. Over the next several weeks and months these functionalities will be designed and coming back to you for your input. Your suggestions on what we can do differently in the future are requested and welcome.

One big star and thank you goes out to everyone. This took the whole hospital to implement and you did it!

The Safety Stop

Slips, trips and falls are serious

Each year many Parkland employees are the victim of a slip, trip and fall (STF) injury in the workplace. In fact, workplace falls are the third leading cause of employee injury at Parkland. These falls can result in the loss of a valued employee.

However all falls are not the same. Fall data can be broken down into many different forms including falls on same level, falls from an elevation, falls from a chair or falls down stairs. The cause of employee falls can be divided into two categories: personal factors and environmental factors.

Personal factors include muscle weakness, balance problems, limited vision and taking certain medications like antidepressants.

Environmental factors include hazards such as clutter, wet floors, loose floor mats or other tripping hazards, floor condition and maintenance, poor lighting, especially on stairs and poor housekeeping.

To eliminate employee slip, trip and fall (STF) risks the Environment of Care Committee makes the following recommendations:

- **VIGILANCE** – All employees must be vigilant for identifying and eliminating STF hazards. Employees should use caution when walking in hospital doorways, ramps, cluttered hallways, heavy traffic areas, uneven surfaces and areas prone to wetness
- **REPORT OR CLEANUP** – Wet floors and spills reduce traction on floor surfaces and increase fall risks. All employees are responsible to report or help cleanup floor spills. To report (nonchemical) spills call EVS at ext. 28161 during normal duty hours and pager 33000 after hours
- **APPROPRIATE FOOTWEAR** – Employees are reminded to wear proper shoes that ensure traction and stability. Slip resistant shoes are best
- **FLOOR CARE** – The Environmental Services Department will continue to provide quality floor, floor mat and runner care and maintenance
- **FLOOR WET SIGNS** – Many pedestrians simply ignore the signs and in some cases actually moved them from where they were originally placed. Although wet floor signs are an important first line of defense, they are not a cure-all for preventing slips and falls. All employees should avoid areas marked with wet floor signs
- **STAY ALERT** – Many employee fall injury reports stem from tripping over hallway clutter, not looking or being distracted when walking. Employees are reminded to always scan ahead when walking, avoid reading and texting while walking, avoid slippery and wet areas and clear walkways of clutter.
- **FLOOR MATERIAL** – The Facilities Department will continue to provide and install quality floor materials that reduce STF risks. The Environment of Care Committee verifies floor surface safety each week by measuring the “coefficient of friction.” The Engineering Department will ensure all handrails and stairwell lights are well maintained
- **REPORT ALL FALLS** – Falls are sometimes not reported when minor or embarrassing. Employees are reminded to report all STF injuries to Workers’ Compensation, ext. 22715 within 24 hours. Call the Injury on Duty Hotline at 214.590.1234, or ext. 21234 for instructions/questions
- **STAY FIT** – Balance, flexibility and strength training improve mobility and reduce the risk of falling

Nutrition Consult

Medical Nutrition Therapy Protocol alert

Dietitians at Parkland can now modify nutrition related orders without requiring a written or verbal order from the primary physician, according to the approved Medical Nutrition Therapy Protocol.

Staff dietitians will be able to:

- Modify oral diets, including nutrient restrictions, texture modifications and supplements
- Adjust tube feeding rate
- Order nutrition related labs
- Order calorie counts

Nutrition Support Team dietitians will be able to:

- Change TPN base solutions and electrolytes
- Order TPN related labs

If you have any questions regarding this protocol, please contact Usha Kollipara, Clinical Nutrition Manager at ext. 26808.



Studies show that patient education can have a major impact on patient satisfaction. Here, Social Worker Andrea Wright goes through education materials with one of her patients.

Patient Education Update

Does patient teaching have an impact on patient satisfaction?

Most health care professionals are keenly aware that patients' perceptions of their care are widely solicited because of their impact on, among other issues, where health dollars are spent. In such surveys, patient satisfaction in relation to a wide variety of variables is usually elicited. Health care professionals are taught and encouraged to provide patient teaching from the point of view of obvious benefit and regulatory injunction, but they may not have considered how the teaching they so regularly do impacts the overall satisfaction of their patients. There are benefits in addition to patient satisfaction as well. Here's just a tiny sampling from the research of the positive influence of patient education on patient satisfaction as well as health behaviors:

1. Understanding the Experience: Patients' Perceptions of Post-Myocardial Infarction Teaching

Patrice Yamada RN, BN, MSN¹ Vicki Holmes RN, BScN, MScN²

1Patient Care Manager, Riverview Health Centre, Winnipeg, Manitoba, Canada.

2Nursing Instructor, Grant MacEwan Community College, Edmonton, Alberta, Canada.

Abstract - It is a widely accepted belief among health care professionals that patient education for survivors of myocardial infarction (MI) is valuable. Patients benefit by learning about their disease, reducing their risk factors and modifying their lifestyle. Although these assumptions have been studied, the viewpoint of the consumer has not been elucidated. This study sought to determine patients' experience with an in-hospital, post-MI teaching program, the meaning attached to the teaching experience and the overall perceptions of the program. The findings suggest that patients valued the teaching experience and found that it helped them establish new meaning in their lives. Not only was the teaching content valuable, but so were other factors crucial to their recovery from MI. Health care professionals can utilize these findings to develop teaching programs that truly meet the need of consumers.

<http://www3.interscience.wiley.com/journal/121477697/abstract?CRETRY=1&SRETRY=0>

2. Effect of a Hypertension Teaching Protocol on Patient and Staff Satisfaction in a Rural Community Health Center

Stanton, Marietta P. PhD, RN, CNAAC, BC, CMAC; Nix, Gina S. MSN, RN

Abstract - The purpose of this research was to examine the effect of a patient teaching protocol related to hypertension on patient and staff satisfaction in a rural community health care clinic. The rationale for this study was based on the positive relationship between staff and patient satisfaction highlighted in the literature. The literature also indicates that the implementation of a protocol can increase both patient and staff satisfaction. This study reinforces the positive relationship between patient and staff satisfaction in a rural setting.

http://journals.lww.com/professionalcasemanagementjournal/Abstract/2003/05000/Effect_of_a_Hypertension_Teaching_Protocol_on.6.aspx

3. The effect of patient satisfaction with pharmacist consultation on medication adherence: an instrumental variable approach

available since Dec. 15, 2008

Pharmacy Practice 2008; 6(4): 201-210.

Ning Yan GU, Yunwei GAI, Joel W. HAY.

Excerpted from the abstract: There are limited studies on quantifying the impact of patient satisfaction with pharmacist consultation on patient medication adherence.

Objectives: The objective of this study is to evaluate the effect of patient satisfaction with pharmacist consultation services on medication adherence in a large managed care organization.

Conclusion: After appropriate adjustment for endogeneity bias, patients satisfied with their pharmacy services are substantially more likely to adhere to their medication. The results have important policy implications given the increasing focus on the roles of pharmacists and regulatory changes in professional scope of practice.

<http://www.pharmacypractice.org/vol06/04/201-210.htm>



Respiratory Tidings

Parkland Stop Smoking Program

Did you know more than 50 million Americans smoke, and nearly seven million more use smokeless tobacco? Worldwide statistics show one out of three men and women over the age of 18 are smokers. Established facts have also confirmed that more deaths are caused by tobacco use than all deaths from AIDS, illegal drug use, motor vehicle injuries, suicides and murders combined. Keeping in mind the aforementioned facts, it is reasonable to understand why Parkland has been committed to providing a Smoking Cessation Clinic since 1991.

The Parkland Stop Smoking Program gives participants valuable information about the risks from smoking. Cigarette smoking is associated with a tenfold increase in dying from chronic lung disease and doubles a person's risk for stroke. Smokers are two to four times more likely to develop heart disease. Everyone identifies smoking with causing lung cancer but they may not realize smoking also causes cancers of the bladder, mouth, throat, kidney, pancreas, stomach and the blood. Knowing the risks from smoking certainly reinforces one's decision to quit. It is also just as important to know the benefits gained with quitting.

Some benefits occur fairly soon after the last cigarette smoked. Twenty minutes after quitting blood pressure and pulse rate decrease and blood flow to hands and feet improves. In one to nine months a person will notice decreases in coughing and shortness-of-breath as well as a decreased risk of lung infections. A year later, risk of coronary heart disease is half of a smoker's risk. Risk of development of aforementioned diseases and cancers continues to significantly decrease as individuals remain non-smokers.

Respiratory Care staff teach the introductory class for The Smoking Cessation Clinic and provides instruction on preparing one's environment for quitting, informing family and friends and the use of smoking cessation tools. There is a weekly support group (mediated by Social Work) followed by one-on-one time with a Physician/Nurse Practitioner/Physician Assistant.

Appointments can be made by calling 214.590.5603. The Stop Smoking Clinic meets Tuesdays on the fourth floor of the Parkland clinic tower.

Critical Care Vital Signs

Commercially Prepared Device

Did you know that there is a commercially prepared device for securing ET tubes on the crash cart? One is in each airway box. The device is made by Mallinckrodt and is easy to use. Directions are on the package.

- 1) Remove tape/velcro tab and uncoil strap
- 2) Open slit, pass around 15mm connector and down endotracheal tube to lips with blue foam side toward patient
- 3) Pass strap behind patient's neck without twisting so that the blue foam remains toward the patient
- 4) Bring strap forward and wrap at least two times around tracheal tube
- 5) Strap may be cut to length
- 6) Secure with tape or enclosed Velcro tab.



This is a quick and easy way to secure the endotracheal tube during a code.

Respiratory Tidings Correction

The following information was incorrectly printed in the May issue of Clinical Care Connection. Please note the change below.

Contraindications

- Apnea
- Inability to protect airway
- Hemodynamic instability
- Cardiac arrest
- Vomiting
- Combative or obtunded patient

Notes from Nursing Administration

The Six Essential Elements of Pressure Ulcer Prevention

Element # 4: Keeping the patient dry and moisturizing the skin.

For many hospitalized and bedridden patients, both moisture and dry skin can lead to the development of rashes and skin breakdown. Treating dry skin with moisturizers has been shown effective in preventing pressure ulcers. Controlling moisture by limiting the frequency and length of time that skin is exposed to perspiration, incontinence and wound drainage is also an important preventive strategy.

Here are some helpful interventions to limit the development of skin breakdown, dermatitis and pressure ulcers in your patients:

- While in the patient’s room, and at a minimum of every two hours, group several activities together such as assessing for moisture, offering fluids or toileting and cleansing and moisturizing the skin
- For incontinent patients, cleanse the skin frequently and pat the skin dry. Apply a moisturizer or a topical barrier product
- For patients with significant moisture problems, use under pads to pull moisture away from the skin. Avoid using diapers or other containment products. Diapers keep moisture in contact with the skin
- Keep supplies at the bedside so that you have what you need for quick clean ups

Parkland currently carries a line of skin care products to meet the skin care needs of our patients. The following chart may be helpful in selecting the correct product. If you don’t have these products on your unit, please talk with your unit manager or call Venita Dasch at ext. 25847.

REMEMBER GREEN IS ROUTINE			
<i>Routine bath for mobile patients</i>	<i>For bed bound patients with incontinence or increased moisture</i>	<i>For patients with dry skin add</i>	<i>For patients with red intact skin add</i>
1. No rinse body and shampoo wash (MRD #324604)	1. No rinse cleansing foam body and shampoo wash (MRD #325208)	2. Body moisturizer and conditioner (MRD #324804-4OZ. OR #324809-8OZ) <i>To prevent chafing and chapping</i>	3. Protective ointment (MRD #324913) <i>To create an occlusive barrier</i>
BLUE...EW...BAD...BOTTOM			
<i>For patients with weepy or denuded skin</i>			
1. No rinse cleansing foam body and shampoo wash (MRD #325208)			
2. Disposable wipes (MRD #14040)			
3. Protective Barrier *Sensicare (MRD #325614)			
*Best used with disposable wipes. Apply a thick paste to create an occlusive barrier. When cleansing the patient, remove gently by patting the area.			



Image of Nursing Essay Winners

Thank you to everyone who submitted an essay. Congratulations to all who participated. Listed are the top winners:

- Toni DeLeon RNC, SNP Nurse Practitioner Newborn Nursery
- Shirley Summerall RN, Dermatology
- Cynthia Latimosa RN, OB Complications Clinic
- Marilou Porth RN, ONC, BA, CIO Nursing Informatics
- Bharati Sunanda RN, BS, Case Management – Medicine

Leadership Lingo

What does it mean to have “informal clout” or “pull?”

It means that you can “influence” others in your associations with them. Influence is the power to produce an effect by indirect means.

Leadership involves providing guidance; the leader must ensure that his or her influence is positive and promotes good work. People often look to others for cues on how to behave or what to believe.

Although you can influence someone, people primarily do things on their own free will. Positive influence will draw peers to you ready to agreeably work with you.

Tips to influence others at work:

- Get into their shoes – make an effort to view things as they would. Show or tell them how they will benefit
- Be credible – how credible are you to the person you are influencing?
- Are you knowledgeable about what you are talking about? Be prepared in your presentation
- Communicate effectively – use positive body language, speak clearly, be tactful and friendly
- Listen – show patience and empathy, listen to their opinions

People are more likely to follow through with something if they are committed to it. This commitment may be verbal or written. Look for commitment in conversation when recruiting peers for a task. People prefer to say “yes” to co-workers that they like. Talent, kindness, honesty and intelligence is attractive to most and makes a person likable.

Authority can be an influential tool as well. Those in leadership positions in the workplace are viewed as having authority.

Consistently express appreciation in your conversations. We all like to be validated for what we do.

Things not to do when using positive influence:

- Come on strong
- Make people feel inferior or defensive
- Show frustration - raise your voice
- Demonstrate impatience
- Cut people off
- Ignore their suggestions or opinions

Remember that you’re influencing “free will.”

Resources:

Influencing Others - Influencing Others Template: Team Publications Pty Ltd.

How To Influence Others Positively by Larry Houston. Ezine Articles.

5 Essential Tips to Influence and Persuade Others at the Workplace by Shweta L. Khare. collegerecruiter.com.

Influencing Others: Use Five Techniques that Get You What You Want in Any Situation by Cynthia Clay. Ezine Articles.

WD 01/09

Influence is the power to produce an effect by indirect means. Use your influence to promote good work.

Performance Improvement & Patient Safety Stories

Glycemic Management: Why Should Parkland Act?

Diabetes is the fifth-deadliest disease in the United States. There are 23.6 million people in the United States, or 8 percent of the population, who have diabetes. The total prevalence of diabetes increased 13.5 percent from 2005-2007.¹

Suboptimal diabetes management in a broad range of hospitalized patients is associated with the risk for increased length of stays, co-morbidities and mortality.

- **How is Parkland addressing this issue?**

Parkland has tasked a multidisciplinary team to investigate current practices and improve processes so we can continue to provide safe and effective care to our diabetic patients throughout the continuum of care

- **What has the team accomplished?**

The team has conducted an assessment of the current state, identified metrics, identified priorities and updated an insulin sliding scale order form (available in EPIC)

- **What is the team currently working on?**

There are three initiatives under way: coordination of food trays with insulin administration, standardizing education available to patients and staff and enhancing discharge planning to ensure patients receive follow up diabetes care with their primary care physician or at a COPC clinic

- **What can you do?**

Consider whether your patient's insulin regimen is tailored to their nutritional status and other factors such as renal failure, chemotherapy and high dose steroids. Make sure your patient receives discharge orders that include instructions about follow up care

For more information contact Rolanda Fleming, ext. 22090

¹ <http://www.diabetes.org/about-diabetes.jsp>



Laboratory Scope

Blood Product and Transfusion Testing Orders

Physicians and all ordering personnel can now place blood product and transfusion testing orders through EPIC. Transfusion Services (TS) has created five order sets that allow clinicians to have a “one-stop-shop” approach for TS orders. Order sets can be accessed via the Navigator bar or through the Order Entry function in EPIC. The ordering process is broken down into three steps:

- **Placing Testing Orders:** This allows the physician to let both nursing and TS know what types of testing orders are being placed on the patient
- **Placing Product Orders:** This allows the physician to let both nursing and TS know what types of product orders are being placed on the patient. Along with the product orders, EPIC automatically places a transfuse order unless the physician actively removes that order
- **Placing Pick-up Blood/Derivative Orders:** This is an electronic order that is being used in place of the manual pick-up card

Where is My POC Glucose Result?

The Remote Automated Lab System was implemented on April 21. It features Enhanced Patient Identification, ADT feed updates, result transmission and charge capture for billing. When the correct CSN is used, the result auto-verifies and appears in EPIC Result Review. There are multiple reasons a result cannot be found in EPIC:

- **The wrong CSN was entered** – Always use the CSN on the patient's armband
- **The ADT census must be updated** – Keep the Inform meter docked in the downloader when not in use
- **A test has been repeated on a patient within five minutes** – Pathology will review/upload the result used by the patient care area
- **A result is in queue for Pathology review due to location** – The ADT/Inform meter location does not match and needs investigation
- **The Inform meter has not been docked** – Place the Inform meter in the downloader after testing is complete

Now all blood product and transfusion testing orders can be placed through EPIC. Clinicians to have a “one-stop-shop” approach for transfusion services orders

Angelique Tsydancerses, RN, administers chemotherapy to patient Maria Camillo in the Parkland Oncology Clinic.



Med Surg Memos

Anemia in the Cancer Patient: Why is Erythropoiesis Important?

Erythropoiesis is the process by which red blood cells are formed. Erythrocytes undergo seven stages of development in the bone marrow to produce mature red blood cells. This process is regulated by the glycoprotein, erythropoietin

What is Anemia?

Anemia is defined as the inadequate supply of circulating red blood cells (RBCs) in the blood. This is usually quantified or measured by the red cell count, hemoglobin value (oxygen-carrying capacity of the RBC) or hematocrit (percentage or ratio of RBCs in blood) quotient.

Anemia is caused by abnormal bleeding (e.g., head/neck, cervical,

uterine, gastrointestinal cancers), chronic disease (e.g., advanced stages of cancer, chronic renal and liver failure), nutritional deficiencies (e.g., iron, folic acid and Vitamin B12 deficits), hereditary factors (i.e., sickle cell, thalassemia) and malignancies (e.g., autoimmune hemolytic anemia, microangiopathic anemia, cold agglutinin). Based upon laboratory findings and how symptomatic the patient presents in the clinical setting, anemia can be mild, moderate or severe. Typical signs and symptoms of anemia include:

- Fatigue
- Weakness
- Dizziness
- Shortness of breath/dyspnea
- Headache
- Pale skin
- Chest pain
- Listlessness
- Coldness in the hands and feet

Anemia in the Cancer Patient

Anemia is a condition commonly diagnosed in cancer patients, especially among those receiving chemotherapy. In fact, anemia in cancer patients is associated with decreased survival rates in spite of the widespread use of recombinant erythropoiesis-stimulating agents (ESAs) (e.g., epoetin alfa, darbepoetin alfa). Although there is an association between anemia and poor survival outcomes, causality has not been clearly established. Moreover, anemia may be a marker of disease extent, reflect co-morbid disease effects and be a contributing factor to poor individual performance status.

Causes of Anemia in the Cancer Patient

Direct effects of cancer activity: Although anemia in the cancer patient is multi-factorial in nature, it is commonly associated with disease progression. Progression of disease is the result of cancer cell's erratic behavior- high mitotic activity, rapid neoplastic growth and the propensity to migrate from its site of origin through blood and lymphatic vessels to new organs and tissue. A direct cause is associated with bone marrow replacement. Malignancies that are hematological in origin or the result of metastasis from solid tumors have an untoward effect on bone marrow activity. That is, the activity of circulating tumor cells triggers both immune and inflammatory responses resulting in the increased release of cytokines- regulatory proteins controlling cell growth and differentiation. Although controversial, some studies report higher recurrence rates as well as disease progression due to tumor-specific cytokine receptor activity that cause further neoplastic cell differentiation. Insidious malignancies tend to invade the bone marrow, "crowd-out" and disrupt normal, essential cell function. Subsequently, the result is suppression of erythropoiesis which causes a reduction in RBC production, diminished response to circulating erythropoietin and impaired iron utilization. Patients in this category respond better to blood transfusions rather than ESAs.

Direct effects of cancer treatment: RBC production is also reduced by the cytotoxic effects of chemotherapeutic agents. One of the most common side effects of chemotherapeutic agents is bone marrow suppression, the site of RBC production. For example, Cisplatin is a widely prescribed alkylating agent that blunts erythropoietin production and causes prolonged anemia. Furthermore, it is not uncommon for anemia to occur in response to radiation targeted therapies (e.g., exposure to large areas of bone marrow). Moreover, the destruction of normal cell function causes abnormal metabolism at the cellular level resulting in nutritional deficiencies that further aggravate RBC production. Essentially, more than 90 percent of all cancer patients will experience mild to moderate anemia during cancer treatment. Within the context of chemotherapy-induced anemia, ESAs are the treatment of choice for hemoglobin < 10 g/dl. Although the use of ESAs reduces the need for blood transfusion, there is an increase in mortality due to scientific evidence of ESA-related thrombotic episodes and stroke. These outcomes have led to FDA approval of the use of ESAs in advanced stages of disease only and the prescribed regimen must be stopped as the Hgb approaches 12 g/dl. Moreover, good sound clinical decision-making on behalf of the Oncologist will determine patient outcomes.

Laboratory Considerations

Hematology/Oncologists involved in the care of cancer patients will typically order the following labs:

- Haptoglobin
- LD
- Blood smear
- CBC w/ differential (first-line)
- Iron and total iron binding capacity (TIBC)
- Ferritin
- Folate
- Coomb's test
- Vitamin B12 (case-specific)

Treatment Options

Anemia in the cancer patient can be readily managed by currently approved therapies such as blood products (i.e., packed RBCs), ESAs and oral or intravenous iron (e.g., dextran, sodium ferric gluconate in sucrose, iron sucrose). However, when left undiagnosed and/or untreated, anemia can potentially lead to serious consequences. Recent reports from the National Center for Health Statistics suggest that anemia is often under-recognized and under-treated (NAAC, 2008). Therefore, appropriate screening and proper follow-up as a part of routine clinical management are essential to optimal outcomes among cancer patients.

Outpatient Observations

Gerontologic Nursing

As a society we are living longer lives and the segment of the population that is aging is growing.

“In 2006, an estimated 37 million people in the United States—12 percent of the population—were 65 and older. Projections forecast that by 2030, approximately 71.5 million people will be 65 and older, representing nearly 20 percent of the total U.S. population.” Source: Federal Interagency Forum on Aging related statistics.

As we age, our body goes through changes that should be considered when we provide care to a geriatric patient. Overall the older patient will have a decrease in most body functions. Here is a summary of the changes that are associated with aging:

- **Cardiac System** – heart muscle oxygen demand increased, blood flow to vital organs and periphery decreased, pulses become weaker but should remain equal, modest increase in systolic blood pressure
- **Respiratory System** – Rate 12-24, chest becomes rigid and barrel-shaped, cough and deep breathing diminished, lung compliance decreased, use of accessory muscles decreased and oxygen saturation decreases
- **Integumentary System** – skin less elastic, wrinkles and folds increase, skin tears and bruises easily, skin color uneven, ability to respond to heat and cold decreased, ability to feel light touch decreased, gray or white hair, hair thins
- **Urinary System** – Protein in urine increased, frequency, urgency and nocturia increased, serum creatinine and BUN increased, excretion of toxins and drugs decreased
- **Gastrointestinal System** – Taste changes, potential loss of teeth, dysphagia, absorption of nutrients diminished, potential for constipation and fecal impaction
- **Musculoskeletal System** – Height diminished by one to four inches, kyphosis, potential for osteoporosis and bone resorption exceeds bone formation
- **Sensory** – Hearing decreases, equilibrium-balance deficits, vision decreases and cornea becomes opaque

Source: 4th Edition Medical-Surgical Nursing by Lewis, Collier, and Heitkemper

Regulatory Roundup

Managing Risks When Problems Occur with Medical Equipment and Supplies

The Joint Commission requires hospitals to manage equipment risks. What is done at the patient’s bedside can help Parkland manage these risks and improve patient safety.

Here are examples of the kinds of problems our staff has encountered recently:

1. A specialized drain is in use on patients in the intensive care environment. The nurse notes that the drain is leaking, causing patient safety and infection control concerns.
2. An infusion pump is found by the nurse to have infused the incorrect amount of medication. The nurse checks and it is programmed correctly, but the patient has received the wrong dose.
3. A guide wire does not retract appropriately when a central line is inserted by the physician. The malfunctioning catheter and guide wire are withdrawn and another inserted without problems.

- 1. The patient is our first priority.** Make sure that your patient’s clinical needs are addressed and your care documented.
- 2. Save all malfunctioning equipment or supplies.** If a death or serious injury has occurred, risk management needs to be notified immediately and any supplies or equipment involved should be “sequestered” or set aside for investigation. In less serious situations equipment can be marked “broken” and sent to Biomed for repairs. Save all packaging which has make, model, lot numbers for supplies involved and the actual malfunctioning supplies if at all possible.
- 3. The malfunction should be documented.** Enter event information in PSN and also document what occurred in objective, factual statements into the medical record. Include information as to what occurred, the patient’s response, notification of the physician and the corrective action. Do not document that a PSN was completed, that Risk Management or Legal were notified or document personal opinions, unsubstantiated facts or guesses about what caused the problem to occur.

For more information contact Jane Rasley, RN, ext. 20651, Joyce Thompson, RN, ext. 20195 or the 24-Hour Risk Line at ext. 24000.

Stress, low body fat or drugs can affect proper hormone production which could lead to infertility.

UAP Exclusive

The Female Hormone System

The major organs that compose the female reproductive system are the ovaries, Fallopian tubes, uterus and the vagina. The ovaries are structured in two layers: the medulla (core) and the cortex (outer layer). During fetal development over 200,000 primary ova are already available to begin maturation. The Fallopian tubes are two small, muscular tubes which connect to the uterus and extend to the ovaries. The uterus is a hollow muscular organ which houses the ovum once fertilization occurs.

The female hormonal system is one of the most complex hormone systems in the body. The major hormones are gonadotropin releasing hormone produced in the hypothalamus, follicle stimulating hormone and luteinizing hormone produced in the anterior pituitary and estrogen and progesterone produced in the ovary. Gonadotropin releasing hormone is emitted when low levels of estrogen and progesterone are detected in the circulatory system. It then travels to the anterior pituitary which in turn begins release of follicle stimulating hormone (FSH). FSH then travels to the ovary to facilitate the maturation of six to 12 immature ovum. Luteinizing hormone (LH) is released a few days later to assist with completion of maturation of one ovum. The ovary produces estrogen in the cells that surround the maturing ovum which builds up the lining of the uterus. Once ovulation occurs the same cells now start to produce progesterone as well as estrogen. Progesterone further prepares the uterine lining for implantation of a possible fertilized ovum. If fertilization does not occur the lining of the uterus is shed with what is called the menstrual period.

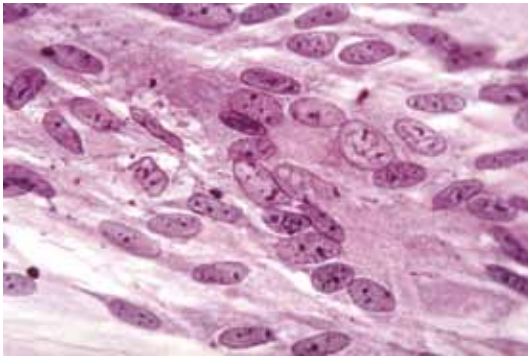
If any of these organs produce too little or too much hormone, then menses may not occur creating irregular cycles for a woman. Also another problem associated with hormone production is infertility. Factors that can affect functioning are stress, low body fat or drugs.

The Infection Connection

Prevention and Control of Varicella (Chickenpox)

Chickenpox is an exanthem caused by the varicella zoster virus (VZV), a member of the Herpesvirus family. The rash typically begins 10-14 days after exposure, is usually associated with fever and is very itchy. The rash presents as blister-like lesions that cover the body, but usually are concentrated on the face, scalp and trunk. A typical child will have 300-500 blisters and as many as 1,500. The lesions crust over and fall off in one to two weeks. It is typically a mild disease, but serious complications may occur even in otherwise healthy children.

Complications are most common in adolescents and adults. Varicella may be fatal in immunocompromised persons of any age. The most common complication is a secondary bacterial infection of the skin, which occurs in up to 5 percent of cases. Chickenpox is an important risk factor for invasive group A streptococcal infection, which can be fatal. Other complications include encephalitis, pneumonia, decreased platelets, hepatitis and arthritis. Children who are immunocompromised, e.g. those being treated for leukemia, develop a severe form of disease. Children with chickenpox should not be treated with aspirin due to the risk of Reye's syndrome.



Chickenpox is highly contagious. It is spread by coughing and sneezing, direct contact and aerosolization of the virus from skin lesions. Both contact and airborne isolation precautions are used to prevent transmission until the lesions have crusted over. A non-immune patient who has been exposed to chickenpox should be isolated from the 10th day until the 21st day after exposure. If feasible, only immune personnel should be assigned to care for the patient with chickenpox. Exposed personnel who believe they are not immune should be tested by Occupational Health Services. If no antibodies are present, they must be deferred from duty from the 10th-21st day after exposure. The varicella vaccine is offered at no charge to Parkland employees.

Chickenpox can be prevented by vaccine. Two doses are recommended for children, adolescents and adults. While vaccinated children may develop chickenpox after exposure, the illness is milder and of shorter duration and immunized children are less infectious than those who aren't vaccinated. The vaccine does not cause fever in children, but may cause a mild fever in adults. Seizures occur in less than 1 percent of recipients.



Pharmacy Forum

Antivirals for H1N1 Influenza

Recently, the world followed the advancing spread of a new influenza strain that was separate from our usual seasonal strain, the H1N1 influenza or "swine flu." Parkland was definitely in the middle of this as we braced for patients requiring treatment for this unexpected strain. We must keep in mind that although the new H1N1 strain was separate from the usual seasonal strains of influenza that it appears to be similar

in severity as the seasonal influenza we see on an annual basis. The important difference is that the current seasonal influenza vaccine offers no protection from the new H1N1 strain.

There are currently two classes of antivirals approved for the treatment of influenza, adamantanes and neuraminidase inhibitors. First, there are the adamantanes, which include amantadine and rimantadine. These act only on influenza A viruses, like the H1N1 swine-origin strain. However, the current H1N1 influenza virus circulating is resistant to this class of antivirals. This leaves the neuraminidase inhibitors, oseltamivir (Tamiflu) and zanamivir (Relenza) as the only viable options for treating this new strain.

The recommended treatment dose of oseltamivir is 75 mg orally twice daily for five days in adults. Zanamivir is dosed at 10 mg inhaled twice daily for five days in adults. Both oseltamivir and zanamivir can also be used for the prophylaxis of influenza in close contacts of positive cases. Both agents are well-tolerated with zanamivir being less tolerated due to the inhalation route of delivery.

The benefit of treating influenza is a reduction in the duration of symptoms by about 36 hours. This benefit is best achieved if the treatment is initiated within 48 hours of the initial symptoms. Treatment for both seasonal and the new H1N1 strain are only indicated for persons with underlying conditions which place them at high risk for complications from influenza. Clinicians and patients alike are encouraged to judiciously use antivirals for only those at highest risk for complications due to the limited supply available.

The WISH List

L&D Policy Changes

Admission and Care of the L&D Patient:

The Policy will include admission to L&D, WESU and transfer to another unit. It will also cover assessments and general care during labor. The policy will include information from previous policies including ambulation guidelines, routine admission, STAT and transfers and standards of care. The combining of policies will help minimize confusion of multiple policies.

Nursing Care of the Patient with an Epidural:

The FHR is monitored as able during the procedure (catheter placement). Oxygen may be initiated for catheter placement/dosing "at the discretion of the anesthesia provider." Also document the FHR pattern after EFM resumed (following placement).

The practice is to document vital signs every five minutes for 15 minutes including B/P, pulse, respirations and SpO₂, followed by every 15 minutes x 3; then hourly.

The nurse is to remain in the room with the patient a minimum of 30 minutes after the initial dosing of the catheter. The nurse will document pain assessment prior to and following epidural placement. Reminder: a post operative score is documented after delivery and prior to transfer from L&D. This is in all areas of L&D.

The following items do not have to be documented when removing the epidural: name of the anesthesia, who removes the catheter and the catheter tip intact. However, you will need to note the time the catheter was removed.

Fetal Monitor Guidelines in the Operating Room

For non-emergent monitoring in the OR you will need to get at least five minutes before anesthesia placement, however, if five minutes would cause an unwarranted delay notify the fourth year, get a verbal order and document.

Pain Points

FDA requires additional labeling for over-the-counter pain relievers and fever reducers to help consumers use products safely

On April 28, 2009, the Food and Drug Administration issued a final ruling to manufacturers of over-the-counter (OTC) fever reducers and pain relievers (acetaminophen and nonsteroidal anti-inflammatory drugs-NSAIDs) that mandated clear labeling on both bottles and outside packages to include warnings about potential safety risks.



NSAIDs include aspirin, ibuprofen, naproxen and ketoprofen and carry a risk of internal bleeding and kidney damage. Acetaminophen (Tylenol® or APAP) is in a class by itself and carries a risk of severe liver damage. The revised labeling applies to all OTC pain relievers and fever reducers, including combination products that contain one of these ingredients along with others, such as cold medicines.

The new rule includes a warning for acetaminophen that instructs consumers to ask a doctor before they take the product if they are currently taking warfarin. The ruling requires all manufacturers to re-label their products within 12 months. Safety data reported in medical literature indicate that people sometimes take more acetaminophen than the labeling recommends. Others unknowingly take multiple products containing acetaminophen at the same time. Alcohol also increases the risk of liver damage with acetaminophen.

The risk for stomach bleeding increases in people who use NSAIDs while taking anticoagulants or steroids. The risk for gastrointestinal bleeding also increases for people taking multiple NSAIDs at the same time and in people who take them longer than directed. Alcohol also increases the risk for stomach bleeding with NSAIDs.

Keeping patients educated on their medications is vital to ensure proper use, dosage and care.

Patient education is vital whenever medications are prescribed containing acetaminophen or an NSAID. Instruct that “APAP” stands for acetaminophen and write down the ceiling dose (four grams/day in healthy adult). Advise the patient the maximum number of pills that can safely be taken in 24 hours to avoid adverse reactions and whether or not it is safe to supplement with any additional OTC drug. Take into account the elderly have a lower ceiling for acetaminophen (2.5 grams/day). Acetaminophen should be avoided whenever possible in patients with liver disease. NSAIDs should be avoided in patients with congestive heart failure, cirrhosis, chronic kidney disease, peptic ulcer disease and asthma. Instruct patients clearly: “Do not drink alcohol when taking NSAIDs or acetaminophen.”

Thank you for taking the time to educate and keep Parkland patients well-informed and safe.

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DATE	COURSE	LOCATION
June 9	Current Clinical Updates in Nursing	LOD 3 (Red)
June 10	Psychiatric Nursing Review	LOD 10 (Copper)
June 11	Psychiatric Nursing Review	LOD 8 (Silver)
June 23	Medical Surgical Nurse Review	LOD 3 (Red)
June 24	Health Care Legal	LOD 3 (Red)
June 29	CEN/CCRN/PCCN Review	LOD 3 (Red)
August 3	CEN/CCRN/PCCN Review	LOD 3 (Red)
August 4	Medical Surgical Nurse Review	LOD 3 (Red)
August 5	Health Care Legal	LOD 3 (Red)