Antibiotic Stewardship Update

Antibiotic Stewardship, what it is and the role of the nurse is now incorporated into the orientation and on-boarding activities for all nurses at DUHS. If a patient has an antibiotic ordered, the teaching template will be generated for the nurse to document. This will also generate information on Taking Antibiotics Safely for the AVS given to the patient/significant other. A Tip sheet for documenting in Maestro Care is available to instruct and assist the nurse.

**Education Plan:** Managers should share with staff, post prominently

**Effective Date:** Immediate

Managing Aberrant Patient Behavior with Broset

The Broset Violence Checklist (BVC) policy went live on July 18th. This validated instrument is used to predict violent patient behavior, and assist in early identification and prevention of unwanted behaviors in all intermediate and step-down adult units. The process includes 6 behaviors to assess and score, and resulting Nursing and Provider actions based upon the score. An explanatory “dropdown” box is available in Maestro Care when your assessment is entered.

**Education Plan:** Nursing Staff are to complete LMS module CEPD313; Post BVC flyer conspicuously

**Effective Date:** Immediate

**Questions can be addressed to:** Your unit CPC representative

Competency Revalidation Planning Update

Over the past few months, a committee has been revisiting the planning and processes around competency revalidation in an attempt to streamline the process and make it more valuable for staff and managers. Recommendations approved by the DUH Nursing Leadership Council include:

- Activities developed based on what is new, changing, high risk and problematic in practice with input from unit staff, Champions, and CNEs.
- Use of the revalidation template to assist with topic identification and appropriate materials development.
- Time frame for completion of revalidation is October thru December.

Units should continue to work with their CNEs as they determine and develop these materials and activities to maximize effectiveness.

**All validation activities must be completed by December 31.**

**Education Plan:** Managers are asked to share with staff

**Questions can be addressed to:** Area Clinical Nurse Educators

**Effective Date:** Begins October 1

Practice Alert: Preventing Free-flow!

When discontinuing any infusion from an Alaris pump, be sure to close the slide or roller clamp PRIOR to taking the tubing out of the Alaris pump. This action prevents free-flow of the infusion getting to your patient. Do NOT rely only on the safety clamp of the tubing to prevent free-flow. Post Prevent Free-flow flyer.

| Roller clamp | Safety clamp | Slide clamp |

**Important Lab Note:** ALL BLUE TOP tubes (even mini tubes) collected for COAGULATION STUDIES should be sent to DCAL (Duke Central Automated Lab) and NOT to CPED lab. Sending to CPED will cause a delay in testing and getting results for the patient!!

Expansion of SOLACE: program to support patients through end-of-life. Expanding outside of oncology in near future. Contact Pastoral Services for more info.

REMEMBER to “Zero your bed” each time between patients to assure accurate weights!

Lippincott Nursing Reference - Lippincott Advisor and Lippincott Procedures have replaced the “Clinical Keys” and “Clinical Skills” resources previously linked to Duke Health Policy Center.

Airborne Infection Isolation Update: Please share the information provided from Infection Prevention & Biological Safety regarding returning PAPRs to Clinical Engineering, types of respirators used at Duke and transportation guidelines.

Maestro Minute . . .

DUH Maestro Care User Meeting occurs every second Tuesday of the month from 12p-1p in the DMP. If you’re a SuperUser—Plan to attend! OR you can WebEx into these meetings!

Recent topics included:
- 2017 Upgrade
- New Falls BPA
- Updated MAR Hold BPA & More...

These meetings are also open to interested persons who are not “SuperUsers”. Lots of great info is covered at each meeting!!
**Alaris Pump Model 8015 Safety Notification**

A potential problem was identified when staff are programming selected Alaris pump functions too rapidly. The pump will alarm and a system error code will appear. An instructional flier identifies what to do—especially for critical infusions that cannot be stopped for any period of time. Remember—repeated alarms on a pump should ALWAYS be evaluated by the nurse to identify the reason for the alarm!

**Education Plan:** Managers are asked to share with staff; post flier on units

**Questions can be addressed to:** CPC reps

**Effective Date:** Immediate

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**FLU Season is HERE.....**

Starting September 28th, the Nurse Driven Protocol allows the nurse to administer Flu vaccine to patients prior to discharge after completing the screening process in Maestro Care. Here are the key points to remember:

- Use the immunization tab in the admission navigator to get to the screen. Screening does not appear on the flowsheet.
- The nurse driven protocol allows the nurse to administer vaccine—without a provider order—prior to discharge after completing the screen in Maestro Care.
- BPAs will fire to keep the Provider and Nurse on track for vaccine administration prior to discharge.
- Latex Allergies and Egg Allergies are no longer conditions that prevent the patient from receiving the vaccine.

Remember—all eligible patients discharged on or after October 1st, 2017 must be vaccinated. All patients should be assessed for vaccine eligibility.

**Education Plan:** See Maestro Care Inpatient Influenza Vaccine Screening Tip Sheet 2016 and reminder to complete BPA check

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**“WDL” and “Charting By Exception”**

**Important Documentation Points:** A reminder that Duke does NOT support using “Charting by Exception” as our documentation standard. Complete documentation in Maestro Care includes all care delivered and complete assessments. Refer to Documentation Policy—Within Defined Limits (WDLs).

When staff use WDL as an entry, that aspect of care should meet all identified WDL criteria.

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**The Code Corner: Important Updates**

**Document Code Medications in the Code Blue Narrator for ALL Inpatient Intermediate and Stepdown Units.**

- **Education Plan:** All Clinical Team Leads and Charge Nurses on Inpatient Intermediate and Stepdown Units should complete the training module in Duke LMS # CEPD295
- **Effective Date:** Immediate

**Code Blue & First Responder Training for All Non-Hospital Areas on Duke Medical Campus and Radiology**

- **Education Plan:** LMS module # CEPD314 is recommended for all employees working in these areas at hire and annually as revalidation education.
- **Questions can be addressed to:** Mary Anne Bosher, MSN, RN-BC at mary.bosher@duke.edu
- **Effective Date:** Immediate

More resources can be found in Just in Time Learning from the CEPD website under Rapid Response/Code Blue.
**Transcutaneous Bilirubin (TcB) Measurement**

Assessment of Transcutaneous Bilirubin (TcB) level is a reliable screening test to estimate the bilirubin level without need to obtain a blood specimen. It estimates skin bilirubin and not serum bilirubin. For accurate interpretation, a TcB level should be used in conjunction with clinical signs and laboratory measurements. A serum bilirubin level is recommended when any therapeutic intervention such as phototherapy is considered.

Contraindications include: any bruising or discoloration of area to be scanned, edema, poor circulation and infants already receiving phototherapy.

The TcB Measurement Protocol contains algorithms for Full Term Nursery at DRH and SCN/ICN at DUH based on gestational age and age in hours.

*Questions can be addressed to:* Pat Greybill  
*Effective Date:* August 29, 2017

**POLICY Update:**  
**Epidural Analgesia Policy-Non-Laboring Patient**

Monitoring and documentation practices have changed for the pediatric population with epidural analgesia. These changes are highlighted below:

For pediatric patients assess every 2 hours for the duration of epidural therapy:
- RASS/NPASS/SBS
- Continuous pulse oximetry (consult with provider about apnea monitor if under 6 months)
- Respiratory rate & Quality of respirations

Every 4 hours, clear pump totals and record until epidural discontinued.
- Amount given
- PCEA doses given
- PCEA doses attempted

*Questions can be addressed to:* Pat Greybill  
*Effective Date:* 4/26/2017
Being the Best Preceptor

Married State - How do I make that work?

DUHS preceptors are using the Married State as our framework for nursing orientation. As you remember, the Married State means that the preceptor and the orientee will work side-by-side to complete the orientation process. As orientation begins, the preceptor is the “lead” and guides the orientee through the day-to-day process. As orientation progresses, the roles reverse so that toward the end of orientation. The orientee is “leading” and the preceptor is there to ensure safety and that the orientation process is being completed.

Don’t forget that even though you are working side-by-side, at many times with highly acute patients, you still should be following the weekly milestones and maps to ensure that orientation is being paced out appropriately. Don’t hesitate to reach out to your CNE if you need help with how to make the married state work in your environment.

Orienting Experienced Nurses

Precepting experienced nurses is very different from working with new graduates. Experienced nurses bring their knowledge and past experiences that can greatly benefit the team. But they can also be a challenge to orient as they are often times very confident in their abilities. One of the best things you can do, as a preceptor, is to be sure that you clarify from the beginning of orientation what the process is going to be. Because of the experience level, sometimes these nurses forget that they need to have their preceptor with them to verify competence and safety. Setting clear expectations will help both of you transition. Making it clear that you will be working together through the orientation process and that the orientee should not be providing any patient care without the preceptor there with them.

CE DIRECT Resources for Preceptors

Looking for extra education to support your development in your role? Did you know that there are a number of on-line courses for preceptor development in CE Direct.

Many different courses available including sessions on coaching, burnout, retention, conflict and time management. If you need assistance/resetting of your CE Direct account, email educate@dm.duke.edu. Be sure to include your name, unique ID and work area.

DUHS Preceptor Resources

Now available, a summary of required training tools & resources for preceptors, located on CEPD website.

Important upcoming dates:

- **Fall Preceptor Expo 2017**
  Dates for the fall Preceptor Expo are **Oct 20 or Nov 3**. Please plan on attending one of these sessions to network with other preceptors across the Health System!

- **Classes for Preceptors** - Remember that you can take classes at any site (DUH, DRAH, DRH). Use course codes to search API to determine best time/location: Being the Best as a Preceptor (course code DEV798C) and Basics of Communication (course code DEV815C)