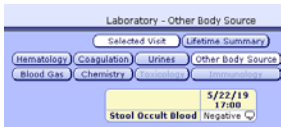


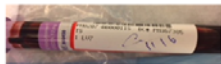




NURSING STANDARDS OF PRACTICE (NSOP)

Update 7/2019

Several Nursing Standards of Practice, Policies and Protocols have been revised over the past several months. It is important to regularly review standards and protocols to update your nursing practice. All documents are found on the **Phelps Intranet → Patient Care → Nursing Standards of Practice**.

NAME	CHANGE in PRACTICE
PATIENT CARE SERVICES (PCS) – NURSING STANDARDS OF PRACTICE (NSOP)	
1. <u>NEW Clinical Aromatherapy</u> 4/19	<ul style="list-style-type: none"> • Aromatherapy may enhance the effectiveness of traditional nursing care and medical treatment. • Essential oils used at Phelps will be Lavender, Mandarin, Lemon and Ginger. • Non-pharmacologic pain assessment is documented in the Pain Assessment intervention (lower questions) and reassessment is documented within 1 hour (60 minutes) after use. • RNs who are trained and validated may offer the option of aromatherapy to patients who meet criteria. See your unit super user for more information.
2. <u>NEW Multilumen Central Venous Catheter (CVC) Care and Use</u> 5/19 **See last page for CDC Recommendations <u>Quick Reference for Venous Access Devices (VAD)</u> 5/19	<ul style="list-style-type: none"> • Updated for use with CURO Caps and CURO Tips. The green alcohol cap/tip disinfects in 1 minute, for up to 7 days. If the access does not have a cap, scrub with CHG swab for 5 sec/air dry 5 sec prior to accessing. Replace with cap after use. <ul style="list-style-type: none"> ○ We will now make scrubbing the hub UNIFORM with CHG for accessing ANY needless connectors (e.g., peripheral's, CVC's, midlines). • Work in progress: updating all CVC (PICC/PORT), Peripheral and Midline policies. • Quick Reference table to be printed and laminated for all units. Includes site change, tubing change, dressing change, flushing and comments. <p>REMEMBER:</p> <ul style="list-style-type: none"> • Always perform hand hygiene and don gloves. • NEW neon yellow tubing labels for easy to viewing of start date/time/initial.
3. <u>NEW Hemodialysis Services</u> 6/19 Totally Updated!!!	<ul style="list-style-type: none"> • Defines RN responsibilities before, during, and after dialysis. • The RN reviews the patients' medication profile and speaks with the ordering prescriber prior to dialysis, whether to HOLD or GIVE medications before dialysis. • What would happen if the Hemodialysis nurse is incapacitated?? <ul style="list-style-type: none"> ○ Attached to every hemodialysis machine are the steps to take if this might occur [and script card for administering blood]. • Documentation: Lists steps to add a Problem for patients' plan of care, outcome, and interventions. New Dialysis Weight Intervention (pre/post dialysis).
4. <u>NEW Suicide/Self Harm Precautions</u> 2/19 <i>Form #1767</i> Constant Observation (CO) Monitoring Form [NEPs] 6/19	<ul style="list-style-type: none"> • To provide guidelines for staff caring for patients when there is a reasonable risk the patient may endanger self. • Two algorithms to define pathway of admission (ED admit / Inpatient admission). • Pt will be placed on <u>Constant Observation</u> and <u>Suicide Precautions</u>. • <u>NEPs forms</u>: When the CO Flow Sheet is printed, a 2 page packet is printed. <ul style="list-style-type: none"> ○ Page 1-Constant Observation (CO) Flow Sheet with back page Guidelines for Patients on Constant Observation and Suicide Precautions. ○ Page 2-Suicide Environment & Contraband Risk Assessment Checklist for <u>Ligature Risk</u> with back page that lists steps to add a Problem for patients' plan of care. (CO and Suicide Problem, Outcome, Interventions). • RN continues Columbia Suicide Severity Rating Scale (CSSR-S) <u>every shift until patient discharge</u>. • Thank you to the Clinical Nurses of 5N, 1S and 2C who gave suggestions to make this form easier to understand--ensuring consistent & accurate documentation.

<p>5. <u>NEW</u> <u>Fecal (Stool)</u> <u>Occult Test</u></p> <p><u>Gastric Occult & pH Test</u> 6/19</p>	<ul style="list-style-type: none"> • Occult developer has been removed from nursing units. Laboratory will processes all specimens to comply with laboratory regulations. • Nurse Collectible specimen label is printed in “Orders” (similar to a UA, etc.). <ul style="list-style-type: none"> ◦ Printed label is the “Patient Identifier” and applied <i>in the presence of the patient</i>. Collector will add to the label: <u>initials</u> of collector, <u>date</u> and <u>time</u> of collection. • Fecal occult specimens are sent to the lab in a container or by slide (card). • Gastric occult & pH specimens are sent in a container with newly inserted NGT’s. <ul style="list-style-type: none"> ◦ NGT/PEG tube shift verification pH’s are read at 30 seconds. The nasogastric tube intervention has an option to document in PCS. ◦ Future nasogastric practices (Enteral Feeding Protocol) for residual and verification of tube placement are being reviewed in the literature for EBP. • Locate results in the EMR→ Laboratory Section → Other Body Source 
<p>6. <u>Emergency Red Code Cart</u></p> <p>Form #1740 Code Cart INVENTORY Checklist [NEPs] 6/19</p>	<ul style="list-style-type: none"> • Drawer #1-“Hybrid” Northwell Comprehensive Medication Tray (eff. TBA) • Drawer#3- A specific <i>Intubation Bag</i> is on order. It holds supplies for RT to intubate. • Res Q Vac (yellow bag) suction catheters may be expired. Obtain new suction catheters from Materials Operations manager. • Update Weekly/Monthly checklist-McGill Forceps package does not expire. Reprocess if integrity of package is compromised. • EKG electrode packages are 5 per package. • Spinal needles are on order. • Plastic arrest boards replaced wood arrest boards to ensure proper disinfection.
<p>7. <u>NEW</u> <u>Medication Reconciliation</u> 6/19</p>	<ul style="list-style-type: none"> • Meditech upgrade now allows for accurate historical medication reconciliation that reflects each admission. • Policy establishes procedure/guidelines effective May 2019. • Identifies role of Physician/Prescriber, Nursing and Supportive staff. • No longer must “print” Medication Reconciliation paper report and place in patient medical record (chart). Each change to home medication list is now documented and time stamped in Meditech.
<p>8. <u>Suctioning using an open suction technique for patients with or without artificial airways</u> 5/19</p>	<ul style="list-style-type: none"> • Includes guidelines/procedures for Oro-naso-pharyngeal & Tracheostomy Suctioning, and Tracheostomy Care. • Policy updates by evidence and with collaboration with Phelps Respiratory Therapy experts. • Tracheostomy Care procedure REPLACES Tracheostomy Clinical Protocol. • Emergency Care for Unexplained Respiratory Distress → Call #77 RRT/Code Blue.
<p>9. <u>NEW</u> <u>Ultrasound Gel Use and Management</u> 1/19</p>	<ul style="list-style-type: none"> • Non-sterile gel will be used during procedures that involve intact, unbroken skin. If a multi-use bottle is contaminated during use, discard and replace. Once bottle is open, expiration date is 5 years, if not contaminated. Close bottle after each use. • <u>Heated US gel should be dated when opened and discarded at day 31</u> or if deemed contaminated or when improperly stored-whichever comes first. • This is a Northwell Infection Control Policy (INF.1104) and is found in the Phelps Infection Control Manual. Look under IC manual → Top of Table of Contents. Link to the Northwell Infection Control Policies.

LABORATORY POLICY/ CHANGES IN NUTRITION, HOSPITALITY, & PATIENT EXPERIENCE	
<p>10. REMINDER from 2018 update</p> <p>Laboratory Manual</p> <p>Section 4. Specimen Collection Requirements</p> <p>C. Specimen Labeling Procedure</p>	<p>Update on current policy on Specimen Labeling Procedures. To ensure <u>safe blood collection and accurate specimen processing</u>, the "collector/phlebotomist" writes their INITIALS on the blood tube. The initials <u>MUST</u> be legible.</p> <p>Therefore, it is now expected that INITIALS are written in <u>BLOCK letters</u> (not cursive).</p>  <p><i>cy</i> → CY</p>
<p>11. Intake and Output Worksheet Form #1492 6/19</p> <p>The upper KEY on the worksheet has been updated to reflect the <u>new improved meal service & place settings</u> of white plates/cups/bowls/carafes and gelatin servings.</p>	 <p>Coffee Decaf Coffee Hot Water</p>
<p>12. CDC References to Access and Connector Disinfection</p>   	<ol style="list-style-type: none"> 1. CDC gives you options as to the type of product you would like to use for scrubbing purposes as long as it coincides with Manufacturer Guidelines. 2. Scrub the access port or hub with friction immediately prior to each use with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol). https://www.cdc.gov/hai/pdfs/bsi/checklist-for-CLABSI.pdf. 3. Minimize contamination risk by scrubbing the access port with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol). https://www.cdc.gov/infectioncontrol/guidelines/bsi/recommendations.html#rec19. Category IA. 4. That is why we (Infection Prevention, Venous Access Team, Educators) chose to make scrubbing the hub uniform with CHG for accessing ANY needless connectors i.e., peripheral's, CVC's, midlines. <ul style="list-style-type: none"> • Increased acuity and risk for CLABSI in our patient population with Oncology, Sepsis/Infection, and Immunosuppressed patients. • Consistent quality & integrity of product and package directions. 5. Curodis disinfecting caps are alcohol and the manufacturer states no contraindications exist for using CHG vs Alcohol prior to using the caps. 6. <u>Application to Practice:</u> <ul style="list-style-type: none"> • As soon as I hang an IV, I put the caps on • When I add a secondary tubing (IVPB) – remove cap and access tubing • If I give an IVP, I remove cap → give med → replace with new cap. • ENDOScopy/SDS/IV use for short term IV's → No caps, scrub with CHG prior to accessing connection.