

Nursing Documentation Re-Design/ Meditech Changes

Several changes will occur in December/January to Nursing Documentation.

A collaborative effort has occurred over the past year between **Nursing Re-Design Team** (clinical nurses), **Informatics Team/Department**, and Phelps Laboratory/Blood Bank.



Goals of the Re-Design Team are to:

- **Eliminate** double documentation
- **Reduce** redundant documentation
- **Align** Phelps documentation and Northwell Policies/Guidelines/Procedures/Protocols, and
- **Standardize** documentation between clinical areas.

New/Updated documentation includes:

A. Blood Product Administration

1. CHANGE from Paper to Electronic

- Physician's Order Form/Blood Product Order Set
- Transfusion Administration Record
- Blood Warmer Daily Usage Sheet
- Possible Transfusion Reaction Form



2. KEEP these Paper forms

- Consent to Blood Transfusion
- Blood and Blood Product Release (used to pick up blood)
- Blood Bank Record (blood tag)
- Blood Verification SCRIPT Cards
- Code Fusion/Massive Blood Transfusion forms

Education includes an iLearn, unit posters, and Clinical Educators support with 1:1 assistance & rounding on clinical areas. Watch for scheduled TEAMS online Help Sessions.

Education planned for **December 2021** and **Implementation/Go-Live January 2022**.

B. ADMISSION Documentation for the Medical Surgical Patient (SOC)

1. Update/Change from Paper to Electronic

- HxDB: **ADMISSION** Interview [update]
- HxDB: **PMH/PSH** [update]
- **REMOVED** → HxDB: Med/Surg Physical Assessment
- **UPDATE** → **Med/Surg Shift Assessment**
"One-Stop-Shop"

- For **ADMISSION**, **Shift Assessment**, **Transfer** (when a patient is received from another unit/ED/ICU), or **Ongoing Assessment** (update assessment due to change in patient condition).



C. **Pain Management** [see also next page]
Education & Implementation in December, 2021



1. Update or Change from Paper to Electronic

- Pain Assessment [update]
- PCA Assessment [new]
- **Handoff**—Controlled Substance/PCA/Transdermal Patch [new]
- eMAR Pain Assessment/Reassessment [update]

2. Changes in Practice to align with Northwell System PAIN Management Policy

- **RASS Sedation Scale** (Richmond Agitation Sedation Scale) → No longer using the POSS scale. Laminated guides will be placed on WOWs for reference.
- **Critical Care Pain Observation Tool Scale (CPOT)** → Adult critically ill who are unable to self-report pain (intubated or extubated patients).
- **FLACC** may be used for **Pediatric AND Adult patients** who are unable to verbalize pain or express pain with numeric values or Faces scale.



New Northwell Policies—Implementation January 2022

PCS.1610 Wristbands, Color-Coded, High Alert Conditions

Color-coded wristbands are placed on the patient with the specified **HIGH ALERT CONDITIONS**, including Inpatient and Emergency Department patients.

Corresponding Standardized Processes Related to High Alert Conditions****

Wristband Color	High Alert Condition	Related Standardized Processes
RED	ALLERGY	Patient and allergy specific
YELLOW	FALL RISK	#PCS.1619: Fall Prevention
PURPLE	DO NOT RESUSCITATE	#100.24: Withholding and Withdrawing Life Sustaining Treatment Including Do Not Resuscitate (DNR) Orders #100.049: MOLST (Medical Orders for Life-Sustaining Treatment)
PINK	DO NOT USE EXTREMITY	#PCS.1631: Vital Signs for Adult and Pediatric Patients #PCS.1612: IV Insertion (Short Peripheral Catheters); #PCS.1625: Midline Catheter, Insertion, Maintenance, and Removal; #PCS.1602: Central Venous Access Devices CVAD
GREY	ASPIRATION PRECAUTIONS	#PCS.1664: Dysphagia Screening for Adults
BLUE	CRITICAL AIRWAY	#C100.2: Critical Airway Patients (Pediatrics); Site Policy may address Adult Critical Airway

****For all wristbands: other standardized processes not listed here, and patient specific interventions may apply.

PAIN Northwell System Policies – Implementation December 2021

Pain Management PCS.1603

PCA: IV Patient Controlled Analgesia PCS.1644

Transdermal Medication PCS.1615 [Fentanyl Patch→Handoff and Skin & Patch Integrity/Disposal]



1. **Reassessment timeframes** are now:
 - **PO** analgesia = within 60 minutes
 - **SC/IM** analgesia = within 30 minutes
 - **IV/IVP** analgesia = within 15-30 minutes
 - **Non-Pharmacologic** Interventions (reposition/ice/heat) = within 60 minutes
2. To support the *change in practice* on **Sedation Assessment** for **Opioid-Induced Respiratory Depression (OIRD)**, the **Richmond Agitation-Sedation Scale (RASS)** will be used to assess sedation--replacing the POSS scale.

The following laminated cards will be readily placed on computers, to reference.

Richmond Agitation-Sedation Scale (RASS)			
Score		RASS Description	
4		Combative	Violent, immediate danger to self or staff
3		Very Agitated	Pulls at or removes tubes, aggressive
2		Agitated	Frequent non-purposeful movements, fights ventilator
1		Restless	Anxious, apprehensive but movements not aggressive or vigorous
TARGET Range	0	Alert & Calm	
	- 1	Drowsy	Not fully alert, sustained awakening to voice (Keeps eye open & maintains eye contact > 10 seconds)
-2		Light Sedation	Briefly awakens to voice (eye opening & contact <10 secs)
-3		Moderate Sedation	Movement or eye-opening to voice (no eye contact)
-4		Deep Sedation	No response to voice, but movement or eye opening to physical stimulation
-5		Unarousable	No response to voice or physical stimulation
Consider RRT with Score -2 or less (RED)			

Meditech Screen for RASS Assessment

RASS	
Richmond Agitation & Sedation Scale (RASS)	<input type="radio"/> 0/Alert & Calm <input type="radio"/> -1/Drowsy <input type="radio"/> +1/Restless <input type="radio"/> -2/Light sedation** <input type="radio"/> +2/Agitated <input type="radio"/> -3/Moderate sedation** <input type="radio"/> +3/Very Agitated <input type="radio"/> -4/Deep sedation** <input type="radio"/> +4/Combative <input type="radio"/> -5/Unarousable**
*Scores of 0 to -1 are normal. **NOTIFY MD if sedation is less than -1; Consider RRT.	