

NURSING UNDER THE DOME



The Johns Hopkins Hospital

March 17, 2004



Your Voice Matters

Please complete the RN satisfaction survey online April 5 – 25. The results will tell us about your satisfaction with Magnet qualities such as collegiality, autonomy, authority for decision-making, and the level of support you receive. This survey is part of JHH's participation in the National Database for Nursing Quality Indicators (NDNQI).

For more info, see

<http://www.insidehopkinsmedicine.org/nursing/wn/RNsatisfaction.html> or contact Patty Dawson, pdawson@jhmi.edu, x4-5165.

What's Inside:

- New Diabetes Service..... page 2
- Protocol Updates..... page 2
- POCT & Pharmacy News ... page 3
- Product Updates page 4
- MHA Scholarships..... page 5
- ACLS Courses..... page 5
- Spotlight..... page 6
- Prohibited Abbreviations.... page 8



A Cool 3 Mil

On March 12th, Secretary of Labor Elaine Chao awarded JHHS a \$3 million demonstration grant to expand and enhance its existing employee training programs. The Department of Labor grant is part of a national health care initiative aimed at improving career opportunities for health care workers.

For more info, see

<http://www.insidehopkinsmedicine.org/news/leadershipcorner/2004/031204.cfm>



Practice Makes Perfect

A consultative JCAHO survey is scheduled for April 13 - 15. This mock survey will simulate the real one we anticipate in the fall. It will focus on some of the new procedures of the real survey, i.e., tracer methodology, staffing effectiveness, and competency review. Both inpatient units and ambulatory care settings will be included.

For more info, contact Joyce Jones, jonesp@jhmi.edu, x5-4352.

Help for Diabetic Patients



Do you care for these patients on your unit?

- Cardiac surgery patients with diabetes
- Patients with diabetes admitted to the Internal Medicine service with a primary diagnosis of congestive heart failure

If so, the new Inpatient Diabetes Management Service (IDMS) can help with:

- Therapeutic management with insulin and oral agents
- Therapeutic management of newly diagnosed diabetics
- Supplementation of diabetic education
- Referral to the outpatient Diabetes Center for follow-up after discharge

For more info, contact Danielle Gourley, beeper 3-6577 (Wednesday, Thursday, Saturday & Sunday every other weekend); Deborah Starr, beeper 3-1649 (Monday, Tuesday, Friday)

Award Winning Pt Ed?

Have you or your unit developed a patient information handout, brochure, web learning tool, class, educational program, or support group? If so, you might want to apply for the California Pacific Award for Excellence in Patient Education. The \$2,500 award honors hospital staff who have developed an outstanding educational material, process, or activity for patients at their hospitals.

Applications are due by April 26, 2004.

For more info and the application form, see <http://www.insidehopkinsmedicine.org/nursing/pe/Caped2004.pdf>

Protocol Updates

The protocols/procedures listed below have been added/updated on the Nursing intranet.

Clinical:

- NEW - Chain of Command, Medical Plan of Care
- NEW - INOmax (Inhaled Nitrous Oxide) Therapy
- Seizure Disorder*
- Prone Position, Respiratory Distress Syndrome
- Admissions, Non-Emergency
- Admissions, Emergency
- Patient/Visitor Event or Service Concern Reporting
- Organ Donation following Cardiac Death
- Physician Assistant (PA) Prescriptive Authority
- Do Not Resuscitate Orders
- Medical Abbreviation Policy (see page 8 for revised list of prohibited abbreviations)
- Development, Approval and Management of Standing Order Sets Policy
- Management of EPR Documents
- Chemotherapy: Prescribing, Dispensing and Administering
- Drug Samples
- Therapeutic Interchange

Administrative:

- NEW - Chain of Command, Nursing
- Commercial Agency Nursing Personnel

For a detailed description of the changes, see http://www.insidehopkinsmedicine.org/nursing/cnp/manual_updates.html



***Patients with a seizure disorder need to travel by stretcher, not wheelchair.**

Clots, Clots, Go Away



A heparized syringe should be used when collecting venous or arterial blood in a syringe for testing on the Accudata GTS Plus blood glucose meter.

Why? Fresh, **whole blood** is required for testing. When a blood specimen is collected in a plain, plastic syringe that does not contain an anticoagulant, the sample begins clotting immediately. The blood specimen is no longer whole blood but clotted blood and serum, which can seriously affect the accuracy of test results.

Blood collected in a lithium heparin syringe must be promptly and thoroughly mixed with the anticoagulant to prevent clotting. The syringe should be mixed by gentle inversion 5-10 times. Improper mixing will allow the formation of small micro clots that can also interfere with the accuracy of the results.

For more info, contact the Point of Care Testing Office, x5-2645, or kdyer@jhmi.edu

Both Could be D/C'd

Oxycodone is available as an immediate-release tablet and extended-release formulation (Oxycontin®). Many patients are treated with Oxycontin® twice daily and immediate-release oxycodone as needed for breakthrough pain. When discontinuing oxycodone, the physician should specify which formulation should be stopped. If no specification is provided, both formulations could be discontinued, leading to inadvertent withdrawal of pain therapy for patients.

For more info, contact the Drug Information Service, x5-6348 or x4-INFO.

Follow the Yellow Directions

The new yellow cards on Pyxis machines give instructions for adding a patient who is not listed at the medstation.

The Patcom or Visit number should be used as the Pyxis ID.

- Inpatients – Number usually starts with the number “2” and is located under the patient name on the identification plate.
- Outpatients – Number usually starts with a “5” or an “8” depending on the outpatient location or clinic. (Orange outpatient plates do not have a Patcom stamped on them. Check with the PSC to obtain the number for these patients.)

Do not use the patient history number as the ID number in Pyxis. BDM will not recognize the number and will reject it.



For more info, contact Lisa Hurowitz, x5-6505, lurowit@jhmi.edu

Renagel Changes

The manufacturer of sevelamer (Renagel®) has discontinued the 403 mg capsule formulation. The only formulations of Renagel® that are now commercially available are the 400 mg and 800 mg tablets. If an order is received for a dose based on the 403 mg capsule strength, it will be converted by the pharmacy to the closest available tablet dose.

Additionally, the **tablet formulation of Renagel® should NOT be crushed for NG or NJ tube administration.** The manufacturer has stated that the tablet formulation will clog NG/NJ tubes. An alternative agent, such as

aluminum hydroxide gel or calcium acetate, should be ordered in these cases.

For more info, contact the Drug Information Service, x5-6348 or x4-INFO.

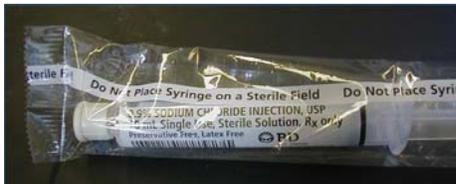
Don't Rely on Package Color

The vendor has changed the packaging on heparin lock and saline flushes so the product name on the syringe is clearly visible through the plastic wrapper. Read the syringe carefully. Don't rely on colored wrappers.

HEPARIN lock flush solution:

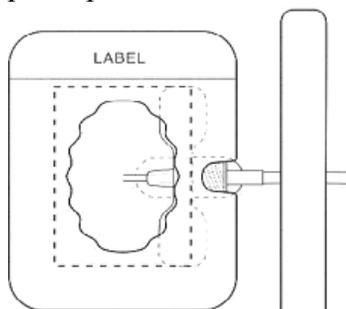


SODIUM CHLORIDE injection:



Help IVs Stay Put

Expect to see a new product in mid April – **SorbaView 2000 with HubGuard**. This new peripheral IV dressing secures the catheter hub with HubGuard and the tubing with a built in tape strip.



For more info, see your departmental nurse educator.

Send Back the Clamps



When you return a PCA pump to CSD, please send back the pole clamp too. CSD often picks up PCA pumps that are missing the clamps. These pumps have to be taken out of service until clamps are obtained, which means they are not available when you need them. Our stock of clamps has been depleted and they cost \$175 each to replace.

For more info, contact Ray Lucas, rlucas8@jhmi.edu.

DVT Awareness Month

Deep vein thrombosis (DVT) occurs in approximately 300 patients per year at JHH. Approximately 30% of DVTs result in potentially fatal pulmonary emboli.

Risk factors for developing thrombosis include age > 40 years; obesity; malignancy; inflammatory bowel disease, nephritic syndrome; congestive heart failure; prolonged immobility or paralysis; indwelling femoral vein catheter; venous insufficiency or varicose veins; history of previous DVT/PE, MI, or CVA; major surgery (especially to the abdomen, pelvis, and lower extremities); and major trauma and fractures to pelvis, hips, or legs.

Prophylaxis for DVTs includes subcutaneous heparin, sequential compression devices, compression stockings, and early ambulation.

Early recognition of symptoms is critical in preventing further morbidity and mortality for patients that develop DVT. Extremity swelling, pain, erythema, and warmth are signs that a DVT may be present. Dyspnea, tachypnea, pleuritic chest pain, unusual

shortness of breath, and syncope are signs of PE development.

For more info see <http://www.preventdvt.org/> or contact Paula Biscup, Anticoagulation Management Service, #4-CLOT.



Examine the Evidence: Women with RA

Rheumatoid Arthritis (RA), the most destructive and disabling of all forms of arthritis, affects 2.1 million Americans, mostly midlife and older women. Women with RA reported difficulty maintaining employment, difficulty with household tasks and caring for others, poor psychological adjustment, and depressive symptoms.

The purpose of this study was to examine whether the quality of women's social roles affect the impact of RA on their psychological well-being. 156 women completed a survey about arthritis history, physical health, psychological well-being, and role quality. It found that, for women with RA, positive social interactions such as support groups and finding meaningful replacements for lost activities help maintain positive well-being over time. These findings may help in the development of interventions to help women with RA manage their daily lives to optimize well-being.

For more info, see Plach, S.K., Heidrich, S.M., and Waite, R.M. (2003) Relationship of Social Role Quality to Psychological Well Being in Women with Rheumatoid Arthritis. *Research in Nursing and Health* (26) 190-202.

Article reviewed by Susan Kulik, Nursing Research Committee.



MHA Scholarships

The Maryland Hospital Association (MHA) will again be awarding up to ten scholarships of \$2,500 each to Maryland students interested in pursuing a health career. The deadline for applications for the fall semester is April 23, 2004.

Students interested in applying for a scholarship must be accepted or enrolled in a program leading to a degree or certificate in life sciences, nursing, or allied health, and be within two years of completing their educational requirements.

An application form and eligibility criteria are available online at

<http://www.marylandhealthcareers.org>.

ACLS Courses

March 19 - 20	September 11 - 12
May 1	October 17
May 19 - 21	November 13- 14
	December 11

For information about times, prerequisites, instructor courses, the Heartcode computer system, fees, and textbooks, see <http://www.insidehopkinsmedicine.org/nursing/se/ACLSdates.html>

For more information, contact the ACLS - CPR Training Office, x5-9343, mluasic1@jhmi.edu or dkappel@jhmi.edu.



Congrats SPRING Interns

The following nurses completed their SPRING Internship in February:

- Metta-Jaya Ramathan, Oncology
- Angela Rzepecki, Surgery
- Stephanie Thompson, Neurosciences

Hands Across the Water: Special Invitation

The annual Johns Hopkins Nurses' Alumni Association education program has been rescheduled for March 23rd, 8:15 am - 1:30 pm at the JHU School of Nursing. With a theme of international nursing, the conference titled "Hands across the Water: Nurses' Stories" will offer unique perspectives from nurses who provide leadership, education, and direct care to international communities. Joe Capozzoli, nurse manager of CMSC 3, is one of the speakers.

The JHU SON Alumni Homecoming committee has graciously agreed to waive the registration fee for 2 nursing staff members from every unit in the Hospital to attend the program. The only cost is \$10 per person for the luncheon/lecture.

For more info, see <http://www.son.jhmi.edu>.
To register, contact your nurse manager.

Prestigious Profession

USA Today (January 5, 2004) ranked the five most prestigious professions from a Harris Poll:

1. Scientists (57%)
2. Firefighters (55%)
3. Doctors (52%)
4. Teachers (49%)
5. **Nurses (47%)**

This is the first time that nurses were rated.

SPOTLIGHT



Promotions:

- **Michelle Briggs**, Meyer 3, Psychiatry – Nurse Clinician III
- **Kim Jewett**, Meyer 3, Psychiatry – Nurse Clinician III
- **Kris Mammen**, Meyer 3, Psychiatry – Nurse Clinician III
- **Allison Murter**, Oncology – Nurse Manager, Weinberg 5B

Education:

- **Gina Negri**, MS, Oncology – Primary Care NP program, University of Maryland.
- **Jennifer Hunt**, MS, Oncology – Family NP program, University of Maryland.

Certification:

- **Ted Zeiders**, MSN, Medicine – Adult Nurse Practitioner

ACLS Training – From Medicine:

- Donna Beitler
- Hilary Cosby
- Rose Fusco
- Cathy Garrett
- Cindy Graham
- Shelly Hicks
- Linda Howard
- Linda Hyland
- Cathie Knighton
- Deb Krohn
- Mary Jo Longo
- Laurie McClelland
- Jeanette Ogilvie
- Angela Palmer
- Paula Raimond
- Christine Smith
- Jaime White
- Lori Wroblewski
- Ron Wroblewski

NCLEX Passes – Contratulations New RNs!

- Gemma Amante, Surgery
- Frederico Arthes, Emergency Med.
- Esther Chibayere, Medicine
- Monica Covington, Gyn/Ob
- Tracey Cress, Surgery
- Jason Crowder, Surgery
- Jinah Dacany, Medicine
- Kristin Dia, Neurosciences
- Lisa Gerner, Pediatrics
- Andrea Greene, Surgery
- Susan Hammond, Surgery
- Lisa Jager, Pediatrics
- Shannon Langmead, Neurosciences
- Ricky Lavarias, Surgery
- Rhea Libunao, Surgery
- Jennifer Makely, Surgery
- Emily Marshall, Oncology
- Nicole Massengill, Gyn/Ob
- Mathiew Ngati, Oncology
- Alison Nowotnik, Neurosciences
- Karen Olszewski, Pediatrics
- Grace Orpilla, Oncology
- Christian Schissler, Pediatrics
- Megan Staley, Pediatrics
- Amelia Swist, Medicine
- Jennifer Young, Pediatrics

Presentations:

- Joanna Woersching, CSICU, Surgery** – Presentations at “Bridging Practice Through Research,” Beta Omicron Chapter of Sigma Theta Tau International Research conference in Augusta, Georgia for 2 articles:
- Woersching J, Snyder A. Earthquakes in El Salvador: A descriptive study of health concerns in a rural community and the clinical implications, part I. Disaster Management and Response 2003;1:4,105-9.
 - Woersching J, Snyder A. Earthquakes in El Salvador: A descriptive study of health concerns in a rural community and the clinical implications, part II. Disaster Management and Response 2004; 2:1, 10-13



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Prohibited Abbreviations for Handwritten Documentation

Prohibited Abbreviation	Reason	Solution or Correction
Letter “U” or “u” as a unit (e.g., “5u”)	Mistaken for zero (e.g., 50)	Spell out “unit.” (e.g., “5 units”)
“IU” for international unit.	Mistaken as IV (intravenous) or 10 (ten).	Spell out “international unit.”
X N without unit (e.g., “250 mL tap water flush TID x3”)	Not specific enough to determine duration or number of treatments	Use units. (e.g. “250 mL tap water flush TID x3 days ”)
X N followed by an ambiguous unit (e.g. “X 3 d”)	Unclear duration or number of treatments	Use specific units. (e.g. “x3 days” or “x3 doses”)
Improper decimal Lack of leading zero (e.g. .2 could be mistake for 2) Trailing zero (e.g. 2.0 could be mistaken for 20)	Decimal overlooked, resulting in 10-fold error	Use zero before decimal when dose is less than a whole unit (e.g., 0.2) Never use trailing zero following a decimal (e.g., 2)
Greek symbol μ for micro (e.g. “ μ g”)	Mistaken as “m” (for milli), resulting in 1000-fold error	Use “mcg” or spell out “micrograms.”
Ø symbol for “no” or “none”	Mistaken as another number, especially “4”	Spell out “no” or “none.”
MSO4, MS, or MgSO4	Confusion between morphine sulfate and magnesium sulfate.	Spell out “morphine sulfate” or “magnesium sulfate.”
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day.)	The period after the Q can be mistaken for an “I” and the “O” can be mistaken for an “I.”	Write “daily” and “every other day”