NorthBay Health Care

Student Orientation Manual

What NorthBay Healthcare Expects of You

Student Expectations:

Prior to Clinical Experience

1. Review NBMC Student Orientation manual and complete assessment.

2. Ensure your approval to participate in clinical rotation through your clinical placement coordinator.

During Clinical Experience:

1. Wear your NBMC ID badge issued to you at all times.

2. Wear clean school approved uniform. Shoes should be closed-toe and leather. Please no open back or canvas shoes.

3. Tattoos should be covered, wear one small earring in each ear only, please refrain from wearing scented lotions, body spray or perfume. Natural nails only (no acrylic, extensions or gel)

4. NBMC is a non-smoking, scent free environment

5. Follow all NBMC policies as outlined in this manual.

6. Review your Nursing Student Experience Guidelines with your instructor on the first day of your clinical rotation.

Instructor Responsibilities:

1. Ensure that all students have completed the student orientation process.

2. Review this document with your students on the first day of the clinical rotation.

3. Students should be supervised at all times, and are not permitted to go to visit any patient care areas until they are approved in the NBHC student system.

4. Instructors must be with their students at all times while in patient care areas, unless the student is doing an observational experience in another area.

5. The instructor must provide the Nursing Education Specialist, Academic Coordinator and the unit a contact telephone number where they can be reached at all times.

6. The instructor is responsible for the activities of the students at all times. Including the planning, direction and supervision of students.

7. The clinical instructor is responsible for assessing and evaluating student competencies and clinical performance.

8. Clinical instructors must review and authenticate ALL student documentation

NBHC Mission, Strategic Goals and Values

Our Mission: Compassionate Care-Advanced Medicine-Close to Home

Our strategic Goals:

Quality is our future. We strive for superior quality, increased market share, excellent physician relations and sustainable financial performance.

Our Statement of Values:

- Respect: We affirm and respect the rights, dignity, individuality, confidentiality and worth of each person we serve and of each other

- Excellence: We maintain an unrelenting drive for excellence, quality and safety and are committed to continuously improving all that we do.

- Teamwork: We work in a spirit of cooperation, collaboration and trust for the benefit of those we serve.

- Integrity: We honor the commitments that we make, believe in fairness, honesty, communication, and are guided by our ethics.

- Stewardship: We wisely care and are accountable for the resources entrusted to us, taking responsibility for all our actions.

- Community: We are an essential resource to our community and actively participate in its affairs, helping to make Northern Solano County a great place to live.

Environment of Care

Emergency Codes:

1. Code Red: Fire
2. Code Blue: Adult Cardiac Arrest
3. Code White: Pediatric Cardiac Arrest
4. Code Pink: Infant Abduction
5. Code Purple: Child Abduction
6. Code Yellow: Bomb Threat
7. Code Green: Missing High Risk Patient
8. Code Orange: Hazardous Material Spill
9. Code Gray: Combative Person
10. Code Silver: Person with Weapon, Active Shooter or, Hostage Situation
11. Dr. Phoenix: Call PBX for Security Assistance
12. Stork: Precipitous Delivery
13. Capacity: Patient Demand Exceeds Capacity

In the Event of a Fire:

R Remove: Remove persons from immediate danger

A Activate: Pull alarm

   Call out "CODE RED" with location

   Call emergency number(s) with exact location and nature of fire

C Contain: Close ALL doors and windows

E Extinguish: Extinguish the fire if possible

   Evacuate

Emergency Numbers

NorthBay Medical Center	1111
VacaValley Hospital	2222
Satellite buildings	9-911
Crime in Progress	9-911
Poison Control	1-800-222-1222

Environment of Care

Patient Wristband Colors

- All patients at NBMC/VVH wear wristbands as a method of identification

- Different color wristbands communicate different meanings about the patient

- Colors:
    - White-patient information
    - Red-allergies
    - Yellow-fall risk
    - Purple-Do Not Resuscitate (DNR) or limited code

JANE Q. PATIENT
PT 0803820   MR 356129
AD 04/02/2007   O   LB   RM# 123
M   42Y   DOB 03/17/1965   FC6
0803820

Security at NBMC/VVH
- NBMC and VVH have on site security 24/7
- Everyone is responsible for the security of our facilities, including students. **If you see something** that looks suspicious or just doesn't seem right, **say something**.
- Notify your instructor, your RN or call 1111 (NBMC) or 2222 (VVH) and request Dr. Phoenix.

How to protect your belongings
- Do not bring valuables with you to the hospital or leave them in plain sight in the car
- If you must bring valuables with you, place them in the trunk of your vehicle before leaving from home. Do not place them in the trunk of your car at the clinical site.
- Space is limited on the nursing units and the availability of lockers is limited to staff, for that reason, plan to keep any valuables with you at all times.
- It is suggested that students do not bring with them expensive watches, jewelry or stethoscopes.

Protecting yourself
- When leaving the hospital walk in groups.
- If you must leave on your own, you can call and request an escort to your vehicle after dark (except at standard change of shift times)
- Pepper spray, knifes, or any other types of weapons are prohibited at both campuses

Parking
- Please do not park in patient parking zones. Please refer to the map for parking at each of our facilities

National Patient Safety Goals

1. **Reduce the risk of Healthcare-Associated Infections (HAI)**

- Hand hygiene per CDC guidelines: Gel in and out when entering/exiting a patient room and when putting on and after removing gloves

- Wash hands with soap and water after treating a patient with C-diff.

2. **Prevent Central Line Infections**: maximum barriers precautions during insertion, skin antisepsis, daily review of line necessity

3. **Prevent surgical site infections**: anti-microbial prophylaxis, proper hair removal and skin preparation, educate patient/family on strategies to prevent infections

4. **Prevent indwelling urinary catheter infections**: Limit use/duration, use aseptic technique, maintain sterility of collection system and unobstructed flow, education patient/family on strategies to prevent infection

5. **Prevent mistakes in surgery**:

- Conduct pre-procedure check: correct surgery, correct patient, correct operative site

- Mark the correct place on the patient's body where the surgery is to be done

- Pause before surgery with a "TIME OUT" to make sure that a mistake is not being made.

6. **Identify patients Correctly**: Name and Date of Birth

- Add medical record number for blood bank samples

- Label specimens in the presence of the patient

- Eliminate transfusion errors: 2 licensed staff verify blood product at bedside, match the blood product order to the blood product, match the patient to the blood product

7. **Improve Communication Among Caregivers**: critical values from diagnostic studies/tests reported/acted on within 1 hour

8. **Improve Safety of Using Medications**: Label medications and solutions when transferred from original package

9. **Reduce Likelihood of Patient Harm from Anticoagulant Therapy**: Use programmable pumps for heparin, Coumadin tablet splitting is done by pharmacy, patients on anticoagulant therapy will not receive IM injections, NSAIDS or aspirin > 325mg per day

10. **Maintain and Communicate Accurate Patient Medication Information**: Identify and resolve discrepancies with patient's home medications and newly ordered medications within 24 hours of admission, transfer and upon discharge

11. **Improve the Safety of Clinical Alarm Systems**: Ensure that alarms on medical equipment are heart and responded to on time

12. **Prevent multi-drug resistant infections**: surveillance, hand hygiene, contact precautions, disinfect equipment, antibiotic stewardship

Ethics & Compliance

HIPAA

- **The Health Insurance Portability and Accountability Act**: Enacted in 1996, with the Privacy Rule enacted in 2003.

- Provides federal protections for personal health information held by covered entities like NBMC and gives patients certain rights with respect to that information

- **HIPAA Privacy Rule**: Provides requirements for the permissible use and disclosure of patients' protected health information (PHI) and gives patients certain rights with respect to their health information

- **HIPAA Security Rule**: Provides requirements to maintain the integrity, confidentiality and availability of electronic protected health information (e-PHI)

- **HITECH**: Health Information Technology for Economic and Clinical Health Act (HITECH) added a breach notification requirement to HIPAA. The laws regarding HIPAA were updated through the American Recovery and Reinvestment Act (ARRA) which requires more enforcement and increased penalties.

- What you need to know: an impermissible use or disclosure of protected health information is presumed to be a breach UNLESS the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised

Protected Health Information (PHI)

- What information is protected? PHI is individually identifiable health information created, received or maintained by a covered entity such as NBMC

- PHI is information, including demographic information that relates to:
  - An individual's past, present or future health conditions
  - Providing healthcare to an individual; or
  - The past, present, or future payment for providing healthcare to an individual;
  - AND that identifies or is reasonably believed to identify an individual

- Examples of elements that make up PHI:
  - Names: including the patient, members of the household, relatives and employers
  - Dates: birth, death, admission, discharge, injury, service, surgery
  - Numbers: medical record, account, SSN, telephone
  - Addresses
  - Graphics: photographs, x-rays and other images, video recordings

Ethics & Compliance
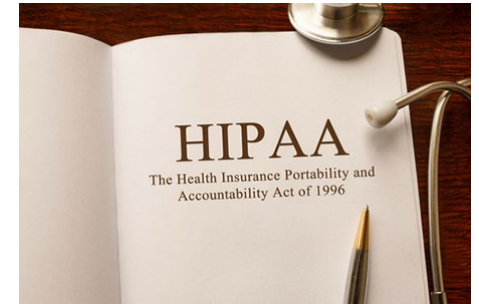
- What does HIPAA Cover?
  - ➢ Covers all PHI
  - ➢ PHI is any information created, received, transmitted or maintained by a covered entity such as PHI that links an identifiable person to their health condition, it comes in many formats:
  - Paper
  - Electronic
  - Communication-verbal, sign language
- Access, Use and Disclosure of PHI
  - ➢ PHI can be used or disclosed without the individual's authorization for the following:
  - Treatment
  - Payment for services provided
  - Healthcare operations
  - If otherwise required by law
- *Always remember the Minimum Necessary Rule: Requires you to limit your uses, disclosures and requests to PHI to the minimum necessary to do your job, it does not apply to treatment.*

Safeguarding Patient Information

- HIPPA requires security safeguards for electronic information to control access, prevent loss, theft or alteration, to minimize inappropriate disclosures and still maintain availability.

- What are the required safeguards?
  - ➢ Physical-Identification badges; locks, doors and other barriers; document binders, folders and covers
  - ➢ Technical-computer accounts controlled by supervisors and accessible only by unique log-in and password; computer surveillance; log in restrictions
  - Passwords-you are responsible for any activity that occurs using your user ID and password. Always protect your password, never share it with anyone
  - Portable Data Devices-Do not sync smart phones, PDAs, iPads with NBMC information systems. Do not copy information to personal USB drives or external drives
  - Social Media-Use of Facebook, Twitter, Snapchat, blogging and similar social or business applications during clinical rotations is prohibited. Never post information about NBMC, patient information or PHI on social media.

Ethics & Compliance

Disposal/Destruction of PHI

- All documents containing PHI should be disposed of appropriately in a document destruction bin (including labels on IV bags, medication labels etc...)
- PHI must be rendered unreadable, unusable and indecipherable

Patient Rights

- To know how their PHI will be use
- To have access to personal medical records (for viewing or copies)
- To requires an amendment of medical records
- To request more confidential communications of PHI
- To restrict access to PHI
- To receive an accounting of disclosures
- To file a privacy complaint

Compliance Hotline 707.646.4199

Examples of incidents which must be reported

- Faxes sent to the wrong recipient
- PHI provided to the wrong patient
- You overhear employees in the lunchroom discussing a patient's medical information
- Misplaced or stolen USB drives
- PHI found in the garbage can
- Paper records containing PHI are missing
- Patients who wish to file a complaint
- Sharing user names/passwords

Your Responsibility

- Knowing and following the privacy and security policies, procedures and guidelines
- Using or disclosing of health information for clinical related purposes
- Limiting uses, disclosures and requests to the minimum necessary to get your work done
- Exercising reasonable caution and use your judgment to protect all PHI under your control
- Report all Privacy and Security incidents to your clinical instructor and nurse that you are working with immediately.

Cultural Diversity

Diversity at NorthBay Healthcare

- Diversity are the differences between and among people based on ethnicity, age, ability, culture and, spiritual beliefs

- NorthBay Healthcare promotes respect and understanding for staff and patients from various backgrounds, holding different beliefs, and having different abilities

- Our heritage influences our values, beliefs and traditions; our developmental age impacts how we view the world, how we learn and what we understand; our spiritual beliefs influence the choices we make.

- NorthBay learns from the diversity of our employees and patients and our organization applies what we learn to our improvement process

Culturally Sensitive Care

- The overall goal of culturally sensitive care should be an understanding of the relationships among the symptoms that the patient is experiencing, distress that the patient is experiencing or exhibiting and the patient's belief systems.

- Culture usually does not compel a patient to believe and behave in a certain way, it acts as an implicit and unconscious way to guide decisions

NorthBay Healthcare realizes and understands diversity in its patient population

- We are committed to giving the best possible care to all of our patients and take into consideration all that may/will affect a patient's recovery

- Age impacts:
  - Activity
  - Cognition
  - Rest/sleep
  - Communication
  - Coping hygiene
  - Socialization
  - Nutrition

How does this impact you?

- Remember, everyone is different. Don't make assumptions about the patient based on age, ethnicity, spiritual beliefs or their ability

- Be respectful of differences among us all

- If a task can be adapted to meet the specific diversity needs of the patient, consider the possibilities

Hand Hygiene

An Overview of Hand Hygiene

- It is important that everyone working in healthcare practice good hand hygiene. Frequent and proper handwashing is the most important measure in preventing the spread of infection.

What Does the CDC Say?

- The CDC describes hand hygiene as cleaning your hands either by handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e. alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis

- Practicing proper hand hygiene helps reduce the spread of potentially deadly germs to patients and reduces the risk of healthcare provider colonization or infection caused by germs acquired from the patient

When To Perform Hand Hygiene

- Before eating

- Before and after having direct contact with a patient's intact skin

- After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings

- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient

- If hands will be moving from a contaminated body site to a clean-body site during patient care

- After glove removal

- After using a restroom

Hand Hygiene

Soap and Water

- When hands are visibly dirty

- After known or suspected exposure to *Clostridium difficile*

- After known or suspected exposure to patients with infectious diarrhea during norovirus outbreaks

- If exposure to *Bacillus anthracis* is suspected or proven

- Before eating

- After using the restroom

Use an Alcohol-Based Hand Sanitizer

- For everything else

Hand Hygiene

Techniques for Washing Hands with Soap and Water

As recommended by the CDC:

- When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands and rub your hands together vigorously for at least 15 -20 seconds, covering all surfaces of the hands and fingers

- Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet

- Avoid using hot water, to prevent drying of the skin

Techniques for Using Alcohol-Based Hand Sanitizer

As recommended by the CDC:

- Put product on hands and rub together

- Cover all surfaces until hands feel dry

- This should take around 20 seconds

Hand Hygiene

Fingernails

- Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing

- It is recommended that healthcare providers do not wear artificial fingernails or extensions when having direct contact with patients at high risk

- Keep natural nail tips less than ¼ long

Gloves

- Gloves should not replace the need for proper hand washing.

- Dirty gloves can soil hands

- Always clean your hands after removing gloves

- Additional guidelines for wearing gloves:

  - Remove gloves after caring for a patient

  - Do not wear the same pair of gloves for the care of more than one patient

  - Do not wash or reuse gloves

  - Change gloves if moving from a contaminated body part to a clean body part

Lotions

- To minimize skin irritation from routine handwashing and disinfection, use the hand lotions and creams provided by the healthcare organization. Do not use your personal hand lotions, as they may affect the strength of latex gloves and the effectiveness of the antimicrobial soaps or alcohol-based hand rubs you use in the clinical environment. Remember, NBMC is a scent free environment.

Jewelry

- Researchers continue to study whether the wearing of jewelry, particularly rings, increases a person's risk of spreading infection. Be sure to follow the policies and procedures regarding jewelry. The WHO guidelines on Hand Hygiene strongly recommend removing all rings and jewelry during healthcare.

Bloodborne Pathogens

Introduction

- Healthcare workers can be exposed to many germs in the healthcare setting. These germs include viruses that are found in blood and other body fluids that contain blood components. Specific viruses are of concern to the healthcare worker

Hepatitis B Virus (HBV)

- HBV is a highly infectious virus that attacks the liver. Symptoms, which may not appear for several months, start like those of a mild flu. Jaundice and darkened urine may appear later. The infection can lead to serious illness, such as cirrhosis and liver cancer.

- Approximately 1.2 million people in the United States and 350 million people worldwide have HBV. Most are unaware of their infection (CDC, 2010)

- The CDC recommends that the best way to prevent Hepatitis B is to get vaccinated.

Human Immunodeficiency Virus (HIV)

- HIV is the virus that causes acquired immune deficiency (AIDS). This virus attacks the body's immune systems, weakening it so that it cannot fight other deadly diseases. A person with HIV may carry the virus, without symptoms, for many years before AIDS develops.

- Early symptoms may be flu-like. AIDS is a fatal disease. Treatment is improving, but there is no cure or vaccine to prevent HIV infection

- The HIV virus is fragile and will not survive very long outside of the human body.

- Students are most at risk when coming into direct contact with fresh blood or body fluids.

- While the change of getting HIV in the workplace is minimal, ALL safety measures must be taken to avoid exposure.

- HIV, HBV and other bloodborne pathogens are spread through contact with infected blood or body fluids. HBV can be carried in secretions without blood present, for example, saliva.

- However, these diseases cannot be spread by casual touching, feeding patients or working around people with these diseases.

HUMAN IMMUNODEFICIENCY VIRUS
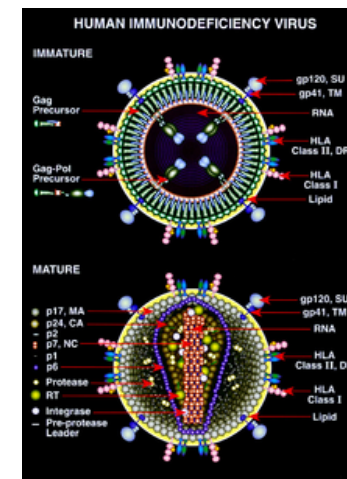
Bloodborne Pathogens

Standard Precautions

- Using standard precautions means always using safe work practices when there may be contact with blood or body fluids. Such precautions are meant to protect healthcare workers from infections, including bloodborne pathogens. Anyone might have an infection, they just might not know it.

- Here are a few safe work practices that can be used to follow standard precaution guidelines:
    - Handwashing/Hand Antisepsis
    - Personal Hygiene Practices
    - Use of Personal Protective Equipment
    - Correct Use and Disposal of Needles

Handwashing

- Handwashing and proper hand hygiene is the single most important way to help prevent the spread of infections. Wash your hands when they are visibly soiled or contaminated. Handwashing should be done either with plain soap and water or an antimicrobial hand wash. If hands are not visibly soiled, then using an alcohol-based hand rub can be used for routine decontamination.

Personal Protective Equipment (PPE)

- Personal protective equipment is special clothing or equipment used to prevent exposure to infections. It is your responsibility to choose and use the proper equipment. Choose your PPE based on the task to be doing and the change of exposure. Equipment includes: gloves, gown, masks, and eye ware.

- Take off all PPE before leaving the work area. Put it in the proper waste bag.

What happens if you experience an exposure?

- First wash the exposed area(s) with soap and water. If the exposure is to the mucus membranes of the eyes, flush with water at the eye wash station

- Notify your clinical faculty immediately

Influenza Vaccine: Information for Students

Seasonal Influenza

- Seasonal influenza, a contagious respiratory illness caused by the influenza virus, is typically transmitted from person to person. The virus infects the respiratory tract typically causes sudden onset of symptoms. Pandemic flu, a strong human flu, cases a global outbreak of serious illness. Because people have little natural immunity, it can spread easily from person to person. A recent example of a flu pandemic is the H1N1 flu outbreak in 2009.

Symptoms of the flu

- Fever, headache

- Runny nose

- Sore throat, cough

- Nausea, vomiting and diarrhea can occur, but are more common in children than in adults

- Muscle pain

- Influenza may be unpredictable. It is important to know about the different flu viruses in circulation, their risks and what you can do to protect yourself and the persons you provide care for

Why should students receive the flu vaccine?

- Healthcare students frequently work with patients at high risk for complications. The flu may exacerbate chronic medical conditions such as congestive heart failure, asthma or diabetes

In addition, healthcare students who receive the flu vaccine:

- Reduce the spread of influenza

- Tend to stay healthier, so they are able to continue attending clinical rotations

The CDC Advisory Committee on Immunization Practices recommends:

- Everyone aged 6 months and older be vaccinated annually with the flu vaccine.

- When the vaccine supply is limited, the CDC recommends focusing on vaccinating people who are at high risk of serious flu-related complications or they care for, or live with, persons at high risk for developing flu-related complications

All students who are doing their clinical rotations or internships between November 1-April 1 must take the flu vaccine (and place year sticker on ID badge) or sign a declination form and wear a mask while in the hospital.

Medication Administration

Overview of the Student Responsibilities

- **All** medications being administered by the student **must** be done with either their **clinical faculty or assigned clinical nurse.**

- Students are responsible for understanding what the medication is, why it is being administered to their patient, if it is appropriate for their patient and what the expected and unexpected effects of the medication could possibly be.

Students May NOT

- Administer blood or blood products

- Administer chemotherapy

- Administer IV push medications

- Manipulate a PCA machine

Students MAY with their FACULTY or NURSE

- Administer oral medications (except for chemotherapy)

- Administer IVPB

- Administer injections (IM, ID, SC)

- Administer IVF

Barcode Medication Administration (BCMA)

- NBMC uses barcode medication administration to help ensure that the five rights are practiced during medication administration

- BCMA also helps improve care, improves IV documentation, aids in process improvement and supports standardization and evidence based practice

Definitions

- BCMA: Barcode Medication Administration

- MAW: Medication Administration Window

- Scanner: Device used to scan barcodes

- Barcode Definitions

  Aztec/2D: Used to ID patient
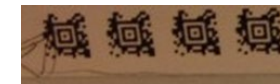
  Linear: Used for Point of Care devices

BCMA Workflow

Obtain patient medications from the RX station

Open the eMAR at patient's bedside

MAR

Click MAW Icon to Launch

Medication Administration

Scan patient armband when prompted

Scan bar code(s) on medication package(s

Administer medication(s) to the Patient

Complete administration process via SIGN button in Medication Administration Window (MAW)

Back   Sign
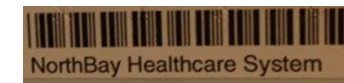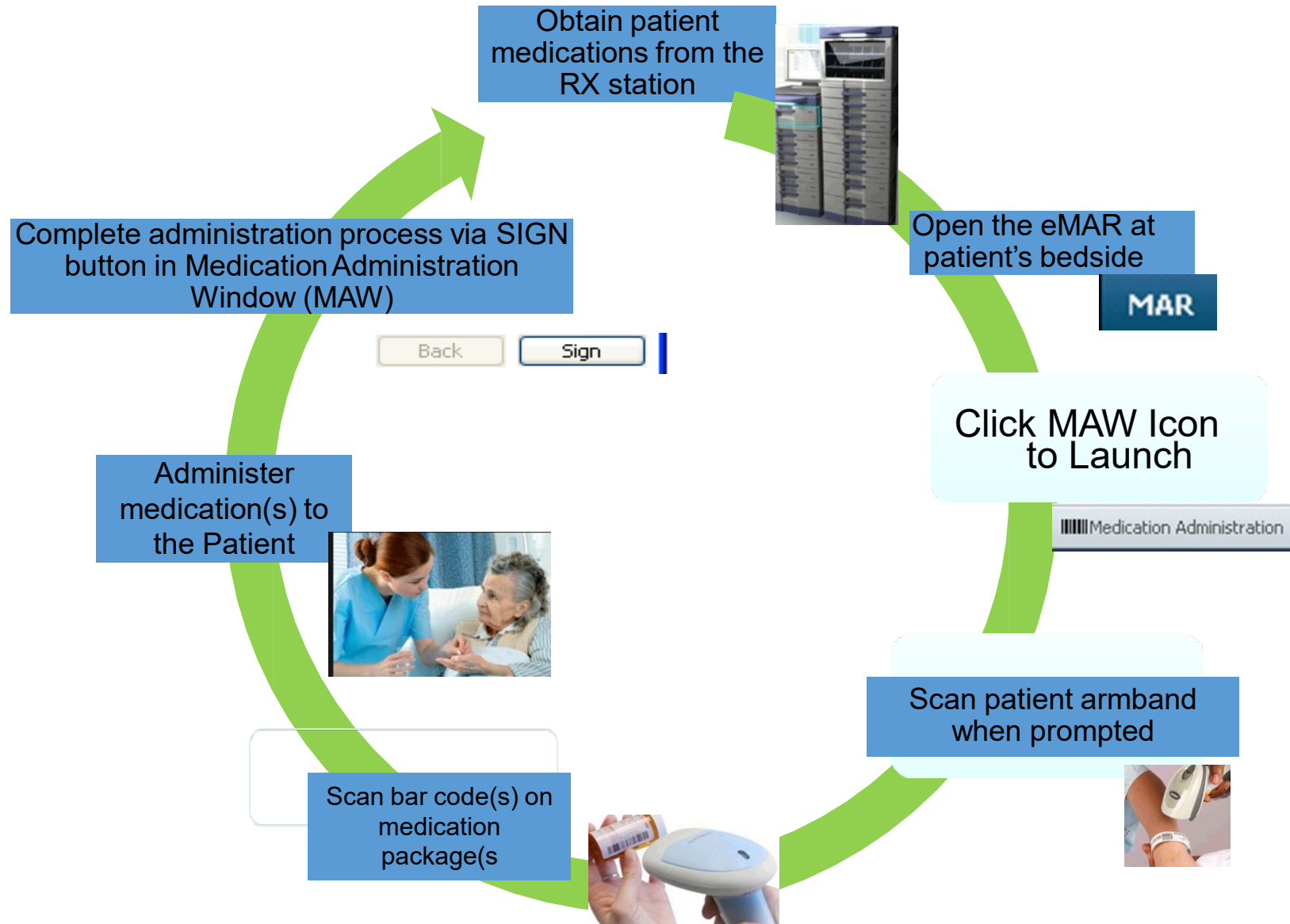
MAW-Medication Administration Window

Medication Administration

Testpatient, Rebecca H — Female
MRN: 930056 — FIN#: 070020096
DOB: 11/1/1988 — Age: 25 years
Loc: 07; A
** No Known Allergies **

Nurse Review — Last Refresh at 9:39 AM

12/05/2013 08:39 – 12/05/2013 10:39

	Scheduled	Mnemonic	Details	Result
	12/2/2013 3:57 PM	digoxin	0.25 mg PO Tab, Start: 12/02/13 15:57:00	
	12/2/2013 4:08 PM	atenolol	50 mg PO Tab, NOW, Start: 12/02/13 16:08:00	
	12/2/2013 9:00 PM	atenolol	50 mg PO Tab, Start: 12/02/13 21:00:00	
	12/3/2013 9:00 AM	atenolol	50 mg PO Tab, Start: 12/03/13 9:00:00	
	12/3/2013 9:00 AM	digoxin	0.25 mg PO Tab, Start: 12/03/13 9:00:00	
	12/3/2013 9:00 PM	atenolol	50 mg PO Tab, Start: 12/03/13 21:00:00	
	12/4/2013 9:00 AM	atenolol	50 mg PO Tab, Start: 12/04/13 9:00:00	
	12/4/2013 9:00 AM	digoxin	0.25 mg PO Tab, Start: 12/04/13 9:00:00	
	12/4/2013 9:00 PM	atenolol	50 mg PO Tab, Start: 12/04/13 21:00:00	
	12/5/2013 9:00 AM	atenolol	50 mg PO Tab, Start: 12/05/13 9:00:00	
	12/5/2013 9:00 AM	digoxin	0.25 mg PO Tab, Start: 12/05/13 9:00:00	
	PRN	Sodium Chloride 0.9% Sodium Chloride 0.9% (NS - BOLUS- Episodic	500 mL IVPB UD.See Comment, PRN For Other (see comment), Routine, Start: 11/18/13 1...	
	Continuous	Sodium Chloride 0.9% NS 1,000 mL	1,000 mL IV To Run at 100 ml/hr over 10 hr, Start: 12/02/13 16:15:00	

- Nurse review available in MAW in top right hand corner
- Time frame default set to one hour prior to and one hour from current time
- Mnemonic is the drug name
- Sign is in the lower right hand corner

Ready to Scan

2 of 2

Sign

MAW buttons/icons

🖱	Indicates that an admin note (a nurse-to-nurse communication) is attached to the order.
!	Indicates that this is a priority task.
📖?	Indicates that this task is unscheduled. This is a one-time task that is not prn and that time at which the task should be administered was not defined when the order was placed, such as an "on-call" medication for a surgical procedure.
✔	Indicates that the task is ready to be charted.
⊗	Indicates that a required field has not been completed in the Result column. The Result column is displayed with a yellow background.
⊗	Indicates that the task is critical. The system does not allow you to chart a task when this icon is displayed. Possible workflows where this may appear include overdose (the scanned dose is greater than the ordered dose), incompatible drug form (the scanned drug form does not match the ordered drug form), and incompatible drug form route (the scanned drug form cannot be administered using the ordered drug form route).
⏰	Indicates that the task is overdue
⚠	Indicates that the dose you have scanned or entered is an underdose. The system allows you to administer an underdose and displays a warning message.
⚠	Indicates that the task is not associated to the current encounter.
➡⬅	Indicates that one order is linked to another order.
📄🚫	The Inactive Order icon is displayed on a task associated to an order that is in one of the following statuses: • Cancelled • Pending Completed • Discontinued • Transfer/cancelled • Suspended
🔲	The preference, view_plans, determines when this icon displays on a task. This icon displays when the task is associated to an order that was generated as part of a PowerPlan if the preference is set to 1 = on.
📅!	This icon display on the medication charting window if the system, for any reason cannot evaluate the medication interval for the warning.

Scanners

- Two different types of scanners
  - Tethered - attached to the computer via USB Cable
  - Wireless-docking station connected to the computer by USB cable but scanner is wireless

Patient Safety Alerts

- When scanning meds the following alerts may occur
    - Early/late
    - Overdose
    - Underdose
    - Discontinued order
    - Route-form
    - Med not identified
    - Chart not open

Giving a medication early or late

Early/Late Reason

👓
atenolol
50 mg PO Tab, Start: 12/04/13 9:00:00

Scheduled date/time : 12/4/2013 09:00:00 AM
Performed date/time : 12/5/2013 09:58:00 AM

Please specify a reason why the medication is being documented late:

Hemodialysis

Accommodate Discharge
Adjust to Standard Admin Times
Blood Infusion
Emesis
Hemodialysis
Med Not Available
No IV Access
Patient Condition
Patient Not Available
Patient NPO
Patient Refused
Physician Order to Hold
System Down
Other :

OK   Cancel

- **Why Alert is triggered:**

  - When trying to administer a medication outside the "one hour before or the one hour after" scheduled time frame.

- **Workflow:**

  - Required to enter a early or late reason.

Patient Safety Alerts-Overdose & Underdose

Overdose

- Why Alert is Triggered
  - The drug amount is more than what is prescribed
- Workflow
  - Correct dose accordingly. In this case, cut tab in half
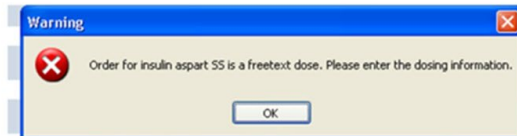 - Contact pharmacy

Underdose
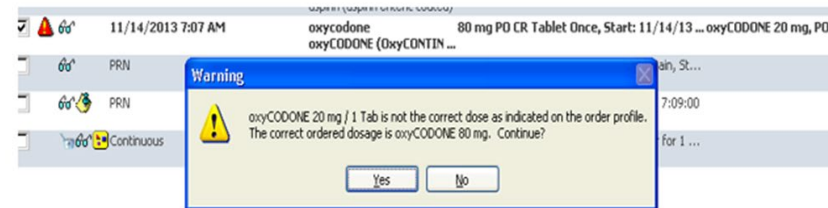
- Why Alert is Triggered
  - When the drug amount scanned is under the dose that is ordered
- Workflow
  - Select No (will return to med details screen)
  - Scan again until dose is correct amount

Patient Safety Alerts-Insulin Sliding Scale & DC

Insulin sliding scale

Warning

Order for insulin aspart SS is a freetext dose. Please enter the dosing information.

OK

- Why Alert is Triggered
  - Free text dose are discouraged to improve patient safety
  - Needs further discussion in class

- Workflow
  - Click OK to enter dosing information

Discontinued/Cancelled

Warning

The scanned medication, albuterol-ipratropium (Combivent), 1 Puff, Aerosol, is not within the Medication Administration Wizard task list.   There is an order for this medication that is now Discontinued.

OK
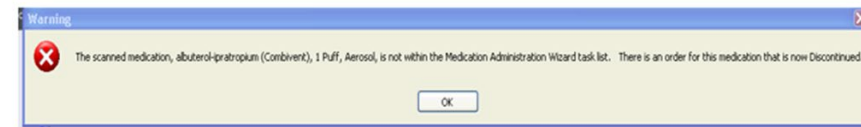
- Why Alert is Triggered
  - When a medication has been discontinued and there is an attempt to administer the medication the system will alert the RN.

- Workflow
  - have the physician place an active order if the patient continues to require the medication.
  - **Additional dose no longer allowed**

Patient Safety Alerts-Form & Route

Form-Form
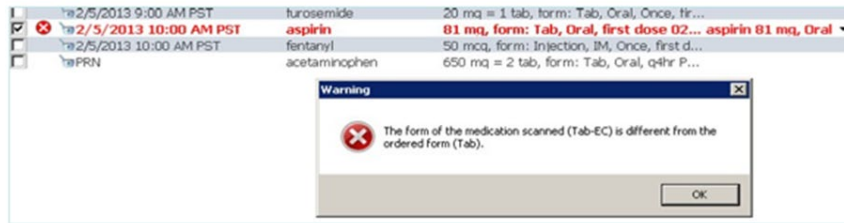
Why Alert is Triggered
– The form of the drug scanned is different than the form ordered

Workflow
– Verify if correct form sent from pharmacy
– If incorrect order, pharmacy/provider must discontinue and enter new order

Route-Form

- Why Alert is Triggered
– The drug form is not the correct medication to be giving in the route selected
- Workflow
– Verify the correct route is selected/ordered
– call pharmacy and provider to clarify order.

Patient Safety Alerts-Medication Not Identified & Unopened Chart

Med not Identified

Warning ✖
❌ The medication scanned could not be identified.
[OK]

- Why Alert is Triggered
  - This could be caused by multiple situations. This means that the Barcode cannot be scanned.
- Workflow
  - call Pharmacy to make them aware of issue.

Patients Chart Not Open

Warning ✖
❌ Contact your system administrator to have a device location defined before using Medication Administration Wizard.
[OK]

- Why Alert is Triggered
  - The patients chart is not open when attempting to open the MAW.
- Workflow
  - Open the Patients chart before attempting to open the MAW

Miscellaneous medications

- IV piggyback scan each dose to be administered

- Continuous IV Fluids- scan each begin bag; continue current practice for titration

- Multiple pills or puffs- Scan med multiple times until ordered dose achieved or scan once and enter quantity

Students **MUST** administer **ALL** medications with their **clinical faculty or the RN** they are working with.

Mandated Reporting

What does the law say about reporting duties?

CA Penal Code 11166 (a):

- Report "reasonable" suspicion

- Report within the scope of your job or professional capacity (includes students)

- Report "immediately or as soon as practicably possible by telephone".

- Send in a "written report within 36 hours"

What is Reasonable Suspicion?

- When "it is objectively reasonable for a person to entertain a suspicion, based on facts that could cause a reasonable person in a like position, drawing on his or her training and experience, to suspect child abuse, neglect, and/or exploitation OR suspect either adult/elder abuse, neglect, and/or exploitation." (CA Penal Code 11166 (a) (1).

Failure to Report as Required by Law:

- Punishable as a misdemeanor crime, with up to 6 months in jail and/or $1000 fines

- Loss of license or credential

- Subject to civil damage lawsuits (CA Penal Code 11166 (b)).

Protections to Mandated Reporters when Reporting as Legally Required

- Immunity from civil and criminal liability

- You can not be prevented from reporting or sanctioned as a result of reporting

- Confidentiality is maintained

Mandating Reporting

- Health practitioners have mandatory reporting responsibilities of any child, elder or dependent adult is suspected to be the victim of (or have evidence of) abuse, neglect, and/or exploitation

- Health practitioners providing medical services to a patient have the duty to report domestic abuse

How does the student report suspected abuse, neglect and/or exploitation?

- NBHC has a process in place for reporting suspected abuse, neglect and/or exploitation.

- As students, if you have a reasonable suspicion that abuse, neglect or exploitation has occurred please notify your clinical faculty and the clinical RN that you are working with.

- ***Remember, if you have a reasonable suspicion that abuse, neglect or exploitation has occurred, you must report it.***

Working in a Primary Stroke Center

Primary Stroke Center Accreditation

- NorthBay is a Joint Commission accredited Primary Stroke Center

- At NorthBay, stroke care is driven by protocols developed to decrease the time it takes to diagnose and properly treat stroke.

- Evidence shows that using standardized protocol-driven care guidelines significantly reduces the time it takes to get these patients to the care they need

Key Points

- Stroke is the 5th leading cause of death in the U.S.

- About 795,000 Americans each year suffer a new or recurrent stroke

- Stroke is the leading cause of major disability

- Swift actions by a knowledgeable employee or nursing student can help safe a life.

For a patient having a stroke, Timing is Everything…time is brain
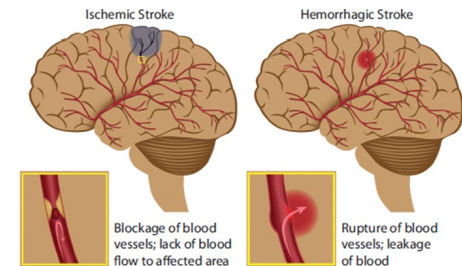

With a stroke...
time matters.
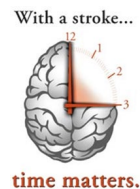
What is a Stroke?

- A brain injury caused when a blood vessel to the brain becomes blocked or bursts, cutting off blood flow and oxygen to the brain

All Strokes are NOT Created Equal

- Hemorrhagic Stroke is caused by burst or leaking blood vessels in the brain

- Ischemic Stroke is more common and caused by a blockage in the blood vessels to the brain

Ischemic Stroke — Blockage of blood vessels; lack of blood flow to affected area
Hemorrhagic Stroke — Rupture of blood vessels; leakage of blood

Transient Ischemic Attacks (TIAs)

- These are "warning" strokes that can happen before a major stroke

- They occur when blood flow through a brain artery is briefly blocked or reduced

- TIAs are temporary but similar to those of a full-fledged stroke

- A person who has a TIA is about 10 times more likely to have a stroke

A TIA is a medical emergency!

How Can You Recognize Someone is Having a Stroke?

F.A.S.T. IS

SPOT A STROKE
F A S T
FACE DROOPING | ARM WEAKNESS | SPEECH DIFFICULTY | TIME TO CALL 911

- **F**ace Drooping Does one side of the face droop or is it numb? Ask the person to smile.
- **A**rm Weakness Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **S**peech Difficulty Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?
- **T**ime to call 911 If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

American Heart Association | American Stroke Association. Together to End Stroke™

STROKE WARNING SIGNS
American Heart Association | American Stroke Association.

- SUDDEN NUMBNESS OR WEAKNESS OF THE FACE, ARM OR LEG, ESPECIALLY ON ONE SIDE OF THE BODY
- SUDDEN CONFUSION, TROUBLE SPEAKING OR UNDERSTANDING
- SUDDEN TROUBLE SEEING IN ONE OR BOTH EYES
- SUDDEN TROUBLE WALKING, DIZZINESS, LOSS OF BALANCE OR COORDINATION
- SUDDEN SEVERE HEADACHE WITH NO KNOWN CAUSE

Immediately call 9-1-1 or the emergency medical services (EMS) number so an ambulance (ideally with advanced life support) can be sent for you.

Also, check the time so you'll know when the first symptoms appeared. It's very important to take immediate action. If given within 3 hours of the start of symptoms, a clot-busting drug called tissue plasminogen activator (tPA) may reduce long-term disability for the most common type of stroke.

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What Can You Do?

If you observe a visitor in the hospital having a stroke

- Notify your clinical faculty or assigned RN immediately
- Activate a Rapid Response and get the patient to the Emergency Department
- Call 1111 at NorthBay and indicate a patient location
- Call 2222 at VacaValley and indicate a patient location

Note the time the patient was last known to be normal or at their baseline if possible

- Time is Brain…and Brain Matters!
- Long term effects from stroke can be decreased with F.A.S.T treatment and knowledge of the Sudden signs
- Everyone plays a key role in ensuring that possible stroke patients are recognized early.

Thank You for Coming to NorthBay Health Care

- We are excited that you are here and hope that you have a wonderful learning experience!
- Please do not hesitate to let us know how we can support you during your clinical learning experience!
- You can contact Megan Cornwell MSN-Ed, RN in the Nursing Education Office at megan.cornwell@northbay.org