# Faculty Meeting
# August 2020

Every step. Every person. Every day.

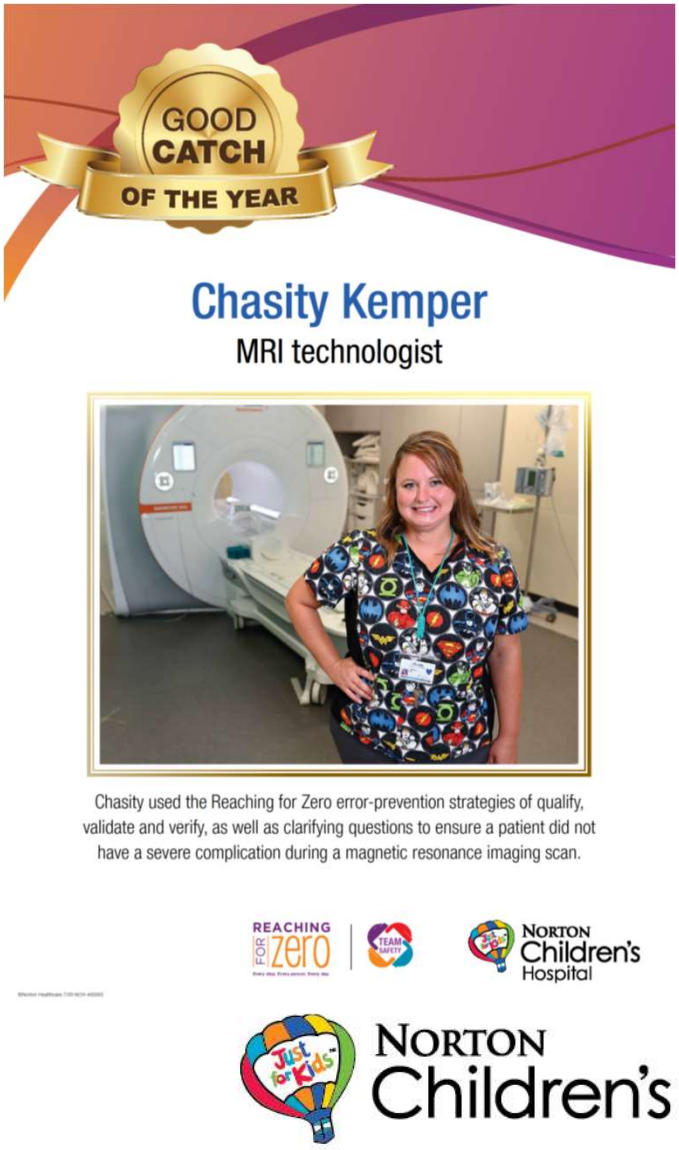
# CLABSI

CLABSI maintenance bundle – what you can do

- Believe that all CLABSIs are preventable – otherwise we send messages to our teams that "it is the patient's fault and the work you do to prevent the CLABSI isn't meaningful"
- Know some key maintenance bundle elements. If you know them, look for them, and tell parents how important the elements are to keeping the patient safe, you send a very positive message.
  - Dressing should be occlusive
  - There shouldn't be blood or fluid under the dressing – a few exceptions based on specific patient factors
  - Alcohol caps should be on every needleless access cap
  - Before any access point on the line is accessed, it should be scrubbed
- Be mindful of having the right type of central venous line device
- Remove PICCs and temporary CVLs as soon as possible – think about it everyday even when it feels nonsensical. The habit will help achieve early removal for all the others. You won't forget.

# Good Catch of the Year

- Winner: Chasity Kemper – MRI Tech and pacemaker
- Runner up: Josh Elder - Pharmacist

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# Recent Good Catches of the Month

- Prevention of an unplanned extubation
- First dose of gentamicin
- Enalapril order
- Phenobarbital order

# Updates

- Pediatric sepsis BPA and severe sepsis/septic shock guideline both active as of May 14
  - NCH: 45 patients - + sepsis BPA
    - About 1 patients per day in the ED
    - Only 7 in Med-Surg since Go Live
  - NCMC: 6 patients - + BPA
  - NWC – Go Live was July 28
- COVID19
  - Treatment guideline
  - MIS-C guideline

# Sepsis and the Community

- https://vimeo.com/416149690 Rory's Foundation
- https://vimeo.com/147724426 Sepsis Alliance

If you have an interest in this topic, community outreach, finding grants, improving sepsis recognition in our state by physicians, parents, kids, etc, I need your help. Let me know if you are interested.

- Sepsis Alliance
- Rory Staunton Foundation for Sepsis

# NAKI

- SPS
  - Just under 1% of non-ICU patients develop AKI (# of AKIs per 1000 patient days)
  - Approximately 10 exposure events per 1000 patient days of non-ICU patients
  - About 9% of exposed patients develop AKI
  - Data available for PICU, CICU, and NICU
    - CICU has higher rates/# in all three categories with about 19% of exposed patients developing AKI
    - NICU has lowest rate of exposure but higher than non-ICU rate of exposed patients who develop AKI
- NCH (1/1/2019 – present)
  - 260 exposure events in med-surg patients
  - 9 (3%) exposed patients developed NAKI; 65 unknown – creatinine not measured (many with 2 days or less exposure and short hospitalization)

# New Improvement Projects

- Colon Surgical Site Infections
- Peripheral IV infiltration and extravasation (PIVIE)
  - Phase 1 – RN training begins August
    - Early recognition bundle
      - Site and surrounding area visible at all times
      - Standard measurement system: retire stage 1 – 5 and replace with mild, moderate, and severe
      - Standard assessment performed correctly and at appropriate intervals for the infusate
    - Resources to aid with staging

# Drug and PIVIE Risk

| PIV Infusate Infiltration and Extravasation Risk | | |
|---|---|---|
| **Red (High Risk)** | **Yellow (Moderate Risk)** | **Green (Low Risk)** |
| Acyclovir | Amikacin | Aminophylline |
| Amiodarone 6 mg/mL | Acetazolamide | Ampicillin |
| Calcium chloride | Allopurinol | Ampicillin/sulbactam |
| Cefepime | Amiodarone 3 mg/mL | Amphotericin B liposomal |
| Dextrose > 12.5% | Amphotericin B (conventional) | Cefazolin |
| Dobutamine | Arginine | Cefotaxime |
| Dopamine | Caffeine | Ceftazidime |
| Doxycycline | Calcium gluconate | Ceftriaxone |
| Epinephrine | Ciprofloxacin | Cefuroxime |
| Esmolol | Dexmedetomidine | Clindamycin |
| Mannitol | Dextrose 10% to ≤ 12.5% | D5LR |
| Nicardipine | Diazepam | Dexamethasone |
| Nitroprusside | Erythromycin | Dextrose < 10% |
| Norepinephrine | Famotidine | Fentanyl |
| Ondansetron | Fluconazole | Fosphenytoin |
| Phenylephrine | Ganciclovir | Furosemide |
| Potassium (> 60 mEq/mL) | Hydromorphone | Gentamicin |
| Promethazine | Ketamine | Heparin |
| Sodium bicarb (1 mEq/mL) | Lorazepam | Immunoglobulin |
| Sodium chloride ≥ 3% | Midazolam | Lipids |
| TPN > 1000 mOsm/L | Morphine | Lactated Ringers (LR) |
| Vancomycin (10 mg/mL) | Nafcillin | Magnesium sulfate |
| Vasopressin | Nonionic radiology contrast | Meropenem |
| | Phenobarbital | Methylprednisolone |
| | Phenytoin | Metronidazole |
| | Potassium (≤ 60 mEq/mL) | Normal saline (NS) |
| | Sodium bicarbonate (0.5 mEeq/L) | Oxacillin |
| | Terbutaline | Piperacillin/Tazobactam |
| | TPN ≤ 1000 mOsm/L | Tobramycin |
| | Vancomycin (5 mg/mL) | |

REACHING FOR zero
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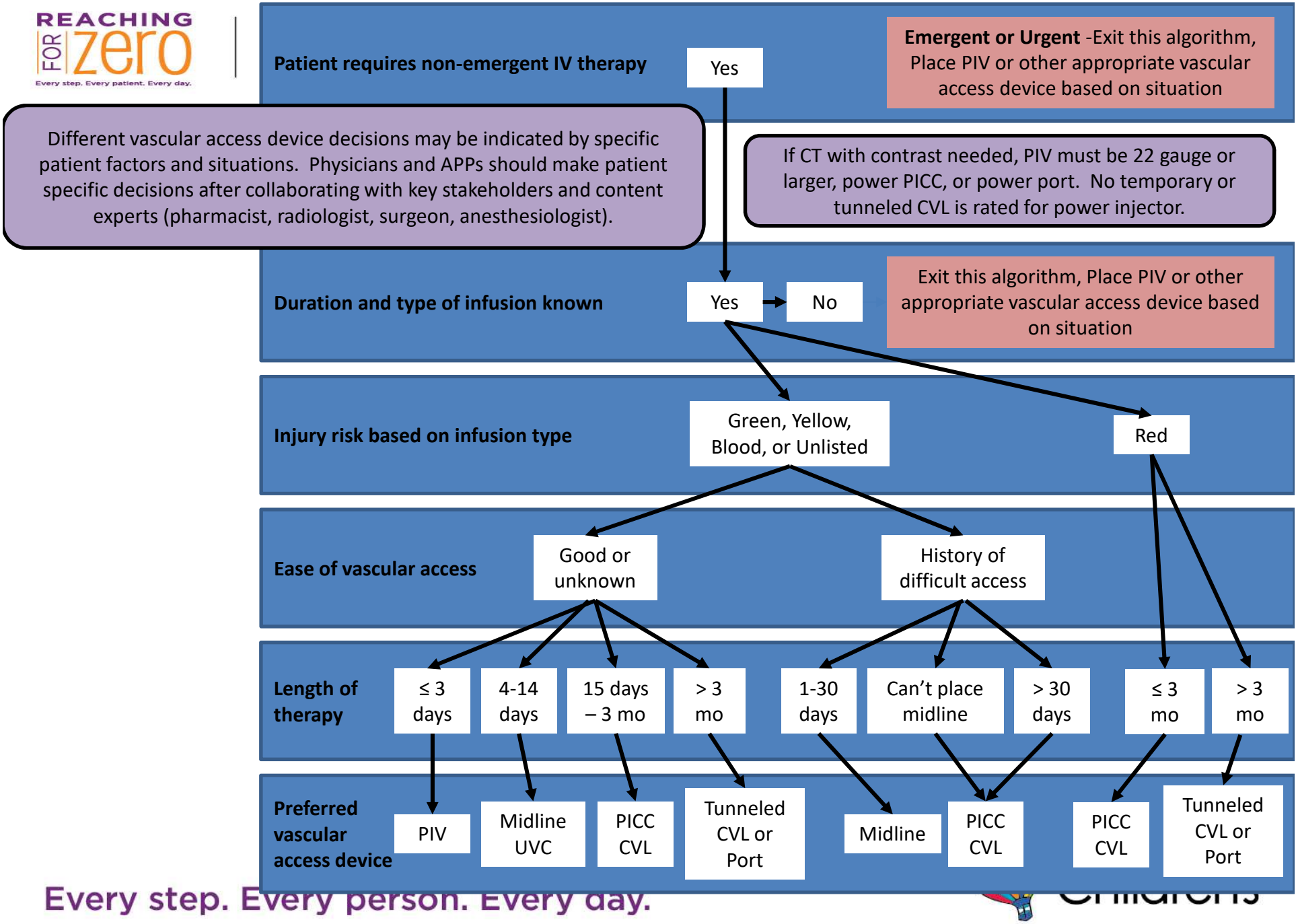

# SARS-CoV-2 PUI vs Surveillance Test

- Hard to make a rule that fits all situations
- Why is it important to think about which test to order
  - If surveillance test ordered, patient is not put into any isolation unless there is another reason for it. Most other types of isolation would be inadequate for SARS-CoV-2 infection
  - PUI test ordered, patient is put in the correct type of isolation until test result is back.
  - Risk of ordering surveillance test
    - Avoidable exposures – most important risk
    - Inefficiency for nurses and ESDs with regards to having to move patients around from room to room

General Guideline for Choosing Most Appropriate Test

PUI test

- Cough or shortness of breath with or without a fever
- Asthma thought to have a viral trigger – with or without fever
- Vomiting, diarrhea, abdominal pain and thought to have viral GE
- Fever of uncertain etiology (no focus on exam)

Surveillance test

- None of the above
- Being sent home from the ED

# Revamping Team Safety and HAC Council

- Looking for new chairs
- Looking for additional team members
  - Looking to get involved in hospital wide safety and quality work
  - Looking for opportunities to get involved in safety and quality work at regional/national level