

## RE: QSA 411

Breidenstein, Rebecca

Mon 7/21/2014 3:46 PM

To: UCH-Medical-Surgical Progressive Care Unit RNs <UCH-Medical-SurgicalProgressiveCareUnitRNs@uchealth.org>;  
Cc: Swedhin, Amanda M <Amanda.Swedhin@uchealth.org>; Pratt, Timothy <Timothy.Pratt@uchealth.org>;

Another QSA 411 coming your way...

1. As I reviewed the SI's that have been reported this week, there have been a couple regarding Intravenous incompatibility that have been found. If you have questions about IV (fluids and medications) compatibility, please verify these in Micromedex. If Micromedex does not have this information, or you are having difficulty finding if they are compatible, please verify this with a pharmacist on duty. It is good practice to "pass on" compatibility to your co-workers during report, but please remember to check the compatibility yourself unless the Micromedex compatibility check sheet has been printed off for you confirming the compatibility.
2. Also, please be sure that while hanging IVPB's that require dilution with mini-bags, that you are mixing the powder with the dilutant. There have been cases that the fluid infused into the patient without the powder from the vial having been mixed to form the medication to be given and the dose was missed.
3. Finally, just a reminder to those of you that are caring for patients requiring "pain management" during dressing changes, such as burn dressings. Many times there will be a "maximum" dose that can be administered during each "session" of the dressing change. For example, there was an order for Versed to be given 0.5mg-1mg every 5min during the dressing change with a max dose of 2mg per session. The patient received 4mg during this session. Please carefully read the administration information in the order for each of the PRN medications.

Thanks to you all who are taking the time to write these SI's and help improve our patients safety.

Becky Breidenstein RN, CVRN-BC  
MS PCU Charge RN

---

**From:** Breidenstein, Rebecca  
**Sent:** Saturday, July 12, 2014 10:34 AM  
**To:** UCH-Medical-Surgical Progressive Care Unit  
**Cc:** Swedhin, Amanda M; Pratt, Timothy  
**Subject:** QSA 411

Hello team. I wanted to let you all know that I have officially taken over as the Quality Safety Advocate (QSA) for the MS PCU. I will be sending out about every 2 weeks or as things "pop up" updates for any significant trends regarding any Significant Intellegence (SI's) that come

through involving our unit. I will also be updating everyone after the committee meetings on anything new and exciting. If anyone has questions about anything also, please feel free to ask me.

A few informative SI's to learn from in order to provide the safest care possible for our patient are:

1. If you are receiving a patient from another department, and the patient has a PCA running upon arrival, it is good practice to verify that a PCA is ordered in EPIC when the patient is received, before the handoff is completed between the transferring and receiving nurse. This will help in catching any medications that may have been discontinued in EPIC and are still infusing at the time of transfer.
2. It is good practice that if you have been told by a physician that the patient has been made "floor" status, that you should leave the patient on telemetry until the actual order is in EPIC. There have been some instances where the nurse was told that the patient was made "floor status" and the physician's order never made it to EPIC to change the status. The nurse ended up removing the telemetry and the order never was placed. If we removed telemetry and the patient is still "Progressive Care" status, we are not following through on these orders.
3. Look closely to the time that certain medications are given prior to administering them. Some medications will alarm you with a "pop up" as to if it is too close to the previous administration time and some do not. An example of this is Zofran. If you go to administer it, and it is too early to the ordered time, it does NOT pop up a reminder or notification that it is too close to the previous time. Pharmacy is looking into this to see about fixing it in EPIC.
4. If it is suspected that a patient may have TB, and/or a TB skin test has been administered, that patient MUST be placed on airborne precautions until it has been ruled out. Better safe than sorry, right?
5. We have to very careful in compatibility of IV medications. Please look up all medications in Micromedex or ask Amy or the pharmacist on duty for compatibility of specific medications. The Alaris pumps will sometimes also act as a guardrail for error prevention when hanging certain medications that should never be mixed with other solutions or medications. I have found it helpful when I care for a patient to check the compatibility with the medications and print out the findings, then place them in the patients room. This will act as a good resource for the oncoming nurse and save them and you a step the next time.

Thanks for all the hard work you all do in keeping our patients safe and providing the best care to them.

Please let me know if you have specific questions or if I need to clarify anything better.

Thanks,  
Becky

Becky Breidenstein, RN, CVRN-BC  
Charge RN- Medical Surgical Progressive Care Unit  
University of Colorado Hospital