

CentraCare Health

DigitalCommons@CentraCare Health

Patient Care News

CentraCare Health Publications (Newsletters,
Annual Reports, Etc.)

1-2002

Nursing News: January 2002 Special Edition

St. Cloud Hospital

Follow this and additional works at: <https://digitalcommons.centracare.com/patient-care-news>



Part of the [Organizational Communication Commons](#)

Recommended Citation

St. Cloud Hospital, "Patient Care News: January, 2002" (2002). Patient Care News. 12.
<https://digitalcommons.centracare.com/patient-care-news/12>

This Newsletter is brought to you for free and open access by the CentraCare Health Publications (Newsletters, Annual Reports, Etc.) at DigitalCommons@CentraCare Health. It has been accepted for inclusion in Patient Care News by an authorized administrator of DigitalCommons@CentraCare Health. For more information, please contact schlepers@centracare.com.

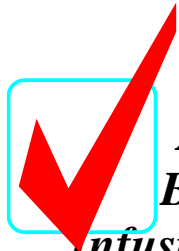
♥ NURSING NEWS ♥

Volume 23a Number 1

St. Cloud Hospital, St. Cloud, MN

January, 2002

Nursing News Special Edition



Adult Blood/ Blood Product Infusion Protocol Order

Beginning February 1, 2002, implementation of placing the attached Adult Blood/Blood Product Infusion Protocol Order in patient charts any time blood is ordered for non-surgical patients is being requested.

This form was implemented previously but discontinued. It has been revised and now re-implemented due to a major citation from JCAHO. JCAHO makes us responsible for documenting blood administration informed consent; that is what they found missing during our last survey. This revised form imbeds the necessary informed consent documentation, making it automatic without requiring another form and another physician signature.

The Medical Care Review Committee and the Medical Staff Executive Committee have approved these changes and support having this order placed in patient charts when blood is ordered for non-surgical patients. **As always, the Medical Staff Executive Committee wants to assure compliance with regulatory mandates while making their impact on physicians as minimally intrusive as possible.**

These forms have been printed and are available in Distribution.

Submitted by:
Mary Buhl

Pain Assessment, Changes in Documentation

All patients must be assessed for pain upon admission or upon the first visit. This includes all inpatient units, including Mental Health Unit and Recovery Plus. This standard must also be addressed in most outpatient areas. The following steps outline what must be done for the assessment and management of pain.

Step 1:

Screen for the presence of pain.

Is the patient having pain?

Is the patient concerned about pain?

Does the patient have a history of chronic pain?

Step 2:

If the patient answers yes to the above screening question, then a comprehensive assessment must be completed.

A **comprehensive pain assessment** includes the following parameters:

- Onset
- Location
- Duration
- Characteristics
- Aggravating factors
- Relieving factors
- Treatment tried

Step 3:

Establish and individualized pain management **goal.**

Step 4:

If pain is rated $> 3/10$ or is unacceptable to the patient, there will be an **intervention** to reduce pain

Step 5:

Reassess for the presence of pain after each intervention until pain intensity is at or below the patient's goal and then every four hours while awake until pain is resolved or until discharge. If pain is not improving with appropriate interventions, additional measures should be taken unless reasons for waiting are indicated.

The systems for documenting this information have been revised.

- The Functional Health Assessment has been updated to include the comprehensive pain assessment. (See diagram A)
- Stickers have been developed for the comprehensive pain assessment and reassessment (see diagram B and C).
- The Physical Findings Pain assessment screen has been revised in JRS. (See diagram D)

Additional information is available from you Education Council Representative and/or the person responsible for education in your area.

Pain Assessment

Kay Greenlee, MSN, RN, CNS

Coordinator/Clinical Nurse Specialist

Comprehensive Pain Program

Diabetes Update

Information on:

Insulin glargine (Brand name: Lantus).

- **Glargine (Lantus) must not be diluted or mixed with any other insulin or solution, as it may result in a changed action, leading to hyper- or hypoglycemia.**

- **Note:** This product is clear (i.e., it's a solution). Be careful not to confuse this insulin with other insulins! Because of the risk of confusing the name Lantus with the name Lente, **staff is encouraged to call this insulin Glargine**
- **Typical Glargine schedule:**
 - Usually patients will be on Glargine at HS, and either Humalog or Regular before each meal. This may be ordered as a set amount, or as a sliding scale amount.
 - Sometimes patients may be on Glargine at HS, and pills for diabetes during the day.
- **Action:** Works over 22-24 hours, and has no peak.
- **Given** at bedtime (about 2200). Used for long-acting insulin **and replaces** NPH or Ultralente insulin.
- **Class:** insulin analog. (Modified human insulin)
- **Route of Administration:** subcutaneous.
- **Labeling:** Lantus® (glargine) has a lavender label to help identify the product
- **Snacks:** Patients using glargine (Lantus) often do not need a bedtime snack, as there will not be an insulin peak occurring during the night. These patients will usually not need a mid a.m. or mid p.m. snack, either.

Submitted by:

Diabetes Nurse Educators

LeAnne Troxel

Barb Isaacson

Carol Dirks

Pat Osburne

