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Nursing News: August 2004

St. Cloud Hospital

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NURSING NEWS



Volume 25, Number 8

St. Cloud Hospital, St. Cloud, MN

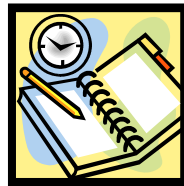
August, 2004

Schedule Changes

Fall is fast approaching and along with that brings the start of a new school year for many of our staff and their families. As school starts, many changes occur, including phone numbers, addresses and schedules. Please remember to give your Scheduler a call to update them on these changes.

It is especially helpful for Staffing to know that you may be back at school, and therefore not available certain hours (i.e. "Monday – Friday Days" or "not available at all during the week"). We appreciate the update!

Thank you,
Sue Laudenbach,
Staffing/Scheduling Coordinator
Staffing Office: 255-5607



Discharge Prescriptions

Please note that discharge prescriptions cannot be charged to inpatient hospital bills. This is prohibited by payor regulations (Medicare, Medical Assistance and other 3rd party companies) and St. Cloud Hospital needs to be compliant with these regulations.

Patients become frustrated at the time they pick up prescriptions from the Outpatient Pharmacy, or when they receive a bill from the Pharmacy, because they've been told the prescription charges will be placed on their hospital bill and then are informed by Pharmacy staff that this is not the case. Once they are aware that the charges cannot be placed on their hospital bill, some patients may use this information in their choice of pharmacy for filling of their discharge prescriptions,

Your help in communicating this is appreciated.

Mary V. Phipps, Pharm D
Director of Pharmacy



Please send items that you would like included in the Nursing News to Deb Kaufman in the Patient Care Support office via interoffice mail, e-mail, or by calling ext. 54230. The deadline for items is the 22nd of each month.

Monitoring Strip Placement in Charts

When putting any monitoring strips into the paper medical record, Medical Information would like all areas to consistently place them on the Multidisciplinary Progress Notes. Please do not place them on the Progress Notes that physicians document on.

Michelle Parson, RN
Clinical Informatics Specialist

"Look Alike/Sound Alike" Medications – Chapter XII

Medication error reports are caused by drug names sound or look the alike. They may not look alike in print or sound alike when read, but, when handwritten or verbally communicated, these names could cause a mix-up.

ADDERALL
Alprazolam
AMARYL
BETOPTIC
BUMEX
COZAAR
GENGRAF
glyburide



INDERAL
lorazepam
AMERGE
BETOPTIC S
BUPRENEX
HYZAAR
PROGRAF
glipizide

Sound Alike Numbers:
13 and 30

To clarify numbers, say "thirteen: one-three" or "thirty: three-zero."

The list above includes recent and common mix-ups that have occurred and those that have the potential

to cause a mix-up, nationally or here at St. Cloud Hospital. (Brand names are capitalized.)

*Nancy A. Sibert
Medication Safety Pharmacist*

Medication Administration Records

MARs are automatically printed with page numbering – 1 of 3, 2 of 3, etc. It is very important that all pages of each MAR are kept in the chart and also scanned into the electronic medical record. Please do not discard any empty pages of the MAR. If empty pages are discarded, and someone needs to review the EMR at a later date, there is no way to verify if data is missing or if the page was just empty. The record will appear to be incomplete. Any multi-page document that has page numbering, please retain the blank pages, if they exist, in the medical record.

*Michelle Parson, RN
Clinical Informatics Specialist*



Addressing Immediate Safety Needs for Victims of Domestic Violence

Once a woman acknowledges she is being abused, there are several issues to address before proceeding to a more detailed history and physical examination. They involve creating a supportive atmosphere in which she can discuss the abuse and her feelings about it and assessing her immediate safety in the clinical setting.

It is important to ensure that a person who has been battered is safe in the clinical setting. If there appears to be an immediate threat from the abuser, notify security outlining the potential risk (e.g., the husband is in the waiting room and is very agitated). Other questions to be considered include:

- ◆ Is the victim's partner here now or likely to return?
- ◆ What would she like you to do if her partner tries to get her to leave the health care setting?
- ◆ Does she want you to call security or the police?

- ◆ Does she want to leave with her partner?
- ◆ Does she want to keep hidden and go to Anna Marie's? (Women's shelter in St. Cloud, 253-6900).
- ◆ Would she like to talk confidentially with an advocate who works with domestic violence victims? (ext. 53224 in the hospital or 253-6900 if no answer at the hospital)
- ◆ Does she need to call someone to pick up the children?
- ◆ Does she have an order of protection? If so, does she want the abuser arrested if he shows up?
- ◆ Does she think it would be better to go home with him at this time?
- ◆ Does she need to be home by a certain time in order to avoid further abuse? If so, try to expedite the evaluation, but at a minimum make sure she receives referral number for domestic violence advocacy resources (ext. 53224 at hospital or 253-6900 at Anna Marie's)

Health care professionals might be the only means of safety for a battered person. We all need to make a concentrated effort to ask the questions to ensure a person is safe to go home. Asking the questions might be the first step in helping a person leave an abusive relationship.

*Submitted by Eileen Bitzan
from the Hospital Advocacy Office*



Educational and Professional Development Programs

September, 2004

22nd Basic Preceptor, Fireside Room
28/29th TNCC Initial, Conference Center

October, 2004

8/9th Concepts in Eval & Mgmt of Shoulder Disorders,

Windfeldt Room
 14th LPN Alliance, Kelly Inn
 29th Orthopedic Conference, Windfeldt Room

Call Ext. 55642 for more details.

- AACN, CMAC
- Neuro Station, CCNS Ed Day
- ROE

Congratulations to the Following Who Have Achieved or Maintained Their Level IV and III Clinical Ladder Status!

Level IVs

Amy Trutwin, RNC **Surgery**

- Dermatone ICP Skill Stations
- RTS Resource Peri-Op Services
- Peri-Op Open House, Relay For Life
- Preceptor
- Clinical Ladder Rep, RTS, Employee Satisfaction
- Clinical Ladder Chair
- RNC

Mary Newcomb, RNC, BSN **FBC**

- PCW Patient Care Council
- PCW Care Center Board
- AWHONN, Sigma Theta Tau, GPO, MPO
- RNC
- Fetal Heart Rate Auscultation Skill Station
- High Risk Obstetrics
- AWHONN Fetal Monitoring Principles and Practice
- Mom-Baby Didactic Inservice
- Low Risk Obstetrics Inservice
- FM Assessment Review

Taryn Schultz **KDB**

- Dialyzer Reaction
- Lymes Disease Self-Study Module
- Code Blue Documentation Form
- Legal and Ethical Aspects of Nursing Module
- Rapid Runner Articles
- Sleep Deprivation Self-Study Module
- CPC Committee
- Documentation Committee
- ANNA
- CNN

Level IIIs

Melissa Frodette, RN **CCNS**

- Preceptor
- Camp Nurse, BP Checks/Church
- Chair, Planning Committee Fall CMAC Work-shop

Mary Loven, RN **POH, PACU**

- Inservice Pre-op Holding Responsibilities
- Revision of Pre/Post-op Anesthesia Orders
- Peri-op Open House, American Heart Association Heart-walk
- Standardized Tri-fold Documentation
- Incision Line Manual
- Pre-op Antibiotic Safety Card
- Procedural Site Verification Learning Module
- Patient Safety PI Report
- Practice Committee
- ASPAN

Christy Nathe, RN **Telemetry**

- Monitor tech Training
- Optio-Flowsheets
- External Pacemaker Station
- Infectious Disease Committee
- Code Master Certification

Jo Ann Olson, RN **Inpatient Rehab**

- PPS Training
- Heart Walk
- Revision of Rehab Care Plan and Discharge Summary
- Rehab Practice Committee
- Ortho-Neuro Education Committee
- Unit Magnet Member
- Stroke Steering Committee
- Chair, Rehab Practice
- ARN, MARN
- Certification, Gerontology

Kathy Pfluerger, RN **CSC**

- Recognition Breakfast Office Personnel Schedulers
- Peri-op Open House
- PI Committee
- Pre and Post Op Education, Severe Pain Post-op Audits
- MSDNA
- MSDNA President; President- Elect
- Coordinate MSDNA Fall Work-Shop and Annual Membership Dinner
- Peri-op Open House Planning Committee

Deb Rheaume RN, CNOR **Surgery**

- Sternal Re-entry Pans

- *Peri-Op Open House*
- *Chest Entry Emergency Cart in ETC*
- *Laser Module*
- *Station, Defibrillator, Crash Cart PACER*
- *CNOR*