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St. Cloud Hospital

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Power

Injection of Contrast Media through Vascular Access Devices

CT and MRI will not Power Inject Contrast Media through Central Lines including, PICCs, ports, triple lumens, and dialysis accesses.

This is to remind you of the potential for serious patient injury when vascular access devices not designed to tolerate high pressures are used for power injection of CT or MRI contrast media, and to recommend steps to avoid these injuries.

What's the problem?

Over the past several years, the FDA has received over 250 adverse event reports in which vascular access devices have ruptured when used with power injectors to administer contrast media as part of CT or MRI studies. These events have continued to occur despite rupture reports in the literature, letters from manufacturers, and warnings in power injectors' labeling.

The ruptured devices have included central venous catheters, small gauge peripheral catheters, implanted ports, extension tubing and intravenous administration sets. Some of these ruptures have resulted in device fragmentation, sometimes with embolization or migration that required surgical intervention; extravasation of contrast media; loss of venous access requiring device replacement; and contamination of the room and personnel with blood and contrast media.

Why do ruptures occur?

The pressure required for contrast injection depends on many factors, including flow rate, contrast viscosity, tube diameter and length, and any obstruction to flow (e.g., kinks, curves, compression). To maintain the flow rate required for CT or MRI study, a power injector may generate high pressures. Ruptures occur when the injection pressure exceeds the tolerance of the vascular access device(s).

Recommendations

- Consult with the CT or MRI Technologist to determine if IV contrast media will be used for this examination.
- A 20 or 22 gauge IV may need to be started for the examination/study. Some examinations will allow the hand injection of contrast media (where image quality will not be affected).

If the examination requires the bolus effect from the power injector and a peripheral IV is not possible, the ordering physician and radiologist should discuss alternate imaging studies that will be diagnostic to patient condition.

Brenda Swendra-Henry, Educator

*Imaging Services***CONGRATULATIONS...**

To all who entered the annual Nurses' Week Poster contest. What a display of knowledge and expertise. A special congratulations to:

Evidence Based Practice Grand Champion:*SCH Rapid Response Team*

Nicole Pelach

Medical

Evidence Based Practice Reserve Champion:*Using EBP to Develop a CCP*

Karen Kinsley

Surgery

Melissa Dumprope

Overall Practice Grand Champion:*The Bucket Theory*

Diane Pelant

Children's Center

Overall Practice Reserve Champion:*Medication Safety in Surgery*

Sharon Hovde

Surgery



What a display of all the roles of nursing here at St. Cloud Hospital. We want to recognize all of those who took the time and tremendous effort to share what their area is working on. Thanks for all you do! You are all Champions for sharing your efforts with everyone.

2006 Nurse Week Poster Entries

Poster Title	Name	Unit
<i>The Forces of Magnetism Alive at St. Cloud Hospital</i>	Jean Beckel	Performance Improvement
<i>A Time Out Called in Surgery</i>	June Bohlig Anne Gagliardi	Surgery
<i>RN/LPN Team Nursing</i>	Pennie Albers Roxanne Wilson	Outpatient Services Education
<i>It Takes a Village to Start a Program</i>	Donna Kamps Brittney Costley	Intensive Care
<i>Severe Sepsis/Septic Shock in the Intensive Care Unit</i>	Kirsten Skillings	Intensive Care
<i>Reducing Complications: Tight Glucose Control in the Intensive Care Unit</i>	Kirsten Skillings Roberta Basol	Intensive Care
<i>DBT Increases in Patient Safety</i>	Chris Walker	Adult Mental Health
<i>Prevention of Ventilator Pneumonia - Saves Lives</i>	Amy White Michelle Gamble	Intensive Care
<i>Student Nurse Intern Program</i>	Pam Rickbeil Nicole Erpelding	Education
<i>Dysphagia and the Bedside Swallow Screen</i>	Melissa Winans	Neuro
<i>Stroke Pursuit of a Stroke Center</i>	Melissa Winans	Neuro
<i>Children's Center Foundation of the Future</i>	Anne Cormier	Children's Center
<i>Rehab Nursing</i>	Joe Voyer	Inpatient Rehab
<i>Centralized Reuse in Kidney Dialysis</i>	Angela Jordahl	Kidney Dialysis
<i>Together We Make A Difference</i>	Kacey Hiltner Joy Plamann	Medical 2 Medical Progressive Care
<i>SOS – Save Our Skin</i>	Pamela Kamholz	Medical/Oncology
<i>Developing a Protocol to Support Caregivers</i>	Laurie Annette Roxanne Wilson	Telemetry Education
<i>Verbal Support for Families Experiencing Sudden Death</i>	Barb Wagner Roxanne Wilson	Education
<i>Cancer Related Fatigue</i>	Cathy Tieva	Oncology
<i>Adolescent Mental Health Unit</i>		Adult Mental Health
<i>Behavioral Restraint Use</i>	Angelyn Harper	Intensive Care Unit
<i>Caring For Hysterectomy Patients</i>	Cathy Barden	Surgical Care
<i>CPAP/BiPAP Review</i>	Cathy Barden Michele Miller	Surgical Care
<i>Medication Safety</i>	JoAnn Olson	Inpatient Rehab
<i>Improving Communication</i>	Pam Rickbeil	Education

Submitted by:

Nurses Week Committee

Retrieval of Blood from the Blood Bank

In order to increase patient safety, avoid delay in providing necessary blood products, and eliminate wastage, the Blood Bank is requesting that the Crossmatch Band number be written on the order sheet that is brought down to pick up blood. This will give us the opportunity to check the band number, and correct discrepancies before the blood leaves the Blood Bank.

In order to accept a unit of blood back into the Blood Bank, the temperature must be less than 10 degrees centigrade. Blood reaches 10 degrees rapidly when held at room temperature. We recommend the blood be kept with the patient if it can be given within 4 hours. We have had several near misses, where it has been necessary to redraw and recrossmatch the patient, and still be able to transfuse the unit within 4 hours. The Blood Bank receives a charge of \$193.15 per red cell unit from North Central Blood Services.

Checking the crossmatch band would only be necessary for red blood cell products. An exception will be made for life threatening emergencies, when patient care would be compromised by taking an extra minute to write down the crossmatch band number.

The Blood and Blood Component Transfer policy will be updated to reflect this change. Thank you for your cooperation.

Kathy Prodzinski
Clinical Lab Scientist

Check out St. Cloud Hospital Library for End-of-Life Education

The Pain Management at the End of Life: Bridging the Gap Between Knowledge and Practice teleconference video is available for checkout from SCH Library with handouts (3.75 hours on VHS or DVD). This meets the criteria for SCH mandatory end-of-life CEUs. Sponsored by the Hospice Foundation of America provided to staff by St. Cloud Hospital Home Care & Hospice.

Learning objectives:

- Describe five types of barriers (ethical, policy, psycho-spiritual, social and educational) to effective pain control at the end-of-life and ways to minimize these barriers.
- Discuss ethical issues such as double effect and terminal sedation and indicate the ways that these issues influence pain control.
- Describe strategies for assessing pain at the end-of-life in varied populations including adults, children, and persons with developmental delays and/or dementia.
- Describe current and prospective strategies for the management of pain.
- Discuss the roles physicians, nurses, social workers, chaplains and clergy, aides, hospice volunteers, pharmacists, families and patients in managing pain at the end-of-life.

The local guest panel features Brian Unglaug – a Coborn Cancer Center Nurse Practitioner, and Wanda Borchardt – a St. Cloud Hospice RN.

Also available from the Library for CEUs is the 2005 Hospice of America Teleconference Living with Grief: Ethical Dilemmas at the End of Life video and handouts (3.75 hours on VHS and DVD). This video incorporates a local guest panel presentation and meets the SCH mandatory requirement for employees' education record for end-of-life.

Cheri Tollefson Lehse
Communications Specialist

Clinical Ladder

Congratulations to the following individuals for achieving and/or maintaining their Level III Clinical Ladder status!

Level III

Mary Beth Schmidt, RN PACU

- Manual for PACU Discharge of Patients on Evenings, Nights and Weekends
- ABG Module
- Certified Post Anesthesia Nurse
- News Article on Surgical Delays

Karen Lashinski, RN Ctr. for Surgical Care

- H Works Committee
- High Risk Anesthesia Inservice
- Medical/Surgical Certification Checklist
- PI Committee

Alice Schneider, RN Family Birthing

- Fetal Heart Monitoring Instructor
- Primary Preceptor
- Board Certified Lactation Consultant

Tiffany Omann-Bidinger, RN Ortho

- Teaches *Osteoporosis & You* class
- Teaches *Total Hip* class
- Preceptor
- Chair, Non-Compliant Brain Conference

Josie Asplund, RN Oncology

- Coordinated Gift of Hope Holiday Donation
- Preceptor
- Certifies Chemotherapy Administration and Implanted Ports

Carol Zeigler, RN Peds Short Stay

- Developed *Ports and You* inservice
- Cancer Kids Picnic
- PI Committee
- Infection Control Committee

Jenny Zayas, RN PACU

- Malignant Hyperthermia Inservice
- Primary Preceptor
- *Tracking Nurses Time* poster
- Pain Protocol Research Committee

Submitted by:
Clinical Ladder Committee

Educational and Professional Development Programs

August 2006

- 22 Stroke Center Update Brown Bag
Session: A Review of our data compared with other hospitals, Hoppe Auditorium
- 22/23 Certified Emergency Nurse Certification Review Course, Windfeldt Room

September 2006

- 6/13 Trauma Nursing Core Course, Conference Center
- 12 Family Centered Care in Critical Care: Perceived Needs of Family Members in the Critical Care Setting, Aspen Room
- 15 Strokes and Seizures Brown Bag Session, Hoppe Auditorium

For more details, call the Education Department at Ext. 55642.

Have a Safe and Happy Independence Day!

