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Recommended Citation

Mondloch, Mallory and Watson, Jennifer, "Suspension of Independent Double-Check for SubQ Insulin Administration" (2021). *Nursing Posters*. 147.

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Suspension of Independent Double-Check for SubQ Insulin Administration

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Plan

Per Institute of Safe Medication Practices, dual sign-offs/independent double-checks are more effective for select high risk meds and not all. Since implementation of the insulin calculator, medication errors related to subQ insulin administration have reduced compared to previously when solely two licensed staff members performed a manual, independent double-check. After implementation of the validated eMAR tool– the insulin calculator– it was still required for two licensed staff members to perform independent double-checks. Due to caring for COVID patients in isolation, nurses observed workaround practices with great variation related to subQ insulin administration and documentation because of this independent double-check requirement. Nurses raised concern for patient safety and workflow efficiencies. A literature review was conducted which revealed support for utilization of the insulin calculator without the need for the additional manual independent double-check/dual sign-off in Epic.

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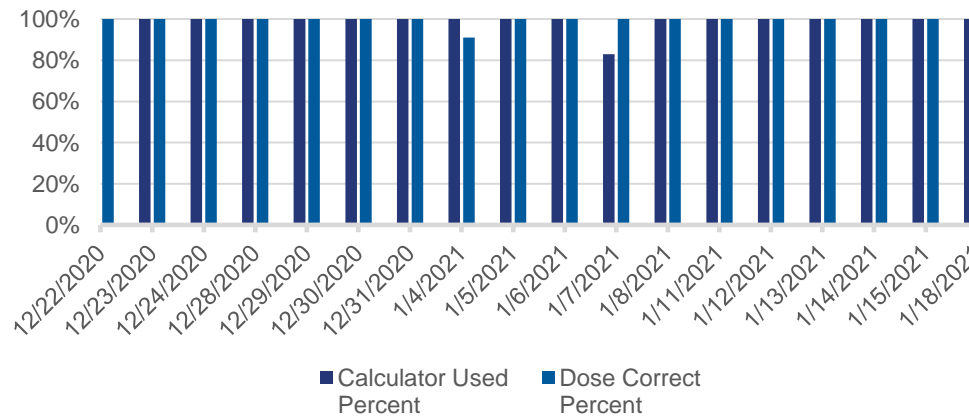
By suspending the dual sign-off/independent double-check process for subQ insulin (except for U-500 subQ insulin) for patients ≥ 18 years old, this will help to:

- Reduce hardship related to workload on nursing staff while caring for COVID/higher acuity patients.
- Mitigate risk of exposure to secondary staff participating in the independent double-check process and save on PPE usage.
- Provide more consistency in practice across the health care system, which can be argued will reduce errors in itself.
- Maximize the use of validated tools, such as the insulin calculator, to help nurses work smarter and not harder during these ever-changing times.

Study

After a 1-month pilot of suspending the dual sign-off/independent double-check process, 160/163 random subQ insulin administrations from various units were administered correctly. This yielded a 98% success rate. No patient harm occurred.

Insulin Double Checks



Act

Per approval from St. Cloud Hospital (SCH) Clinical Patient Care Committee, beginning March 16, 2021, suspension or elimination of the dual sign-off/independent double-check process for subQ insulin (except for U-500) in patients ≥ 18 years old became a permanent practice change at SCH and CentraCare Regional Sites:

- Policy changes were approved to reflect this.
- Educational tip sheets were updated and disseminated to nursing staff and leaders emphasizing the importance of insulin calculator utilization before every subQ insulin administration.
- Epic tip sheets were updated and communicated with nursing staff.
- A sub-group formed to review system-safeguards to better communicate within Epic when a patient has insulin-dosing based on carbohydrate intake to avoid inadvertent misses.
- Maximum documentation values within Epic were placed in carbohydrate intake fields so significant medication errors are prevented (maximum warning of 7.5 with a maximum value of 10).
- Report developed to evaluate utilization of the insulin calculator with every subQ insulin administration and sustain best practices for patient safety.

References

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