Medication Safety: A Change in Policy

A recent report by the Institute for Safe Medication Practices says that despite past warnings, serious medical errors continue to occur when parenteral syringes are used to administer oral or enteral medications. The underlying problem is that once a parenteral syringe is filled with a liquid intended for oral use, it can be accidentally connected to an intravenous line. That's why oral syringes should always be used for oral medications because they can't readily be connected to an IV line and can't accommodate a needle.

ISMP describes several cases in which oral medications were prepared in a parenteral syringe and accidentally given intravenously. In one case, a week-old infant died after an intermittent feeding was prepared in a parenteral syringe and administered intravenously instead of through a nasogastric tube. In another case, a nurse prepared yogurt in a parenteral syringe, intending to give it through an enteral tube to treat diarrhea. The patient had both an enteral and PICC line, both of them unlabeled, and the nurse accidentally administered the yogurt through the PICC line.

In still another case, Versed and Tylenol liquids were withdrawn into a parenteral syringe, to be given orally to a child being prepared for surgery. When the nurse in charge was called away, a student nurse gave the drugs intravenously. The child was unconscious for nearly an hour and required several days of antibiotics. In these cases and others, it took only a momentary mental lapse to connect a parenteral syringe containing an oral liquid to the wrong line - sometimes with fatal results.

Oral syringes: A crucial and economical risk-reduction strategy that has not been fully utilized

Using parenteral syringes (one with a Luer lock that can be attached to a needleless IV system) to administer oral/enteral liquids presents a serious danger of misadministration. After filling a parenteral syringe with an oral/enteral medication, it takes a momentary mental lapse to connect it to an intravenous line and inject it. To prevent this, oral syringes have specially engineered hubs that cannot be easily or securely connected to standard IV lines and cannot accommodate a needle attachment. While some healthcare practitioners may believe this type of error would never happen to them, most events occur when knowledgeable staff, intending to administer the product orally/enterally, inadvertently administer it via the wrong route or access port, or when staff mistake the contents of a syringe—often unlabeled—as a parenteral product. Unfortunately, such errors continue to occur far too often.

Safe Practice Recommendations: The consistent use of oral syringes for preparation and administration of all small volume oral/enteral liquids is an effective and economical risk-reduction strategy that should be employed in all healthcare settings. Table 1 summarizes key actions to ensure widespread and consistent use of oral syringes. Patients are subjected to a substantial and unjustifiable risk of harm when oral/enteral products are prepared and administered in parenteral syringes. It's time to make the use of oral syringes a standard of practice in every healthcare organization.

Strategies that promote consistent use of oral syringes

A. Assess medical equipment connectivity
Examine ports on nasogastric, enteral, and parenteral tubing and catheters to determine which type of connectors they accommodate. Some needless IV system connection ports unfortunately may accommodate oral syringes (with some manipulation), thereby allowing oral solutions to be injected IV. While some enteral tubes have a port compatible with parenteral syringes, others are available with a port that only accommodates oral syringes. To reduce the risk of wrong route errors, use parenteral tubing with ports that are totally incompatible with oral syringes and enteral devices that only accommodate oral syringes.

B. Supply all clinical areas with oral syringes
The client’s DME should be accountable for supplying the client with appropriately sized (e.g., 1 mL, 5 mL, 10 mL) oral syringes. If possible, use oral syringes that have a different appearance from parenteral syringes. Judicious use of color and design can help staff distinguish between oral/enteral and parenteral syringes.

C. Reduce tolerance of risk
Communicate the potential danger of inadvertent intravenous injection of oral/enteral liquids prepared in parenteral syringes. Include examples of external (and internal) errors that have happened, even if they did not reach the patient, and promote the belief that the error could happen to them. The risks of wrong route errors with oral/enteral liquids should also be identified in medication and enteral feeding policies and procedures. Our policy now contains the language that oral syringes are to be used for the administration of oral and enteral medications.

a. Recently one of our clients had a near miss with this exact situation. The client has both a central line as well as a GT. When the parent removed the central line injection cap to change it, he discovered a colored liquid inside of the cap.
and the line. Fortunately, the father acted brilliantly. He used sterile saline to flush out the end of the line, removed blood from the catheter to remove any possible remaining drug, then flushed it with saline. In addition, the client was taken to the hospital where he received multiple tests to check him for any problems. Then he was placed on IV antibiotics just in case.

b. Fortunately he did not suffer any ill effects. This could have been a devastating incident and it can happen to anyone.…yes, even you. Do not be so arrogant to believe that you cannot make a mistake. It is someone who does not believe they can make mistakes that are the most dangerous. For this and many more reasons we have changed our policy.

c. New Policy: Our new policy will require staff to use oral syringes only when preparing and administering oral/enteral liquids. Staff are to use oral syringes to prepare and administer all small volume oral/enteral solutions, to avoid placing any non-parenteral products in parenteral (luer lock) syringes. Avoid placing topical products in oral syringes.

d. Label all access lines
Place labels (indicating what the port/line is being used for) on all distal ports and tubing of access lines, including peripheral and central intravenous lines and feeding tubes. An additional strategy is to place a dead-ender cap on the injection cap of the intravenous line(s). This will prevent access with any type of syringe until the cap is removed adding a check and balance to the administration of any intravenous medication. In addition, if the central line includes a clamp, the clamp should be closed when not in use. §

Policy on Employment Status

All permanent full time employees are eligible for health insurance the first of the month after 45 days of full time employment with American Home Health. A full time employee is one who works at least 30 hours (or 20 visits) per week at least 48 weeks per year. For example: Your regular patient goes into the hospital for an undetermined period of time. A permanent full time employee must then fill in on other cases and/or shifts in order to complete his 30 hours (or 20 visits) for that or any subsequent week. The four weeks per year will allow for those times when you want vacation or are ill for an extended period of time.

Following the loss of eligibility when you have dropped below 30 hours (or 20 visits) per week for the fourth week in a year, the company will no longer subsidize your insurance. You will have the option of remaining in the group for up to 18 months under COBRA, but you will be responsible for the full payment of the premium each month. §
Keeping Kids Safe From Home Falls

A home may represent a haven of safety and security. But for young children, it can be also a minefield of potentially dangerous falls. The following tips from the National Safety Council will help make your home free of fall hazards.

**Falls from furniture**
Don’t leave babies alone on beds, changing tables, or sofas.
Always strap children into highchairs and strollers.

**Falls from heights**
Don’t let children play alone on fire escapes, high porches or balconies.

**Slips and falls from floor surfaces**
Secure area rugs. Especially on wood, ceramic tile or linoleum floors, area rugs can cause anyone to slip up. Secure them with a piece of foam carpet backing, double-sided tape or a rubber pad, available at many carpet and department stores.

**Falls on the stairs**
Keep stairs clear. Kids must spend as much time running up and down stairs as they do going in and out the back door. As it is, stairs figure in a large percentage of home falls.

Combine a child’s boundless, yet reckless, energy with a staircase full of junk, and you could end up taking an emergency trip to the hospital.

Use safety gates if there are infants and toddlers in your home. At the top of the stairs, attach the gate to a wall. Avoid accordion gates with large openings—a child’s neck can get trapped.

**Window falls**
Be aware of the danger of falls from windows by unsupervised young children. Keep your windows closed and locked when children are around. When opening windows for ventilation, open windows that a child cannot reach.
Set and enforce rules about keeping children’s play away from windows or patio doors. Falling through the glass can be fatal or cause serious injury.
Keep furniture—or anything children can climb—away from windows. Children may use such objects as a climbing aid.
Never depend on an insect screen to keep your child from falling out of the window. Screens are intended to keep insects out, not children in.
Unguarded windows opened only five inches pose a danger to children under ten.

In some cities, landlords are required by law to place window guards in apartments where children live; such guards prevent windows from being opened wide enough for a child to crawl through. Be sure to check with your local fire department and building code official to make sure guards or security bars comply with all applicable requirements.

**In the bathroom**
Always use a rubber mat or slip resistant stickers in the tub. Never leave a child unattended in the tub. Should they slip and fall, they may be unable to cry for help.

Dangers that are obvious to adults are not necessarily that apparent to children. They need extra guidance and an ever-vigilant eye.
By following these simple suggestions, you help make your home a safer and more secure place for everyone.§

Timesheets

First of all, I’d like to quote the employee handbook, which says:
“Payroll documents are due in our agency no later than Monday A.M. every week. Therefore, it is necessary for the nurses to fax the timesheet over the weekend, and then to mail timesheets so that we receive the original. The last nurse on Friday needs to see that this gets done. If there is no Friday nurse, the responsibility falls to the next nurse who comes in. AHHC provides self addressed, stamped envelopes to be used to mail the timesheets.”

AHHC Employee Handbook page 13

Second, I’d like to emphasize the importance of this. We need your help to make sure our processes run smoothly and timely. Having the timesheet on time in the office is one of those things that is absolutely necessary. Our goal is to faithfully process payroll on time, but if the timesheet is not in the office, then the process is hindered.

Please remember, this is not an arbitrary rule, but a most needed one. Thanks for your cooperation.§

To all the nurses that voluntarily completed the online survey, thank you.
As you know, participation is not mandatory, and the survey is completely confidential, unless of course you want to let us know who you are.
If you haven’t completed the survey, then please feel free to do so. We will keep the opportunity open until mid February.

The link to the survey is www.ahhc-1.com/contactus/survey_employee.htm.

If you would like to complete the survey, but you don’t have computer access, please call to request a copy in the mail. We will gladly send it to you.
We thank you in advance for your cooperation in this matter.§

Thanks for your help
Confidentiality

The right to confidentiality is one right held by our clients under our Patient Bill of Rights. As is true with any other medical/nursing record, the charts maintained on clients or AHHC’s home care programs are confidential documents. It is not appropriate to document in the chart or other places any aspects of family life or family functioning which is not directly related to the medical care, status, or safety of the client. Information you read and hear about an individual is for you only and is not to be repeated outside the professional environment. Caregivers do not discuss clients or office staff outside the context of professional conversation relevant to the client’s condition and plan of care. Discussions regarding clients are not held in the presence of non-involved individuals, even other AHHC employees. Any breach of confidentiality on the part of caregivers is grounds for possible termination.

As a nurse working for American Home Health you can be working more than one case and, therefore you need to be extra cautious that you don’t discuss one client with another. You should never talk about other nursing personnel or the office staff.

On occasion you will be exposed to a client or another nurse who tries to push you into gossip by asking leading questions. Some answers to these questions should be on the order of, “It’s none of my business.” “I don’t know.”, “I haven’t noticed.”, etc. Then you should immediately change the subject. Please try to stop these kinds of conversations before they start.

DSCC Guidelines for Nurses Working in Home Care says, “Privacy is a major issue for parents who have other caregivers in their home.” Nurses are expected to respect the confidentiality of the family and not discuss the family members with anyone outside of the home, except with specified health care professionals as it relates to the child. Nurses should respect and protect the family’s privacy appropriately at all times whether in the home or talking with others outside of the home. Any breach of confidentiality by a nurse mandates immediate supervisory action. §

How do you Measure up?

Get the answer with a body fat analysis

1. Know your body mass index (BMI). Multiply your weight by 703, divide by height in inches, and divide again by height in inches. Values from 18.5 to 24.9 are considered healthful.*
2. Avoid having a high-risk waistline – more than 35 inches for women and 40 inches for men.
3. Reduce your intake of excess calories, saturated fat and cholesterol.
4. Maintain a healthy weight to lower your risk for high blood pressure, high blood cholesterol, diabetes and heart disease.*

Check your benefit booklet to determine if your health plan coverage pays for this type of screening.

www.bcbsil.com

*American Heart Association

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