November 2012  

Welcome New Employees  

Kate McLaughlan  
Amber Hawkins  
Chasity Mullins  
Hollie Ingram  
Jennifer Trimble  
Heather Zorn  
Kelly Carroll  
Brianna Freyta  
Kaitlyn Fearon  
Tori Meyers  
Leah Dressler  
Kate Butterick  
Charlet Georges  

A Message From Susan:  

It’s hard to believe we have cruised past Halloween and are already rapidly approaching the end of the year! Time seems to be moving quickly. As we enter this time of Thanksgiving, I am reminded of how blessed I am to work in such an amazing hospital with extraordinary care providers. In rounding, I witness the expert care that you provide to every patient and family, every day. Sometimes we forget how fortunate we are to work in this place beside these people and for these patients and families. Proof of our fortune is all around. In the last few months we have celebrated the work of Pastoral Care, Pharmacy, Respiratory Care, Nurse Practitioners, and Perioperative Services. Thanks to all of those teams for efforts to improve the health of our community! Our good fortune is also observed through success stories from Child Life and Radiology in their collaborative work related to non-sedated MRIs. We have the support of music therapy, art therapy and therapeutic medical play for the patients. The opportunities mentioned above utilizing evidence based best practice in our care are only available in this community at Monroe Carell, Jr. Children’s Hospital. You are all the best of the best in providing Pediatric and Neonatal family centered-care! As you will see in this issue, we will continue to work on improving and maintaining our competence level as well as increase our knowledge through educational opportunities that support us to use evidence in our everyday practice.  

Thanks to each of you for your commitment to excellent care. You not only bless the lives of patients and families, you bless mine as well.  

Susan
The single most effective way to help prevent the spread of hospital acquired infections is through hand hygiene.
Stephanie Sephel, blood bank manager, and Sheila Garrett, blood bank quality coordinator, rounded on the VUMC patient units on Halloween to give out dark chocolates and “The Bloody Truth” cards. These cards advertised the new blood bank website:

www.mc.vanderbilt.edu

Under Directories: A-Z index of departments and services- Search for either blood bank or transfusion medicine Irradiation of blood products is undertaken to prevent the universally fatal consequence of transfusion associated graft versus host disease (TA-GVHD).

Patients that should receive irradiated blood products include: Stem cell transplant Recipients. Newborns (<4 months of life, Directed donations Intra-uterine transfusion Irradiation of blood products requires additional product modification time in the blood bank.
Update to AcuDose-Rx® Override Reasons:

In areas utilizing “Profile Dispense” in AcuDose-Rx®, a limited list of medications are available via the override option. There are currently 24 pre-formatted override reason selections along with a free text option. A recent review of documented overrides showed that the pre-formatted reasons were selected in only 39% of the reviewed transactions. For the remaining transactions, the free form option was utilized with a wide variety of reasons entered. The Joint Commission identifies limited situations in which it is appropriate to remove medications via override thus bypassing order review by the pharmacist.

New AcuDose-Rx® Override Reason Selections Effective December 4, 2012

In order to align more closely to this practice standard, the list of pre-formatted AcuDose-Rx® override reasons will be simplified to the following five reasons and the free text option will be eliminated:

- Urgently needed such that delay might cause patient harm
- Prescriber is physically present and can oversee administration
- Keys / Misc Narc / Pt Specific Access
- Line flush / medication dilution / priming of line
- Downtime

Note: This change does not impact those cabinets where “Inventory Dispense” is utilized.

Sheree Foster, DPh
Pharmacy Manage
Compliance and Process Improvement
Blood Cultures

- Obtain blood culture prior to initiation of antibiotic therapy, if possible.
- Obtain via a peripheral stick. Only draw from CVL with provider order.
- Draw 2 sets of blood cultures from separate venipuncture sites; if neonate draw 1 set peripherally.
- Suspected CLABSI draw 1 set from CVL and 1 set from peripheral stick.
- Before putting blood into culture bottle(s) scrub the septum with alcohol and allow to air dry.
- Age 13 and older use both the aerobic and anaerobic culture bottles (blue culture bottles)

Obtaining a blood culture from a peripheral stick:
- Disinfect venipuncture site with CHG; using friction and allowing to air dry.
- Do not touch site with finger once site is disinfected.

Obtaining a blood culture from a CVL:
- Disinfect needless device with CHG; using friction and allowing to air dry.
- Do not discard aspirate, place in blood culture bottle.
- Antibiotic lock solution: discard 5ml or 2 times lumen dead space.
New Product Update

Conversion to Renasys EZ Plus (Housewide)

Goals:
- Eliminating the usage of the Renasys Go Pumps
- Product Standardization
- Decreasing the amount of disposables

Nursing units are responsible for putting dirty pumps in dirty equipment room after usage

PLEASE DO NOT SEND ANY PUMPS AT HOME WITH PATIENTS
*Units will be expensed for the missing pump a total of $10,000/each.

Education: Week of November 12\textsuperscript{th}
Go-Live: November 14\textsuperscript{th} 2012

Education:
Please contact:
Brooke Howard, RN Clinical Specialist at 615-504-6644
Or Mark Pearson, Sales Representative @ 615-310-8243
Or Smith & Nephew Hotline @ 1-800-876-1261

Visit the website with interactive tools at www.myrenasys.com

*Someone will be on your unit to assist in transitioning patients*
Tennessee: Analysis of Pediatric All-Terrain Vehicle Trauma Data in Middle Tennessee: Implications for Injury Prevention: Journal of Trauma and Acute Care Surgery

By: Unni, Purnima MPH; Morrow, Stephen E. MD; L. Shultz, Barbara MSN

Trauma registries capture data about injuries that can be used to objectively guide injury prevention initiatives. This article analyzes trauma registry data to describe the nature and distribution of all-terrain vehicle (ATV) injuries in Middle Tennessee. A community injury prevention effort, based on this analysis, is also presented. ATV injuries were more prevalent among boys than girls (66% vs. 34%; p < 0.001). Approximately 64% of the ATV injuries were in the age group 10 years to 15 years. Most injuries were either moderately severe (44%) or severe (30%). Injury mechanism varied by age; younger children experienced more rollovers while older children tended to be injured from ejections (p < 0.05). Helmet use was low (33%). Data from this study suggest that helmet use resulted in fewer injuries to the head, neck, and face. Counties with high rates of ATV injuries were targeted for ATV training programs. 4-H agents trained by the ATV Safety Institute provided ATV training classes.

Please visit: [http://www.childrenssafetynetwork.org](http://www.childrenssafetynetwork.org) for complete article

LMS Assignments to be Watching For:

- Pediatric Pressure Ulcers
- Medication Administration Update
- Phase II CLABSI: Blood Cultures
Vanderbilt University Medical Center, Department of Nursing Education and Professional Development and the Pediatric Trauma Department, sponsored by Cumberland Pediatric Foundation Present:

**Timely Trauma Topic 7**

**Combining Winter Chills with Safety Skills**

**November 30, 2012**

**7:30am – 12:10 pm**

Children’s Hospital Theater

Breakfast will be provided!

Contact purnima.unni@vanderbilt.edu if you have any questions.

**3.5 CONTACT HOURS will be offered for this event**

Accreditation Statement: Vanderbilt University Medical Center, Department of Nursing Education and Development is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Commission on Accreditation.
SAVE THE DATE:
Jan. 14th, 2013

Pediatric Acute Care Education

SAVE THE DATE:
Critical Care:
Feb. 26th, 2013
Acute Care:
Feb. 27th, 2013
IN THE KNOW
Nursing Education and Professional Development

November 2012

IN THE KNOW
Nursing Education and Professional Development

Point of Care
Proficiency Testing
First Tuesday of each month
TVC 4801
Drop-in between 7:30am and 2:00pm

2012 Upcoming Dates
December
4

click for details

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VUMC NURSING CALENDAR
TO CROSS-PROMOTE YOUR EVENTS.
CLICK FOR
VUMC NURSING CALENDAR

UPCOMING 2012 - 2013 CLINICAL PRACTICE GRAND ROUNDS

MIGRAINE:
IT'S ALL IN
YOUR HEAD
Population Focus: Global

TUESDAY
18 DECEMBER 2012
3 - 4pm, LIGHT HALL 208

presented by
Susan Elisabeth Beard, DNP, CPNP
Primary Care Pediatric Nurse Practitioner,
Division of Pediatric Neurology
Vanderbilt University

ROADMAP TO
RESEARCH
Population Focus: Global

TUESDAY
15 JANUARY 2013
12 - 1pm, LIGHT HALL 208

presented by
Nancy Wells, DNSc, FAAN, RN
Director of Nursing Research
Vanderbilt University Medical Center
Research Professor, VUSN

OPEN TO ALL VUMC NURSING STAFF & STUDENTS
FREE TO ATTEND: LMS REGISTRATION REQUIRED
(click for details and to register)

EARN 1.0 CONTACT HOUR PER EVENT

In the Know online: VanderbiltNursing.com/employee resources/In the Know & Communications
IDEAS? SUGGESTIONS? AD PLACEMENTS? for IN THE KNOW Nursing Education and Professional Development

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The End
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