Welcome New Employees

Mary LeAndrea Bell  Jasmine Gibson  Gulnoza Khakimova  Corey Sullivan
Dustin Boggs  Megan Greeson  Billi Mertz  Inglish Wilson
Meggie Bumpus  Mary Hampton  Christina Poole
Yvette Carrete  Ashley Jewel  Lydia Ross
Damon Crowe  Brittany Johnson  Chris Scull
Frank Edwards  Colleen Jones  Jessica Shrock
LaDrystal Gaddes  Taylor Karlin  Patricia Snyder

Pharmacy Practice Model Initiative

The Pharmacy within Children’s Hospital is making some important changes to support YOU!

The pharmacy is adopting a new practice model. The Pharmacy Practice Model Initiative (PPMI) is sponsored by American Society of Health-System Pharmacists (ASHP) and the ASHP Research and Education Foundation. The goal of this initiative is to significantly advance the health and well-being of patients by supporting futuristic practice models that support the most effective use of pharmacists and technicians as direct patient care providers.

- Phone Tree
- New Medication Delivery times
- Unit Specific Pharmacy and Technicians

To find out more about these upcoming changes please turn to pages 4 and 5 in this issue of In the Know!
**Phlebotomy Education provided by Lab Services**

**Order of Draw**

<table>
<thead>
<tr>
<th>Plastic Tube Color</th>
<th>Order of Draw</th>
<th>Note:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIGHT BLUE top plastic tube</td>
<td>1.</td>
<td>invert gently 3 - 4 times</td>
</tr>
<tr>
<td>GOLD gel plastic tube</td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>RED top plastic tube</td>
<td>3.</td>
<td>contains clot activator</td>
</tr>
<tr>
<td>ROYAL BLUE top plastic tube</td>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>LIGHT GREEN top (LITHIUM HEPARIN) gel plastic tube</td>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>DARK GREEN top (LITHIUM HEPARIN) plastic non-gel tube</td>
<td>6.</td>
<td>IMPORTANT: Please follow the correct order of draw as numbered above and thoroughly mix all specimens (except Light Blue top) by inversion 8 - 10 times</td>
</tr>
<tr>
<td>BRIGHT GREEN top (SODIUM HEPARIN) plastic non-gel tube</td>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>LAVENDER top plastic tube</td>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>WHITE top plastic tube (PPT)</td>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>PINK top plastic tube</td>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>TAN top plastic tube</td>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>GRAY top plastic tube</td>
<td>12.</td>
<td></td>
</tr>
</tbody>
</table>

**Proper Labeling**

- Properly align patient labels
- Reduce lab errors!
- Using the colored sidebar as your guide, align the label lengthwise on the tube with patient’s name at the top of tube leaving the colored sidebar exposed.

Learn more about phlebotomy education in next month’s issue of *In the Know*
Hemolysis

Damage or destruction of RBC’s and release of hemoglobin into the fluid portion of a specimen, causing the serum color to range from pink (slight hemolysis) to red (gross hemolysis).

What Are The Causes?

- Vigorous mixing or shaking of a specimen
- Leaving the tourniquet on too long
- Drawing blood from an IV site
- Under filling a tube
- Failure to allow the blood to run down the side of the tube
- Drawing blood from a bruised site
- Excessive squeezing from a capillary puncture
- Frothing of blood due to improper fit of needle to needle holder or syringe
- Rough handling during transport
- Not allowing the site to dry when cleaning the venipuncture site with chlorhexidine
- Using fragile hand veins
- Blood flow is too slow

- The use of a 25 gauge (the larger the gauge, the smaller the needle), resulting in a large vacuum force applied to the blood
- The use of a 19 gauge (the smaller the gauge, the larger the needle) may result in a much faster and more forceful flow of blood through the needle
- Pulling the plunger of a syringe back too far
- Transferring blood into a tube by pushing down on the syringe plunger to force blood into a tube

Reducing Hemolysis

- Avoid syringes, if possible
- Avoid using a needle that is too small or too large. (Most common is 23 gauge)
- The tourniquet should be released after no more than one minute
- Avoid excessive fist clenching.
- Allow the venipuncture site to air dry.
- Avoid drawing the syringe plunger back too forcefully when collecting blood.
- Avoid pushing the plunger too forcefully when transferring to a tube.
- Gently invert the all blood collection tubes 5-10 times
- Avoid drawing from a site that has a hematoma
- Avoid probing/traumatic venipuncture
Pharmacy Practice Model Initiative (PPMI)  continued from page 1

What you can expect….

October 1, 2012

New Medication Delivery Times

⇒ Medications will be prepared “just in time” in order to reduce missing doses and pharmacy waste due to transfers, dose changes, etc.

⇒ All medications will be delivered to the patient drawer - refrigeration will no longer be necessary beginning October 1

⇒ Oral and IV meds will be delivered on a schedule

<table>
<thead>
<tr>
<th>Doses Due From . . .</th>
<th>Are delivered at . . .</th>
<th>Are returned to pharmacy at . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-1059</td>
<td>0700</td>
<td>1300</td>
</tr>
<tr>
<td>1100-1359</td>
<td>1000</td>
<td>1600</td>
</tr>
<tr>
<td>1400-1659</td>
<td>1300</td>
<td>1900</td>
</tr>
<tr>
<td>1700-1959</td>
<td>1600</td>
<td>2200</td>
</tr>
<tr>
<td>2000-2259</td>
<td>1900</td>
<td>0400</td>
</tr>
<tr>
<td>2300-0459</td>
<td>2200</td>
<td>0700</td>
</tr>
<tr>
<td>0500-0759</td>
<td>0400</td>
<td>1000</td>
</tr>
</tbody>
</table>

October 8, 2012

New Phone Tree Implementation

⇒ The prompts will send you to the technician assigned to your area or to another appropriate pharmacy team member depending on your patient’s location

⇒ You have reached the Children’s Hospital Department of Pharmacy.

⇒ Please select from the following options:

⇒ If you are calling from the Emergency Department, press 1

For the OR and Periop areas, press 3; For the NICU and Nurseries, press 4; For the 5th floor, press 5; For the 6th floor, 6; For the 7th floor, 7; For the 8th floor, 8. For the outpatient pharmacy, press 9

⇒ For all other calls, press 0 and your call will be appropriately routed.
Mid-October

**Unit Specific Pharmacist/Technicians**

⇒ Most areas have a specific pharmacist until 1800 and a specific technician until 2100 daily beginning mid-October - more details to come

⇒ The pharmacist and technician may change throughout the day, but they will be designated to a specific unit(s)

⇒ They will be “mobile” so utilizing the phone system to connect directly with the pharmacy staff assigned to your area will be key to smooth communication

⇒ Existing clinical pharmacists will remain and will be supported by the presence of the pharmacist and technician assigned to their area

---

**Medication Scheduling in Care Organizer**

**First Day of Order**

⇒ On confirm screen you may not see the schedule initially - it may not appear for several hours

⇒ Wait to confirm meds until first schedule appears

⇒ On “To Do” screen, instead of getting 12 hours worth of scheduled doses you will only get 6 hours

**Subsequent Days of Order**

⇒ Between midnight and 5am all schedules for the next day will be generated

⇒ All schedules for next date will be visible on “To Do” screen.

---

**Additional Admin Rx information:**

- Check your “To Do” screen often throughout the day
- Medication orders will populate to the OPC
- Orders will have a start time identified

---

What do I do when a pharmacy staff is not assigned to my unit?

⇒ Continue to utilize the main pharmacy number 2-0708, and your pharmacy needs will be directed to staff in the main pharmacy just like our current practice

---

In the Know online: VanderbiltNursing.com/employee resources/In the Know & Communications
The Bloody Truth

⇒ All blood products including Trauma blood require 2 person verification.

⇒ For blood products dispensed in coolers, the inside rack and thermometer should not be removed from the cooler. Platelets and Cryo should never be stored in a blood cooler.

⇒ There is now a Blood Bank website. It can be accessed through the VUMC Pathology, Microbiology, and Immunology (PMI) departmental homepage.

http://www.mc.vanderbilt.edu/root/vumc.php?site=vmcpathology&doc=12891

On the left hand side of the screen you will see under the “Services” section a link to Transfusion Medicine Blood Bank.

OR

Go directly to it by clicking on the picture below
Infection Control and Prevention

Pediatric Isolation Protocol for Suspected or Confirmed Viral Respiratory Illnesses
(Policy: IC 10-10.04)

by Tanya Boswell, MSN, RN and Jackie Smith, MSN, RN

Key Points

- All patients are assessed on admission for respiratory symptoms and placed on droplet and contact isolation as needed.
- RVP testing is not done for bed placement.
- Patients are placed on precautions according to the CDC isolation guidelines (see Infection Control website; under Favorites on the computer workstations).
- Household contacts do not need to don PPE.
  - Unless performing direct patient care activities (changing a dressing).
- Visitors wear appropriate PPE.

CF patients

⇒ Placed on contact precautions upon admission.
⇒ CF patient with viral respiratory illness follow the CDC isolation guidelines.
⇒ May only leave the room with PT/OT.

Helpful Tools

<table>
<thead>
<tr>
<th>Virus</th>
<th>Isolation</th>
<th>Viral Shedding*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metapneumovirus</td>
<td>Contact</td>
<td>21 days</td>
</tr>
<tr>
<td>Enterovirus</td>
<td>Contact</td>
<td>16 days</td>
</tr>
<tr>
<td>Rhinovirus</td>
<td>Droplet</td>
<td>30 days</td>
</tr>
<tr>
<td>Influenza A</td>
<td>Droplet</td>
<td>14 days</td>
</tr>
<tr>
<td>Influenza B</td>
<td>Droplet</td>
<td>14 days</td>
</tr>
<tr>
<td>RSV A</td>
<td>Contact</td>
<td>21 days</td>
</tr>
<tr>
<td>RSV B</td>
<td>Contact</td>
<td>21 days</td>
</tr>
<tr>
<td>Parainfluenza 1</td>
<td>Contact</td>
<td>21 days</td>
</tr>
<tr>
<td>Parainfluenza 2</td>
<td>Contact</td>
<td>21 days</td>
</tr>
<tr>
<td>Parainfluenza 3</td>
<td>Contact</td>
<td>21 days</td>
</tr>
<tr>
<td>Parainfluenza 4</td>
<td>Contact</td>
<td>21 days</td>
</tr>
<tr>
<td>Adenovirus</td>
<td>Droplet and Contact</td>
<td>17 days</td>
</tr>
<tr>
<td>Coronavirus</td>
<td>Contact</td>
<td>21 days</td>
</tr>
</tbody>
</table>

*Immunocompromised children with any of the above pathogens will have viral shedding for weeks to months.

In the Know online: VanderbiltNursing.com/employee resources/In the Know & Communications
They celebrated their Placement Day August 27, 2012. To see where they landed and ceremony highlights, click here.

UPCOMING 2012 - 2013 CLINICAL PRACTICE GRAND ROUNDS

REVIEW OF PHARMACOTHERAPEUTICS
Population Focus: Pediatrics

TUESDAY 18 SEPTEMBER 2012
12 - 1pm, LIGHT HALL 214

presented by Cheryl Ann Carlson, PhD, APRN, NNP-BC
Neonatal Nurse Practitioner
Medical University of South Carolina Children’s Hospital

MAXIMIZING SCOPE & MEASURING SUCCESS OF THE ADVANCED PRACTICE NURSE: APRN PROFESSIONAL PRACTICE EVALUATION
Population Focus: Global

TUESDAY 16 OCTOBER 2012
3 - 4pm, LIGHT HALL 208

presented by April N. Kapu, MSN, RN, ACNP-BC
Assistant Director, Advanced Practice Nursing
Vanderbilt University Hospital

EARN 1.0 CONTACT HOUR PER EVENT
OPEN TO ALL VUMC NURSING STAFF & STUDENTS FREE TO ATTEND: LMS REGISTRATION REQUIRED (click for details and to register)
IDEAS? SUGGESTIONS? AD PLACEMENTS? for IN THE KNOW
Nursing Education and Professional Development

WE WANT TO HEAR FROM YOU!
SUBMISSION DEADLINE: 8TH of each month for upcoming editions published mid-month

CLICK to SUBMIT!

Target Audience:
Acute Care & Float Pool RNs
Acute Care & Float Pool Care Partners

Dates
September 25th 11am – 9pm
September 26th 7am – 8:30 pm
September 27th 11am -9pm

LMS Registration
Acute Care & Float Pool RNs click here
Acute Care & Float Pool Care Partners click here
Click for online Schedule and to register or visit VanderbiltNursing.com’s “spotlight and events”

Mondays, October 15 - Thursday, October 18

All events held in Medical Center North Ballroom

**Monday, October 15**

9:00am - 10:00am

**WHO'S THE HEALTH CARE DECISION MAKER?: AGENTS, GUARDIANS, CONSERVATORS, & SURROGATES (1.0 Contact Hour)**

Presented by Joe Fanning, PhD
Sr. Director of the Clinical Ethics Service Center for Biomedical Ethics & Society

11:30am - 1:30pm

**EASY, BREEZY MEALS IN MINUTES (no Contact Hours offered)**

Sample tasty treats you can easily recreate; limited to 30 people
Presented by Stacey Kendrick, MS Health Educator, Health Plus

1:00pm - 2:00pm

**PREVENTING VIOLENCE IN THE WORKPLACE SETTING: WHAT IS YOUR ROLE AT THE BEDSIDE? (Contact Hours TBD)**

Presented by Sandra Blount, BSN, RN
Staff Nurse 4—Vanderbilt Trauma Center
Chair—Workplace Violence Prevention Task Force

**Tuesday, October 16**

8:00am to 9:00am

**LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, & INTERSEX LIFE (Contact Hours TBD)**

Presented by Shane Snowdon, MA
Director, Health & Aging Program at Human Rights Campaign Foundation

12:30pm to 1:30pm

**PATIENT AND FAMILY CENTERED CARE (Contact Hours TBD)**

Presented by Juliette Schlacter
Consultant, Institute for Patient and Family Centered Care

**Thursday, October 18**

8:00am to 12:00pm

**USING PROCESS IMPROVEMENTS IN SHARED GOVERNANCE (4.0 Contact Hours)**

Presented by Megan Youngblood
Sr. Operations Engineer, Meaningful Use Department
Light Hall 412

1:00pm to 2:00pm

**TRANSITION OF CARE: FROM HOME TO HOSPITAL DISCHARGE AND BEYOND (Contact Hours TBD)**

Presented by Beth Anctil, MSN, RN
Director, Transition Management
Light Hall 208

Cosponsored by VUMC, Department of Nursing Education and The VUMC Nursing Research Committee.

Vanderbilt University Medical Center, Department of Nursing Education and Professional Development is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

In the Know online: VanderbiltNursing.com/employee resources/In the Know & Communications
9:30am – 10:45am Podium presentations (Contact Hours TBD)

11:00am – 12:30pm Poster Presentations
Medical Center North Learning Center Ballroom
Free to attend
Box Lunches provided to first come, first serve

1:000pm – 2:00pm Keynote Address (Note: Registration not required for this event)
FROM RESEARCH THEORY TO PRACTICE: CARING MATTERS
presented by: Kristen Swanson, RN, PhD, FAAN
Dean and Alumni Distinguished Professor,
University of North Carolina at Chapel Hill

This event will be webcasted live.

Click her for complete online schedule

Cosponsored by VUMC, Department of Nursing Education and The VUMC Nursing Research Committee.

Vanderbilt University Medical Center, Department of Nursing Education and Professional Development is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
COMING SOON IN OUR NEXT ISSUE
Phlebotomy Education Part II

In the Know online:
VanderbiltNursing.com/employee resources/In the Know & Communications