

CLINICAL ORIENTATION

Brought to you by the Caregivers of
Providence Alaska Learning Institute

Professional Practice & Patient Safety

- Please watch this video

[Professional Practice and Patient Safety - YouTube](#)

Infection Prevention Overview

- Please watch this video
- [Infection Prevention Clinical Orientation - YouTube](#)

Infection Prevention

For careful reuse of N95 Respirator

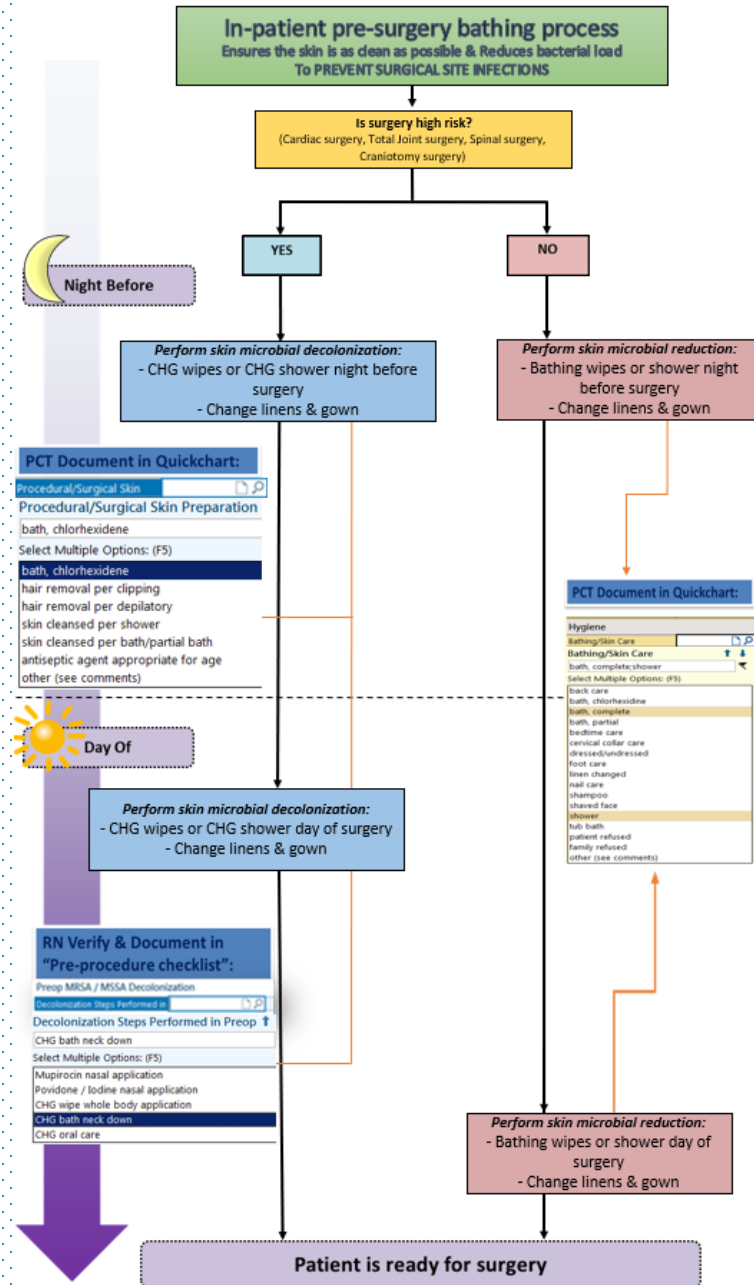


Infection Prevention



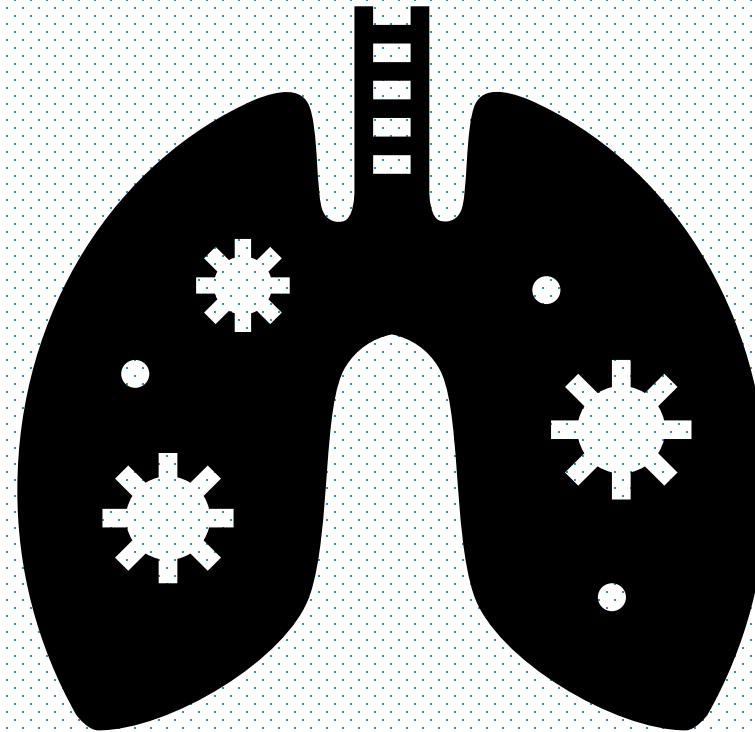
SURGICAL SITE INFECTION PREVENTION

Read Handout – 5 Minutes



Respiratory

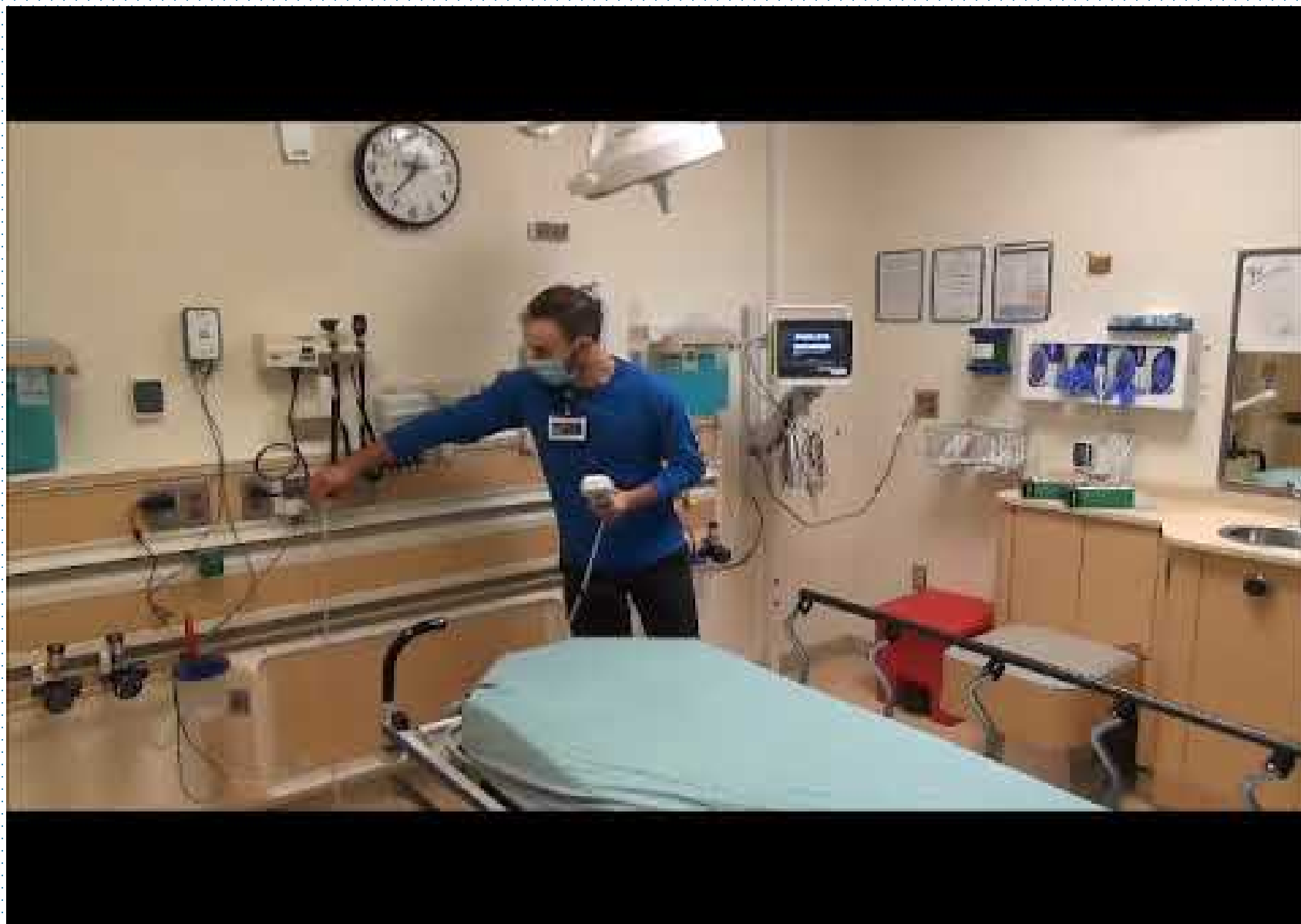
[Respiratory tract video](#)



Restraints – Read Policy & Guidelines



Ligature Risk



Return Demonstration Non-Violent and Violent Restraints

Attachment B to PAMC Policy "Restraint Management" Restraint Guideline Summary – Non-Violent Restraints "Flowsheet" refers to Non Violent Restraints flowsheet in EPIC

Physician order (Licensed Independent Practitioner –LIP)	<ul style="list-style-type: none"> Written for specific behavior, type of restraints and with criteria for release. Obtain at time restraints are applied or immediately thereafter (verbal orders allowed). NO PRN ORDERS allowed.
Time limit for restraint order by LIP	24 hours for original order, Every calendar day thereafter.
Face to Face evaluation by LIP	Within 24 hours. Re-evaluation every calendar day
Alternatives to Restraints (See Attachment A)	<ul style="list-style-type: none"> Restraints are only to be used when all other documented attempts to keep patient safe have failed. Document attempts throughout restraint episode with other assessments
Justification Rationale (flowsheet)	In the restraint order and documented by RN on flowsheet - behavior requiring restraints (e.g. pulling at tubes). Acceptable reasons are to avoid interruption of medical treatment or patient injury.
Family Notification and Education (Flowsheet)	Patient education required if patient has reasonable cognition, required for families if available.
1:1 Care/Continuous Visual Observation	Optional, based on patient needs – 1:1 staff documents on CVO flowsheet
Documentation: required q2h by RN (flowsheet)	Minimal documentation by RN is section "Assessment" and "Restraint Q2H monitoring"-- all elements at least Q2H or when patient status and/or restraint use changes. Narrative notes may be added at start, at changes, or at discontinuation, but they do not replace flowsheet documentation.
Discontinuation after Criteria for Release Met (flowsheet)	<ul style="list-style-type: none"> Restraint use must end as soon as possible regardless of the length of time identified in the order. May be discontinued by RN when criteria for release as defined in order has been met. Minimal documentation time restraints removed and assessment Update care plan
Care Plan	Care plan updated at least every shift, or more frequently depending on patient needs.
Notify Charge Nurse	Charge RN records in Unit Restraint Log, and assures concurrent audit and correction
Discontinuation Trial without reorder	For less than 2 hours only, CVO 1:1 required during trial. Minimal RN documentation is stop and restart with "Assessment" and "Restraint Q2H Monitoring" sections of flowsheet, may also add narrative note.
Concurrent Audit requirements	Concurrent audits are completed by the primary RN or charge RN and may be checked by a second RN or charge nurse– charting reviewed and audit completed and signed, given to charge nurse who keeps it in the book with the monthly log. Charting needs to be reviewed and completed according to policy before the RN goes home.

Attachment C to PAMC Policy "Restraint Management" Restraint Guideline Summary – Violent Restraints (For specific Violent Restraint flowsheet charting, see Attachment D) All flowsheet documentation below refers to the flowsheet titled "Violent Restraints" in EPIC Inpatient and ED Navigator in ASAP unless otherwise noted

Physician order (Licensed Independent Practitioner –LIP)	<ul style="list-style-type: none"> Written for specific behavior, type of restraints and with criteria for release. Obtain at time restraints are applied or immediately thereafter (verbal orders allowed). The order time stamp must match the start time, or the number of minutes that the order was entered after the restraints were started is entered, with a note in the comment filed as to why the order was late. Let MDs know the time that the restraints were started – the time of START documentation NO PRN ORDERS allowed.
Time limit for violent restraint order by LIP	Timeframes set by CMS regulation: <ul style="list-style-type: none"> 4 hours adults 2 hours ages 9-17 1 hour ages < 9 Reorders must be ordered and entered before the time limit expires.
Face to Face evaluation by LIP	<ul style="list-style-type: none"> For each restraint episode, the attending physician or LIP needs to complete a separate face to face evaluation of the patient condition and restraint episode within one hour of restraints being applied. <u>This evaluation needs to take place even if the restraints are removed before they arrive.</u> If the patient is in an extended restraint episode, this face to face evaluation must be completed every 24 hours.
Alternatives to Restraints (flowsheet)	<ul style="list-style-type: none"> Use to avoid restraint and to minimize time restraints used Restraints are only to be used when all other documented attempts to keep patient safe have failed. Consider medication appropriate to patient condition Eliminate medical reasons for aggressive behavior, if possible May add a narrative note
Justification/Rationale (flowsheet)	<ul style="list-style-type: none"> Document a description of the patient's violent behavior that created a situation to deem them at imminent risk to harm themselves or others. On flowsheet, may add a narrative note
Family Notification and Education (flowsheet)	Required at least once per episode – if unable to reach family or no family available, add note.
Patient Education (flowsheet)	<ul style="list-style-type: none"> Document at least once per episode Provide patient and document education provided on behavior required of them to be released from restraints. Document response to education
1:1 Care	<ul style="list-style-type: none"> 1:1 caregiver is required while someone is in violent restraints TSA/PCT or trained observer documents under the Q15 minute area of the Restraints Violent flowsheet. The TSA does not need to document in the Continuous Visual Observation flowsheet

Resuscitation Roles Overview



Blood Components

Policy Overview

- <https://phs-akpamc.policystat.com/policy/6160005/latest/>

Blood Band Application



CAUTI Prevention

HealthStream Videos

- [1 BARD® SURESTEP® Foley Catheter Utilization and Introduction](#)
- [2 BARD® SURESTEP® Foley Catheter Insertion, Male Catheterization](#)
- [3 BARD® SURESTEP® Foley Catheter Insertion, Female Catheterization](#)
- [4 BARD® SURESTEP® Foley Catheter Maintenance, General Care and Maintenance](#)

Foley catheter insertion and maintenance



IV Overview and Insertion

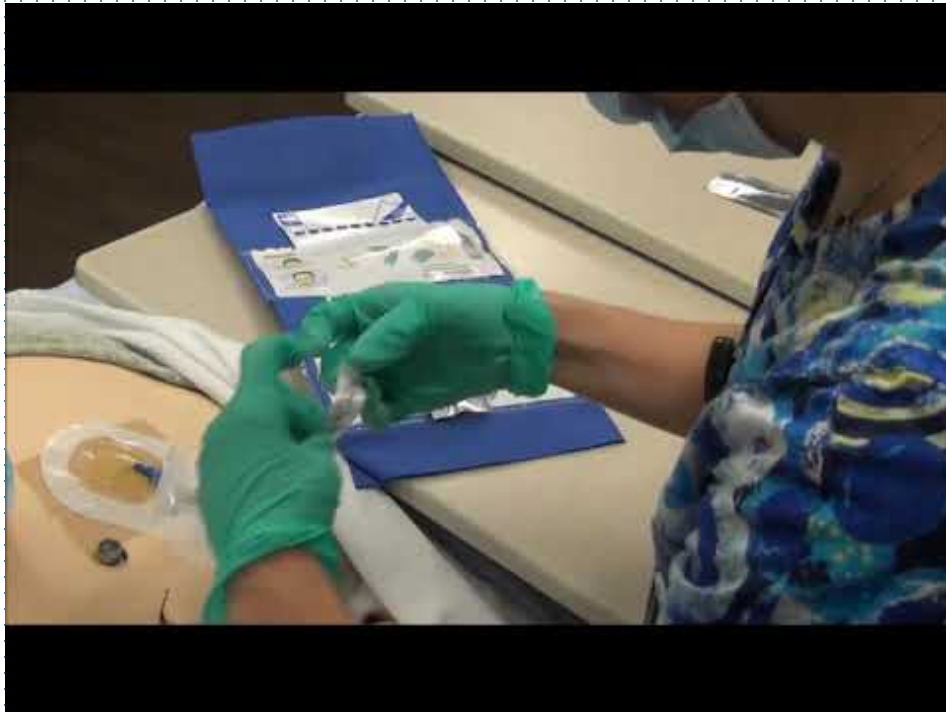


- View HealthStream:

[3M™ Tegaderm™ Antimicrobial I.V.
Advanced Securement Dressing \(9132\)
– Application and Removal](#)

Central Lines

Medline Central Line Kit with 3M Dressing



View HealthStream Videos

- [3M™ Tegaderm™ CHG I.V. Securement Dressing \(1657\) - Application & Removal for Ijs](#)
- [3M™ PICC/CVC Securement Device + Tegaderm™ CHG \(1877-2100\) - Application & Removal for PICCs](#)

Obtaining Blood Cultures from a Central Line:

<https://youtu.be/kDEwUUasrBI>

Thank you for participating.

Please reach out to your unit educator for questions after today's orientation.