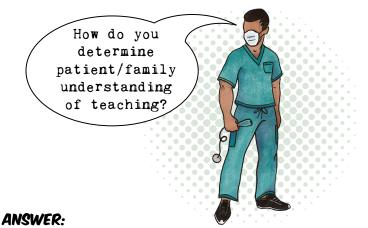


A patient in <b>behavioral restraints</b> must be continuously monitored and reassessment documented every 15 minutes.
Patient in <b>medical restraints</b> must be checked every 15 minutes or more frequently as needed.

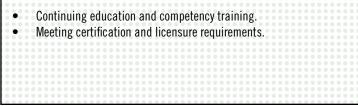


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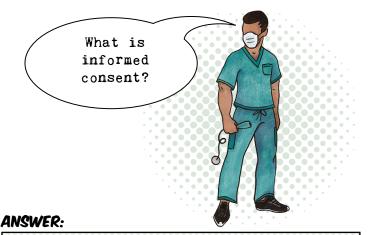
<ul> <li>Verify the correct patient label</li> <li>Place label on the specimen at the bedside</li> </ul>		
<ul><li>Date/time</li><li>Initial label</li></ul>		

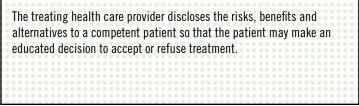






resources to	them, "I do not have the answer, but I would use my find the answer: Charge Nurse, SMMC Intranet, check
policies and	procedures, etc."
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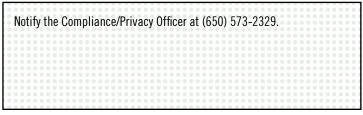


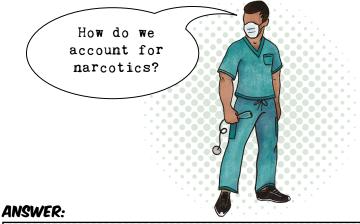




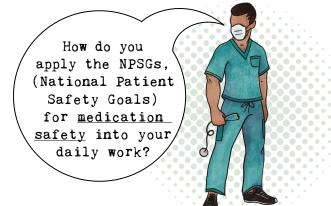
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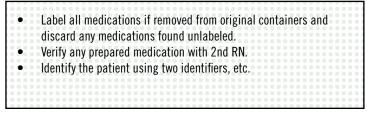






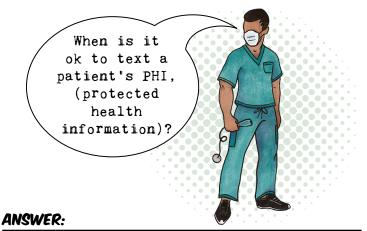
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When	the n	arcoti	r drawe	r is on	ened	there	is a	count	in the	<b>Pvvis</b>	System.
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•	Food/drug interactions Patient compliance Adverse outcomes of bleeding	







Hand hygiene	
TB reduction	
Decrease sepsis mortality	
Reduce surgical site infections and CAUTI	
Employee flu & COVID-19 vaccinations	
• Etc.	

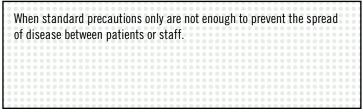


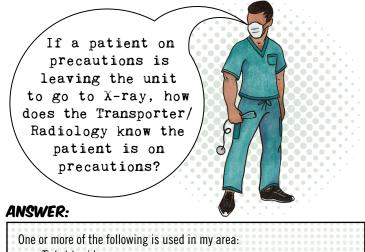
Co	mplete a	SAFE	Repo	ort. SA	FE can l	be access	ed by:	••••	
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•	OKTA	••••							
•	SMMC	Intra	net >	Depa	rtments	s > Quality	y > SAFE	••••	
		••••							



Sticke	r on me	edicatio	on drawer	r indicates 1 <sup>st</sup>	medication with date t	o expire.
Note:	Supply	expira	tions are	on the top of	the cart.	







- Ticket to ride
- Sign on door
  Verbal hand-of



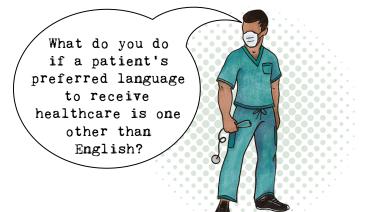
Infection control	policies and	guidance can be	e found on the	SMMC
mitranet.				
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Medications	should never	he left unattended	They should be stored in
locked areas.			
IUCNEU aleas.			

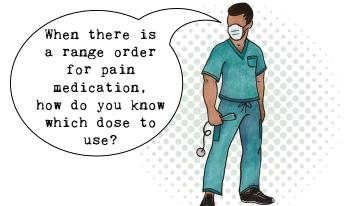


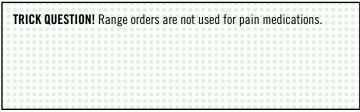
• Assess for food interactions.	• Educate patient/family.
Infuse premixed meds	All high risk medications
through a programmable	require a two-nurse check
infusion pump.	prior to administration, etc.
• Monitor labs.	



#### **ANSWER:**

Use our language services vendors, Voyce or CLI, or ask for help from a **red label staff interpreter** who is qualified to interpret at SMMC.







At time of registration	n they are given language-	appropriate information.
		••••••



<ul> <li>One-to-one observation</li> <li>Verbal Interaction</li> </ul>	<ul> <li>Offer PRN medication</li> <li>Help from family</li> </ul>
Decreased stimuli	
• Time-out	
Reality orientation	

What are the high risk medications that we use?

Meds that pose a hazard to patients if n These meds require double-check.	ot handled properly, or are error-prone.
<ul> <li>Cytoxic drugs/chemotherapy</li> <li>Dextrose (10%, 5%, and 70%)</li> <li>Lovenox (exnoxaparin) and other anti-coagulants such as Arixtra (fondaparinux) and Heparin</li> <li>Insulin</li> <li>Narcotics (parenteral)</li> <li>Neuromuscular blockers</li> <li>Parenteral nutrition</li> </ul>	<ul> <li>Potassium chloride and potassium phosphate and potassium acetate (concentrated)</li> <li>Promethazine injection</li> <li>Sodium chloride (3% and 23%), sodium phosphate, sodium acetate (concentrated)</li> <li>Fentanyl Transdermal System (FTS)</li> <li>Magnesium sulfate (concentrated) (50%)</li> <li>Warfarin and NOACs</li> </ul>

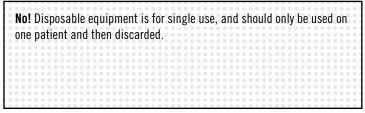


Give specific answers for your area. For example:
Monitor patients' environment for risks.
Educate patient/family.
Clean equipment according to manufacturer's' guidelines.
Double check med doses.
• Perform within my scope of practice, etc.



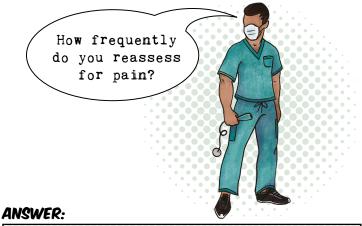
In an emergenc	y situation.			
Always perform (VORB/TORB).	Verbal Order Read	Back/Telephone	Order Read Back	





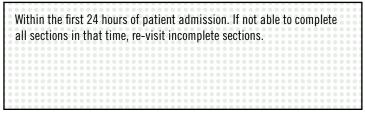


At orientation and annually at skills days.	
Hands-on training with restraints.	



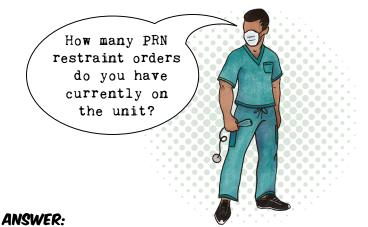
•	With each assessment and reassessment of patient, including
	with VS monitoring.
•	30 minutes post IM/IV medication,
•	60 minutes PO medication or non-pharmacological intervention.
•	Document your re-assessment.
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If the patient	conditions begins	s to worsen and	additional as	sistance is
needed.				

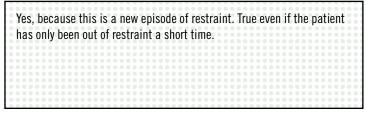


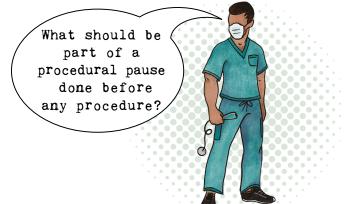
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<b>Medical</b> : when pt. is delirious and continues to remove/interfere with equipment necessary for healing.								
Behavioral:	when t	here i	s imm	inent	risk of	bodily h	arm to the	emselves
or others.								

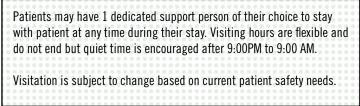




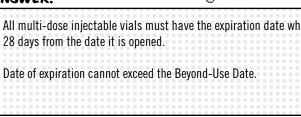


Pre-procedure verification includes:	1.	Correct Patient & Pro-
Marking the procedure site		cedure
Immediately before start of	2.	Correct Site & Position
an invasive procedure or the	З.	Correct Studies (e.g.
incision, perform a time out		x-rays, lab work).
to identify:		

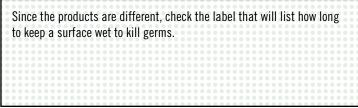


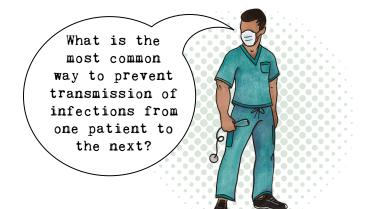




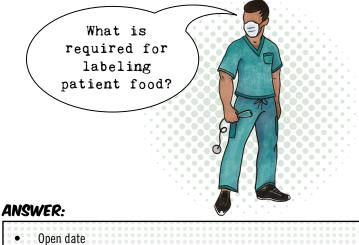






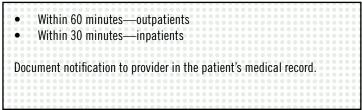


5 moments of hand hygiene! Cle	ean your hands:
1. Before patient contact,	4. After body fluid exposure
<ol> <li>Before aseptic task</li> <li>After patient contact</li> </ol>	<ol><li>After contact with patient surroundings</li></ol>



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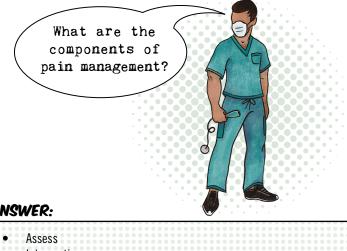




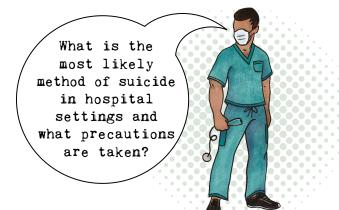
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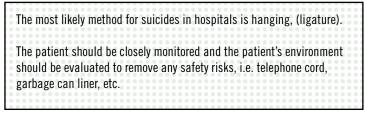
Name 3 of the top ten good habits for standards compliance

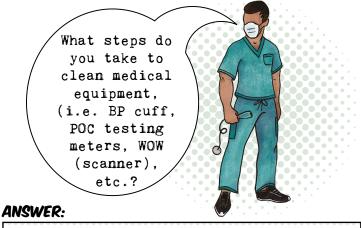
1.	I wash my hands EVERY TIME before and after patient contact, after contact with a patient's surroundings,	6. 7.	There is no food in patient care areas. I do not use doorstops or prop doors open due to fire hazard.
2	before an aseptic task, and after a body fluid exposure risk. I clean my work surfaces.	8.	l do not block exit hallways with equipment, supplies, or furniture for a clear exit path in case of an
2. 3.	I know manufactures guidelines for		emergency.
	cleaning and maintaining medical equipment.	9.	Hazardous chemical containers are labeled and stored safety.
4.	When I am doing my tasks, I look for expired medications, supplies, or food.	10.	l know when and what personal protective equipment, PPE, is
5.	Medications in my area are stored in locked cabinets in secure areas.		required when providing patient care and how to doff and don.

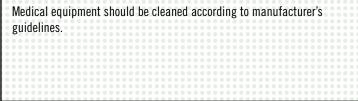


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<ul> <li>Assess</li> </ul>																	
											÷.						
<ul> <li>Intervention</li> </ul>		•		•	•		•		•		•			•	•	•	
<ul> <li>Evaluation (re-assess)</li> </ul>																	
Document effectiveness																	
<ul> <li>Educate patient</li> </ul>									÷.							÷.	
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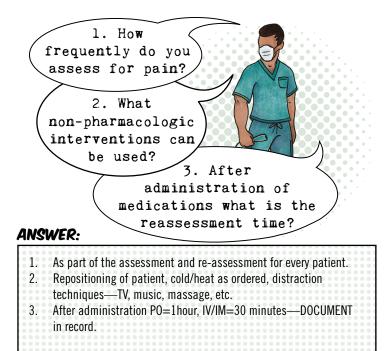


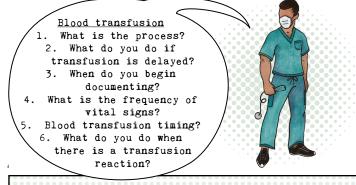




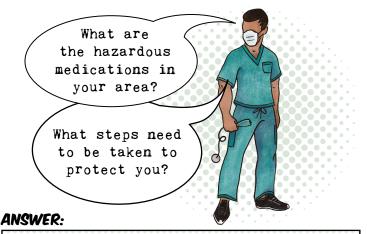
Explain 3 important steps for point of care testing

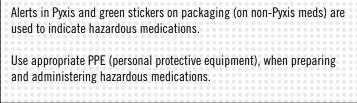
1.	Write date opened, initials and expiration date on all controls,	5.	All analyzers are cleaned, and maintenance documented daily.
	reagent, kits, tubes, etc.	6.	Complete yearly competency for
2.	Log sheets are completed with		POC testing.
	lot numbers and expiration dates		
	of controls, reagent, and kits.		
3.	Glucometer, CoaguSense and		
	EPOC are cleaned after every		
	patient with bleach wipes		
4	Daily monitoring of refrigerator		
	and room temperatures are logged.		

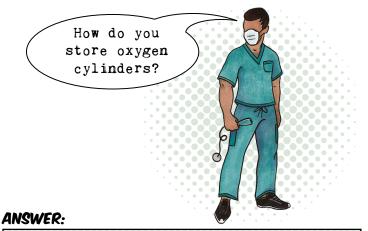




At bedside-2 licensed minutes, 1 hour, and post Blood transfusion should no personnel confirm proper II of patient and unit prior to exceed 4 hours starting the transfusion In the event of a suspect When there is a transfusion transfusion reaction, delay return product immediately stop the transfusion, contact the immediately Transfusion start time is wh ordering provider AND blood reaches the patient laboratory STAT Vital signs are taken pre, 1







Full/Use—ready	for use with pre	ssure above 500 PS	l, (see dial on tank)
Empty/Replace- on dial on tank)	—not to be used,	pressure at or below	v 500 PSI, (red zone



Remove Tag the				ned	"out	of o	rder	" ta	g.		
Notify yo Contact		neeri	ng.								

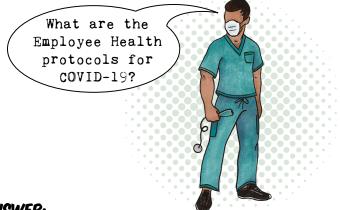


### ANSWER:

Dirty medical equipment/reusable instruments are placed in a rigid locked container labeled as dirty/hazardous for transport to Sterile Processing. Instruments must be kept moist at all times.

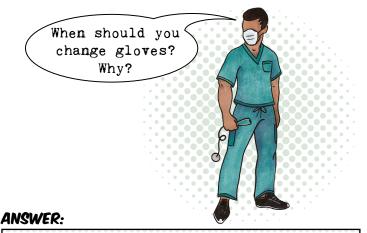


•	Immediately isolate confirmed or suspected COVID-19 patients in
	"Novel Respiratory Isolation."
•	Wear all appropriate PPE indicated for patients in "Novel Respiratory
	Isolation." (Refer to PPE chart on SharePoint)
•	Contact Infection Control to discontinue isolation precautions for
	all confirmed or suspected COVID-19 patients.



### ANSWER:

Do not come to work if you have any symptoms of COVID-19 such as fever, cough, sore throat, diarrhea, nausea, vomiting, body aches, fatigue, headache, and new loss of taste/smell.
Call the Infection Control Hotline at (650) 573-4744 to report your sick call, for return-to-work clearance, and for any potential exposures that may have occurred at work or outside of work.



Gloves are changed when moving from dirty to clean on the same patient or in the same patient environment to prevent organisms found in the dirty area from spreading to clean areas. They should also be changed when soiled.



### **ANSWER:**

Gloves may have tiny holes through which infectious agents could enter and contaminate skin. It is also possible to contaminate your gloves with your hands when donning gloves, and it is possible to contaminate your hands with your dirty gloves when you take them off. ACUTE/INPATIENT-2021/2022

