



## New Product: Roll Belt Restraints

VUMC is adding another restraint to our fleet in the form of *Roll Belts*

Benefits of this restraint platform include:

- less restrictive than a vest restraint or wrist restraint
- useful in the cognitively impaired, high fall risk population who may forget not to get out of bed unassisted

**NOT FOR THE COMBATTIVE/AGGRESSIVE PATIENT**

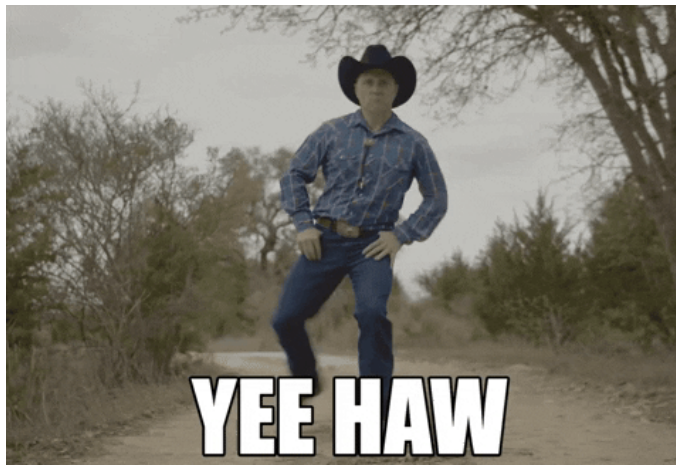
Considerations for CVICU Patients:

- CANNOT be used on midsternal incisions that still require sternal precautions
- cannot be used over any tubes or lines (chest tubes, VAD drive lines etc.)

Starting in August, we will be validating everyone on this new restraint. Watch your e-mail and reporting channels for date and time options for this new product. You CAN NOT use it unless you've been trained.



## Giddy Up! Regulatory Round up is Here



After our recent Joint Commission visit, there were some areas uncovered that may create patient safety issues.

To keep us high-tailin" right off a joint commission re-visit and action plan, this month you'll see CVICU leadership rounding on multiple topics that we're attempting to 'round-up' to 100% compliance.

1. **Admission history: completed within 24 hours of admission**
2. **Learning needs assessment: Completed or deferred within 24 hours of admission**
3. **Blood administration education and documentation: ensuring that your documenting education prior to administering the patients first unit of blood, as well as documenting vital signs within 5 minutes of starting, 15 minutes into the infusion and when completed.**
4. **CHG Bathing: completed once every 24 hours**
5. **Titratable drip initiation: are the drips you're starting, matching their ordered start rates?**
6. **Full Skin Assessment: This includes looking under dressings to see if the patient has any skin breakdown!**

As you are being rounded on, having all of these things completed enters you into a raffle for some SWEET prizes or a scheduling perk (dayshift and nightshift perk being offered)



**Who can watch for my ECMO?**

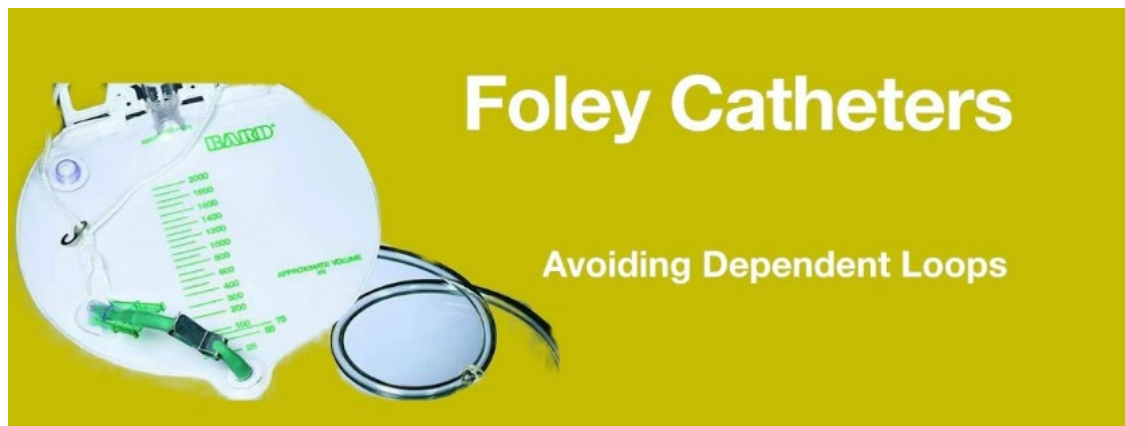
A quick touchpoint for my ECMO nurses in the room!

Remember that when you have an ECMO patient, you need to be in the line-of sight to the pump at all times. This means in the room!! While ECMO patients at times may seem deceptively stable, there is a reason this assignment is 1:1 on acuity and they require your diligent attention!

If you leave your room, you need someone who is adequately trained to visualize your pump while you are gone. Who can this be? Another nurse who has taken "ECMO ADVANCE USER COURSE". If your neighbors have not taken this course, they cannot watch for your patient when you leave the room. If you do not have an appropriate neighbor, please reach out to:

1. Help All
2. Charge Nurse
3. CSL
4. Jess
5. JoAnna

We are a team in CVICU, if this means you stay in your ECMO room and your neighbor runs to get your meds, you will repay the favor to them another time. Teamwork makes the dream work people!! Please reach out if you have any questions.



In fiscal year (FY) 22, CVICU only had **FOUR CAUTI'S (wooooo!!)**. Thank you for your diligent work on preventing catheter associated UTI's for our CVICU patients. In the start of FY 23 (starting July 1st) we have had 2 CAUTI's within our unit thus far. Some quick reminders for preventing CAUTI's are:

- Remove any Foley Catheter ASAP based on the nursing discontinuation protocol, or diligent elevation to your providers within multidisciplinary rounds.
- Peri-care is completed and documented **q shift & PRN**. When in doubt, peri-care!!
- **Ditch the dependent loops!!** When you are hanging your catheter bag, please make sure no dependent loop is hanging or collecting urine. Utilize the green clips on the foley catheter to prevent this
- **Do NOT HANG your foley catheters from your chest tube atriums.** it weighs down the atrium and risks knocking it over, when the patient gets up the bag has a high risk for falling off the atrium and it is

near impossible to prevent a dependent loop.

- Foley catheters are inserted using **STERILE** technique. Plan out your insertion, have a second nurse around when able to verify sterile technique.
- When patients are ambulating or before a transport, the foley catheter should be emptied.



Don't be afraid to give feedback: With the requirement placed on you all as nurses in the unit, perfection is rarely attainable. Mistakes happen and the ability to give feedback is a skill that all preceptors, and nurses, should practice.

**My biggest tips when giving feedback to an orientee OR coworker:**

1. Know what you want to say and the goal you want to accomplish with your feedback
2. Be constructive: "I saw 'A' which caused 'B' to happen. Next time try doing 'C' to prevent this." Never forget the WHY!
3. When appropriate, carry your feedback with a compliment. "I noticed that you had a tough shift. You did a great job, but \_\_\_\_\_ happened. I respect you and wanted to give you some feedback on it"
4. Talk TO them NOT ABOUT them. Feedback is given best by the person who experienced the error. Have the tough conversation to improve the patient outcome.

Feedback isn't easy to give or receive, but by giving it we are making ourselves, colleagues, and orientee's better for it!



## THE FINAL HEPARIN CHANGE IS HERE

Effective on 7/18: Adult Heparin BOLUS dosing will be ordered and programmed in 'UNITS' in alaris smart pumps. This change comes after a discrepancy found for bolus dose ordering and heparin maintenance infusion rates.

When you order a heparin bolus it will come across within your MAR in both units/kg AND units. Your administration dose is in UNITS and this is what you will put in your Alaris Pump. Pictured below is this change.

**Mark your calendars for 7/18, reach out to myself or our unit drug thugs if you have any questions!!**



**What You Really  
Need to Know.  
Fast.**

- Roll belt restraints in-services will start in August 2022, there are special considerations for CVICU patients
- Yee Haw!! Regulatory round up is here, leadership will be rounding on these topics for the next month to improve our compliance with joint commission action plans.
- Only nurses who have taken 'ECMO Advance User Course' may watch for your ECMO pumps. You must be in your ECMO room at all times

Preceptor pearls: speak TO them not ABOUT them. Feedback is hard, practice helps!

- We have had 2 CAUTI's in FY 23 thus far, utilize CAUTI prevention bundle to prevent catheter associated UTI's.
- Heparin bolus change is going live July 18th! Bolus's will be ordered and programmed in units within the Alaris pump.

## Upcoming Unit Involvement Opportunities for CVICU

Mark Your Calendars		
Unit Board	Second Monday of the Month	August 8 <sup>th</sup> 1930
Education Council	First Tuesday of the Month	August 2 <sup>nd</sup> <u>0730</u>
Staff Meeting	PRN as needed	N/A
Third Thursday Therapy	Every Third Thursday	July 21 <sup>st</sup> 1930
<u>Quali-TEA</u>	First Monday of the Month	August 1st
Procedure & Emergency Management Class	Quarterly and PRN	<b>July 14<sup>th</sup></b>
CVICU Boot Camp	Every Other Month, 3 <sup>rd</sup> Wednesday-Friday	August 17-19th
Preceptor Meeting	Every other month 2 <sup>nd</sup> Thursday	September 8th
IABP Super User Course	Quarterly	<b>July 21<sup>st</sup> 1PM-4PM</b>



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