

# Wise-Up Wednesday

JUNE 22, 2022

CLINICAL PRACTICE  
NEWSLETTER

## COMING SOON: GVIGU Regulatory Round-Up

Giddy-Up, CVICU!! We're gonna take you on a compliance cattle drive that'll have us high-tailin' right off that TJC action plan faster than you can say "boot-scootin' boogie."

In all seriousness - we remain on a TJC action plan which means that we have to achieve 90% or greater compliance with the items you see listed to the right (plus a couple of quality items we are struggling with)

In the event we can't meet the requirements, the TJC comes back to campus...which we would prefer to avoid.

The leadership team agrees that it's a LOT to remember! We want to help by putting the CVICU's target items in a "regulatory round-up." Starting the week of July 4th, expect to see the manager, CSLs, educator, and program coordinator rounding to review our focus items. Nurses who have completed or demonstrate knowledge of all 7 items are entered in a raffle for a SCHEDULING PERK!!



### In the Round-Up

1. Admission History
2. Learning Needs Assessment
3. Blood Administration Education
4. Blood Administration Documentation
5. CHG Bath
6. Titratable Drip Initiation
7. Full Skin Assessment



Explore the GVIGU Website  
for Clinical Resources and  
more!

CLICK HERE TO GET TO  
[WWW.VUMC.ORG/CVICU](http://WWW.VUMC.ORG/CVICU)


# RASS Who?

## TELL YOUR PATIENT'S STORY

With any titratable drip, you're given parameters for titration. It's usually pretty obvious from charting a MAP of 55 why we would see a correlating increase in a vasopressor.


However, when it comes to RASS and sedation, things don't always add up.


Remember to document the patient's RASS as you assess it to correlate with your administration or titration or anti-anxiolytics and sedation.



### Richmond Agitation Sedation Scale (RASS)

Scale	Label	Description	
+4	Combative	Violent, immediate danger to staff	}
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive	
+2	Agitated	Frequent non-purposeful movement, fights ventilator	
+1	Restless	Anxious but movements not aggressive, vigorous	}
0	Alert and calm	Spontaneously pays attention to care giver	
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 seconds)	}
-2	Light sedation	Briefly awakens with eye contact to voice (<10 seconds)	
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)	}
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation	
-5	Unarousable	No response to voice or physical stimulation	





## NEW WUW FEATURE!

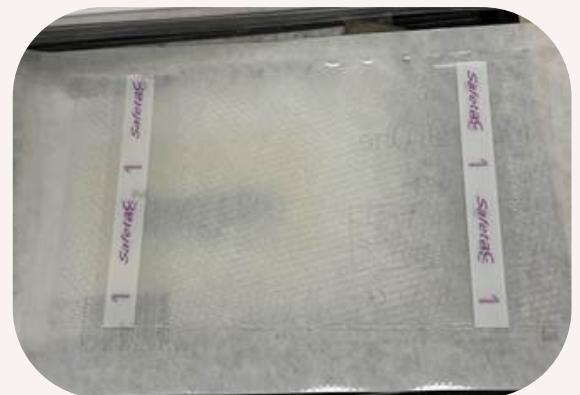
# Quality Corner

## MEPITEL & FOREHEAD PROBES

BY: KORATNEY SPIEDEL

WHAT ARE MEPITELS AND WHERE DO I FIND THEM?

A Mepitel is similar to the mepilex dressings, but it is clear and should be utilized underneath forehead O2 saturation probes. It's designed to mold softly to skin without sticking so you can remove it with minimal risk of damaging the skin or any existing wounds. Mepitel also protects new tissue and intact skin to support undisturbed healing.



**REMINDER: "RIGHT AT NIGHT"**

Move your forehead probes once per shift. Remember to place the forehead probes on the right side of the head on night shift and move to the left side of the head during the day. "Right at night" and "left during the day."

These dressings can be found in the cell, near the rest of the mepilexes. If we are out, please call service center.

Please do your part to help prevent forehead/device related pressure injuries – no one wants a pressure injury on their forehead!

– KS

