**Know the following about your patient:**

* Allergies
* Code status
* Weight
* Diagnosis & plan of care
* I/O
* VS
* Labs: K+, Bun/Cr, WBC, H/H
* Meds-antibiotics, anticoagulants

**Nurses own:**

* Infection control
* Skin
* Mobility
* Safety
* Teaching

**Nursing Sensitive Indicators:**

 (every patient, every shift, every day)

* Restraints
* HAPU: Hospital acquired pressure ulcer
* CAUTI: catheter associated UTI
* Falls
* CLBSI: central line blood stream infection
* HAI: hospital acquired infection
* MDRO: multi drug resistant organisms
* VAP (VAE now): ventilator associated event
* Accurate height and weight
* Medication reconciliation
* Core measures
* HCAHPS (hospital consumer assessment of healthcare providers and systems)
* SBAR
* Medication administration
* Patient education with diversity
* Skilled communication

**Core Measures:**

* Heart failure
* VTE
* SCIP
* Pneumonia
* Immunization
* AMI
* Stroke

**NPSG (national patient safety goals):**

* Patient identification
* Communication
* Medication labeling
* Infection prevention
* Universal protocol

 **Report Guidelines**

Name, Age, Diagnosis

Allergies, code status

Relevant history (past medical problems that impact current hospital stay, ie DM, HTN, COPD)

Current problem (why are they here and are they on the appropriate unit)

**Assessment:**

Neuro (LOC, confusion)

CV (fluid issues, EKG, BP, HR)

Resp (lung sounds, oxygen amount, RR, CXR)

GI (last BM, any abnormalities, NG)

GU (voiding, BSC, foley, dialysis)

Skin (wounds, ulcers, incisions, drains)

Lines (IV, central line, PAC, fistula/shunt)

Drips/Fluids

Pain med last dose/next dose

Mobility (type of assistance needed, OOB, turn q2, fall risk)

Diet

Accuchecks (last BG, covered?)

Abnormal labs (esp K, BUN/Cr, H/H, WBC, cultures)

VTE (thromboguards, anticoagulant)

Doctors

To do’s (follow up items including labs, procedures, meds)

Plan of care

Review last 12 hours of orders



**Core Measures**

* ***Hospital Inpatient***
	+ **Acute Myocardial Infarction (AMI)**
		- Aspirin (ASA) within 24 hours before or after arrival
		- ASA/Beta Blocker prescribed at discharge
		- ACEI or ARB at discharge for LV systolic dysfunction (LVSD) EF <40%
		- PCI within 90 minutes
	+ **Heart Failure (HF)**
		- Evaluation of Left Ventricular Systolic (LVS) Function
		- ACEI or ARB for Left Ventricular Systolic Dysfunction (LVSD) EF <40%
	+ **Pneumonia (PNA)**
		- Blood culture in ED prior to antibiotic
		- Antibiotics selection ICU/non-ICU
	+ **Surgical Care Improvement Project (SCIP)**
		- Antibiotic within 1 hour of surgical incision
		- Antibiotic selection
		- Antibiotic discontinued within 24 hours of end anesthesia time (EAT)
		- Appropriate hair removal
		- Urinary catheter removed by Postoperative Day (POD2)
		- Perioperative temperature management
		- Venous thromboembolism (VTE) prophylaxis ordered & administered within 24 hours of end anesthesia time
		- Beta blocker taken prior to admission, document time last dose
		- Beta blocker perioperative (24 hours before until POD 2)
	+ **Immunization**
		- Pneumococcal Age 65 and high risk
		- Influenza Oct-Mar
		- Patients 6 months and older
	+ **Stroke**
		- VTE prophylaxis
		- Swallow Eval before oral intake
		- Discharged on antithrombotic therapy
		- Anticoagulation for A-Fib/A-Flutter
		- Thrombolytic therapy
		- Discharged on statin
		- Stroke education
		- Head CT scan results for Stroke (acute ischemic or hemorrhagic) interpreted within 45 minutes of ***Arrival***

**National Patient Safety Goals**

**Identify patients correctly**

* 2 Identifiers
* Blood transfusion-2 nurses verify

**Improve staff communication**

* Get important test results to the right staff person on time

**Use medications safely**

* Label medications
* Prep medications where medicine and supplies are setup
* Extra care for blood thinners
* Medication reconciliation

**Use alarms safely**

* Ensure alarms are appropriate, heard, responded to on time

**Prevent infection**

* Hand hygiene
* Appropriate isolation
* Central line infection prevention
* Surgical infection prevention
* Urinary tract infection from catheters

**Identify patient safety risks**

* Suicide risk assessment and precautions

**Prevent mistakes in surgery**

* Procedural pause
* Mark surgical site