

5. Question:

Who can take verbal orders? When must the verbal orders be co-signed or initialed by the prescriber?

Answer:

Registered Nurses, Registered Pharmacists, Licensed Respiratory Therapists, Certified Registered EEG Technologists, Physical therapists, Licensed Medical Technologists, Occupational Therapists, Licensed dieticians, Licensed Medical Technicians (Clinical Lab), Licensed Radiological Technologists, Licensed Nuclear Medicine Technologists, Licensed Radiation Therapists, provided orders are appropriate and within the professional's scope of practice.

Verbal or telephone orders must be signed or initialed by the prescribing practitioner as soon as possible, but no later than 5 days after being given.

Refer to Hospital Verbal and/or Telephone Physician Order Policy 6.13.

6. Question:

Who can give Physicians Assistants verbal orders?

Answer:

The PA's primary physician. These orders must be countersigned within 24 hours.

Hospital Verbal and/or Telephone Physician Order Policy 6.13.

7. Question:

How are Standards of Care incorporated into the medical record?

Answer:

Standards of Care are reflected in patient's plan of care and subsequent documentation.

8. Question:

What is an Adverse Drug Reaction (ADR)?
What should be done if an adverse drug reaction occurs?

Answer:

Any response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of a disease, or for the modification of physiological function.

Any health care professional should notify the Resident or attending Physician and complete the Variance Form. The physician documents the ADR in the medical record. The Variance Form should be forwarded to Hospital Quality Management. If necessary, Pharmacy should be contacted for further information, i.e., to inform the physician of any pertinent information regarding the ADR and treatment. When Pharmacy is informed of ADR's, they will investigate to determine the type (A or B), the severity (mild, moderate or severe), the need to inform the FDA, Inform the Safety Office, report ADR's to the Pharmacy and Therapeutics Committee and summarize ADR's in the Pharmacy Newsletter.

9. Question:

What are the top five (5) drugs used on this unit? Can you describe their effects, side effects, etc?

Answer:

The answer will be unit-specific.

10. Question:

When does discharge planning begin?
Show me documentation of discharge planning.
Interview patient to assess knowledge of discharge planning.

Answer:

Upon admission.
Review documentation. Does it include patient's ability to perform care?
Assess patient's knowledge as compared with documentation.

11. Question:

When are patients re-assessed?

Answer:

At the beginning of each shift/at least every 4 hours thereafter, when priorities change, on transfer, and more often in ICU as indicated by policy.
Upon return from an invasive procedure.
When warranted by patient condition.

12. Question:

Who can initiate the Plan of Care?

Answer:

An RN initiates the Plan of care and updates it every 24 hours.

13. Question:

Do you have a patient on this floor/unit in restraints/seclusion? If so, check M.D. order?
How often do you assess a patient in restraints/seclusion? Check for documentation on restraint flow sheet.

Answer:

For all units:
-Review order. Is MD order for restraints complete and signed? Yes.
-Is the order still valid? Yes.
Nonviolent Patients:
Check for documentation of assessments every 2 hours on restraint flow sheet.
For Behavioral Health or Severely Aggressive Patients:
Check for evidence of continuous in-person monitoring and documentation of assessments every 15 minutes.
Check Restraint Policy for 10G/J.

Refer to Hospital Restraint Policy 5.15, 5.15.1 and 5.15.2.

14. Question:

Are there any standing orders or protocols used on this unit? Show them to me and tell me when you use them. How were they approved?

Answer:

Restraint Protocols are not utilized at LSU.

15. Question:

Does a pharmacist need to review all inpatient medication orders?

Answer:

1. Before dispensing, removal from floor stock, or removal from an automated storage and distribution device, a pharmacist reviews all prescription or medication orders unless the prescriber controls the ordering, preparation, and administration of the medication; or in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status (for example, new onset of nausea).

16. Question:

Describe access to paralytics.

Answer:

Paralytics are in the automated dispensing system of those areas that may need to use them and only licensed staff have access.

17. Question:

Describe when and how the patient's own medication supply may be used?

Answer:

Hospital Policy 8.12 Medications Brought Into Hospital by Patients.
Patient needs a medication that is not normally available from pharmacy (i.e. non-formulary drug).
Patient's own medication supply may be used if (herbal remedies and alternative medications are not allowed):
MD orders medication strength and dose to be administered,
Patient's medication is identified by a pharmacist (Nursing Staff sends home medication, and a consult to Pharmacy to identify medication),
Drug order entered into pharmacy computer system, and
After identification by a pharmacist, the medication is stored with other medications, administered by a nurse, and recorded on the Medication Administration Record (MAR).

18. Question:

How do you ensure you are giving the right drug to the right patients at the right time?

Answer:

Verify:
Right Medication
Right Dose
Right Time
Right Route
Right Patient by checking patient's name and medical record number
Right to Refuse
Verifies that the medication is stable based on visual examination for particulates or discoloration and that the medication is not expired
Verifies that there is no contraindication for administering the medication
Advises the patient, or if appropriate, the patient's family about any potential clinically significant adverse reaction, or other concerns about administering a new medication (Right to be educated)
Discusses any unresolved, significant concerns about the medication with the patient's physician, and/or relevant staff involved with the patient's care, treatment and services.

19. Question:

Can a patient's own supply of controlled substances or IV fluids/TPN be used?

Answer:

No. See Hospital Policy 8.12 medications brought into hospital by patients.

20. Question:

Describe access to K Cl.

Answer:

Undiluted KCl is only stored in the pharmacy. (Hospital Policy 8.12/Nursing Policy I46).

21. Question:

How long are orders for restraints valid?
Can restraints be ordered prn?

Answer:

Nonviolent Patients

Hospital Restraint Policy 5.15.

Initial order valid for maximum of 24 hours.

Renewal order valid for one calendar day.

Severely Aggressive/Destructive Behavior or
Behavioral Health Diagnosis

Adult – 4 hours.

9 to 17 years – 2 hours

Less than 9 years – 1 hour

No.

22. Question:

When do you use restraints?

Answer:

As a last resort after non-physical alternatives
have failed unless safety issues demand an
immediate physical response.

For a nonviolent patient to prevent the patient
from removing lines/tubes/dressing or to protect
the patient (i.e. support medical healing).

For a patient with a behavioral health diagnosis or
severely aggressive or destructive behavior to
prevent the patient from placing himself or others
in immediate danger.

Hospital Policy 5.15, 5.15.1 and 5.15.2
Restraints.

23. Question:

Are physician orders necessary prior to applying restraints?

Can someone else other than an M.D. order restraints? Under what circumstances?

Answer:

Yes, In an emergency, restraints may be temporarily ordered by a qualified RN, if the physician is not immediately available. For a nonviolent patient, the Restraint Order must be confirmed by a physician within twelve (12) hours. The MD must personally examine the patient, evaluate the need for restraints, and sign the restraint order within 24 hours of restraint initiation.

For a patient with a behavioral health diagnosis or severely aggressive / destructive behavior, the restraint order must be confirmed by an MD within one hour of restraint initiation. The MD must personally examine the patient, evaluate the need for restraint, sign, date, and time the restraint order within one (1) hour after restraint initiation.

Hospital Restraint Policy 5.15, 5.15.1 and 5.15.2.

24. Question:

What must be included in order for restraints?

Answer

Date and time of order

The type of restraint ordered

Clinical Reason that the restraint was ordered.

Restraint time frame

Behavioral guidelines for early release of restraints if different from policy.

Monitoring requirements, if more restrictive than policy.

MD signature

For verbal orders, the names of the prescriber and the receiver of the order. The receiver will read back the vo.

Hospital Restraint Policy 5.15, 5.15.1 and 5.15.2.

25. Question:	Answer:
What Nursing Standards of Care are used on this unit?	Specific to the unit.
Where are they located?	Specific to the unit.
(RN) – How do you utilize them in planning patient care?	<p>Assess patient to determine problems/Needs. Prioritize problem/needs with the patient's input, if possible.</p> <p>Use the Standard of Care that applies to the patient's problems/needs to determine plan and nursing interventions. Reassess to determine the effectiveness of interventions. Reformulate Plan as needed but at least once a day.</p>
26. Question:	Answer:
What is the mechanism to verify a questionable medication order?	<p>Clarify the order with the prescriber. Verify drug dosages with pharmacy/references. Follow medical staff chain of command as necessary.</p>
27. Question:	Answer:
How are emergency medications made available, controlled, secured?	<p>Through locked crash carts and the automated medication system. Locks are verified and documented as per policy.</p>
28. Question:	Answer:
How do you obtain medication after pharmacy is closed?	Pharmacy is never closed.

29. Question:

Do all patients have access to effective pain management? Describe this process.

Answer:

Yes. Answer should reflect strategies to reduce pain, ongoing pain reassessments every 4 hours if a patient has pain, and follow-up with healthcare providers to address unresolved pain.

30. Question:

How do you obtain information about herbals?

Answer:

Review the information in nodrug (micromedix). Select B-drug information, then D-AltMedDex-Complimentary and Alternative Monographs. Enter the name of the alternative therapy the patient is using then follow instructions on the screen.

The pharmacy can also answer questions regarding herbals.

31. Question:

Who can give a verbal order?

Answer:

Physicians.

32. Question:

Observation/Self-Assessment
Obtain medication from medication system.
Were the medications checked against the MAR?
Was medication security maintained at all times—medications always under supervision or locked?
Were the patient's name and medical record number verified in the room prior to medication administration?
Was Nursing D44 followed?
Was medication administered within 30 minutes before/after scheduled time?
Was medication documented appropriately?

Answer:

Yes to all questions.

33. Question:

Which medications require two nurses to verify? Both nurses must sign the medical record as per Nursing Policy D43.

Answer:

Heparin* IV or Subcutaneous (* Heparin Flushes are excluded)
Insulin IV or Subcutaneous
Morphine and Demerol for the PCA Pump (IV)
Chemotherapy (IV)

34. Question:

Self-Assessment or Observation
Wound Care

Are hands washed before and after procedure?

Is wound care performed as per physician orders and policy?

Is documentation completed appropriately?

Answer:

Yes to all.

Refer to Policies on Wound Care, Pressure Ulcers in the Nursing Policy Manual.

35. Question:

How do you monitor moderate (conscious) sedation?

Describe what you monitor and the results?

Have there been any issues/concerns?

Answer:

Through Performance Improvement.

Answer will be department specific.

36. Question:

How do you assure patient safety with verbal orders?

Answer:

Verbal or telephone orders are taken only when the ordering doctor is not available to write the order and the delay will compromise patient care. The person taking the verbal order will read the order back to the prescriber and document this "read back" in the patient record.

37. Question:

What is Medication Reconciliation? How do we assure Medications are Reconciled at admit, transfers, and discharge?

Answer:

Medication Reconciliation is a process of identifying the most accurate list of all medications a patient is taking — including name, dosage, frequency, and route — and using this list to provide correct medications for patients anywhere within the health care system. Reconciliation involves comparing the patient's current list of medications against the physician's admission, transfer, and/or discharge orders.

38. Question:

What is required for a written medication order?

Answer:

Legible date, time, drug name, route, dose, dosage units, frequency, signature and pager number.

39. Question:

What should a nurse or a pharmacist do if a prohibited abbreviation is used in a medication order?

Answer:

Contact the prescriber and clarify the order. Document the clarification and "read back" on the order sheet.