

To Save Lives!

THIS TOOL IS NOT A PART OF THE PERMANENT MEDICAL RECORD

----- IMPORTANT -----

PLEASE DOCUMENT APPROPRIATE INFORMATION IN THE MEDICAL RECORD

* Starred items require urgent attention

		<u>In-hospital</u> RN Verification Initials / Date / Time when "done"	<u>Discharge</u> RN Verification Initials / Date / Time when "done"
PN or AMI Patient's Greet / Arrival Date: _____ Greet Time (from IBEX): _____ If patient did not arrive via ED, document the date & earliest time that patient is documented to be at BDMC			
↓ Check appropriate box(es) below, then complete related information for that section of the checklist			
<input type="checkbox"/> All Adult Patients	Screened for pneumococcal vaccination <input type="checkbox"/> not indicated <input type="checkbox"/> indicated, scheduled to be given with next routine AM meds -- 9am Pneumococcal vaccination given if patient meets inclusion criteria		
	Screened for influenza <input type="checkbox"/> not applicable (Apr-Sept) <input type="checkbox"/> not indicated <input type="checkbox"/> indicated, scheduled to be given with next routine AM meds -- 9am Influenza vaccination given, if patient meets inclusion criteria (Oct - March)		
	Smoking cessation counseling documented on Preventive Health Screen if patient smoked in the past 12 months (Give to care-giver if patient cannot understand / comprehend counseling materials...if patient refuses information, document refusal)	Smoked in past 12 months? Yes No	
	VTED prophylaxis for <u>most surgical</u> patients within 24 hours post-op (see back for excluded populations & more information)	*	
	VTED prophylaxis for <u>non-ambulatory medical & critical care</u> patients REASSESS DAILY (patients ambulating in halls at least 3 times / day who do not have any of the risk factors listed on back are excluded--see back for more information)		
	VTED prophylaxis for <u>obstetric</u> patients (see back for more information)		
	<input type="checkbox"/> Not Yet	Patient has not had a surgical procedure yet this admission AND does not have pneumonia, acute myocardial infarction, or heart failure diagnosed yet this admission AND does not have a history of heart failure.	
<input type="checkbox"/> Pneumonia (PN) (community acquired)	If blood cultures are ordered by ED physician then blood cultures are obtained prior to first antibiotic dose	*	
	If ICU admit / transfer , blood culture done within 24 hours of hospital arrival	*	
	IV antibiotic GIVEN within 4 hours of hospital arrival	*	
<input type="checkbox"/> Acute Myocardial Infarction (AMI) (Includes MI ruled-in after admission, in-house, & post-op / post-procedure MI...clock still starts @ hospital arrival)	Aspirin GIVEN within 24 hours after hospital arrival	*	
	Beta blocker GIVEN within 24 hours after hospital arrival.	*	
	Aspirin prescribed during hospital stay and at discharge		
	Beta blocker prescribed during hospital stay and at discharge		
	ACE Inhibitor or ARB prescribed during hospital stay and at discharge for left ventricular systolic dysfunction (LVEF <40%). See back for more information.		
Statin prescribed during hospital stay and at discharge Note: If other lipid-lowering therapy is ordered, physician must still document the reason that a statin was not prescribed.			
<input type="checkbox"/> Heart Failure (HF) (or pulmonary edema or "fluid overload" associated with either kidney disease or hypertension or bi-ventricular pacemaker or intracardiac defibrillator [ICD] or history of heart failure)	Left ventricular function (LVF) assessment done (echocardiogram, LV angiogram, physician documentation of prior LVF or plan to assess LVF after discharge, etc.)		LVEF = _____ %
	ACE Inhibitor or ARB prescribed during hospital stay and at discharge for left ventricular systolic dysfunction (LVEF <40%). See back for more information.		
	Living with Heart Failure patient education book given to patient & documented on patient education record.		
<input type="checkbox"/> Surgical Care Improvement Project (SCIP)	Post-op antibiotic DISCONTINUED within 24 hours after "End Surgery" time (on anesthesia record)--non-infected SURGERY patients (includes vascular surgery, excludes open heart surgery) See back for more information.	*	
<input type="checkbox"/> Not Applicable (don't check until discharge)	Patient did not have pneumonia, acute myocardial infarction, heart failure, or surgery THROUGHOUT THEIR HOSPITAL STAY Patient was in the hospital for: (fill-in) _____		

See back for instructions, cardiac medication lists, VTED prophylaxis, & infected surgical site information

Hospital Discharge RN Signature _____ Date _____ Time _____

Clinical Manager / Team Leader Initials Prior to Discharge _____

Initials reflect CM/TL assurance that all appropriate care measures were PROVIDED TO THE PATIENT and documented in the medical record.

Instructions:

1. Initiate this checklist for all admitted adult patients. Keep checklist in yellow MAR sleeve. "Greet" date & time & starred items (in the "in-hospital" column) should be addressed in ED & throughout the 1st 24 hours of the patient's hospital stay.
2. Assess whether measures are met...in ED, on admission, at every shift report, at every interdisciplinary rounds meeting, at every transfer to another nursing unit, & at discharge. Check progress notes and physician orders for documentation of contraindications to medications that are not prescribed. Collaborate with physician if measure(s) are not met (e.g. "Dear Doctor" SBAR note to physician or discuss when physician visits)
3. At discharge, RN verifies that all measures have been adequately addressed. **Call** physician and ask for reason for not prescribing recommended discharge medication(s) and obtain an order for the medication or the contraindication as needed, e.g. "no beta blockers secondary to hypotension" or "no aspirin due to risk of bleeding"
4. Clinical Manager or Team Leader verifies all applicable core measures have been verified/initialed **prior to discharge**. Then forward checklist to SCM.
5. SCM evaluates checklists for completeness, identifies trends, counsels staff, uses information in performance evaluations, etc.

Cardiac Medications: (listed by generic name / Trade Name(s) / Combination Rx Trade Name)

Note: contraindications to **both ACE-I & ARB** must be documented when **neither** are given **unless** one of the following is documented as the reason for withholding one of the med classes: moderate-to-severe aortic stenosis, angioedema, hyperkalemia, hypotension, renal artery stenosis, worsening renal function.

ACE-I Rx: benazepril / Lotensin, captopril / Capoten / Capozide, enalapril / Lixel / Vasotec / Vaseretic, fosinopril / Monopril, ramipril / Altace, lisinopril / Prinivil / Prinzide / Zestril / Zestoretic, moexipril / Uniretic / Univasc, perindopril / Aceon, quinapril / Accupril / Accuretic / Quinaretic, trandolapril / Mavik / Tarka

ARB Rx: candesartan / Atacand, eprosartan / Teveten, irbasartan / Avapro / Avalide, losartan / Cozaar / Hyzaar, olmesartan / Benicar, telmisartan / Micardis, valsartan / Diovan

Beta blocker Rx: atenolol / Tenormin / Tenoretic, bisoprolol / Zebeta / Ziac, carvedilol / Coreg, nadolol / Corgard / Corzide, labetalol / Normodyne / Trandate, metoprolol / Lopressor / Toprol / Toprol XL, propranolol / Inderal / Inderide, sotalol / Betapace, timolol / Blockadren / Timolide

Statin Rx: atorvastatin / Lipitor / Caduet, fluvastatin / Lescol, lovastatin / Mevacor / Advicor, pravastatin / Pravachol, simvastatin / Zocor / Vytorin, rosuvastatin / Crestor

VTED prophylaxis:

VTED prophylaxis for surgical patients within 24 hours post-op (per CHEST)

(includes low molecular weight heparin, unfractionated heparin, fondaparinux, or vitamin K antagonist)

Most surgical patients are **INCLUDED**.

The following patients may be EXCLUDED: transurethral urologic surgery patients, laparoscopic surgery patients, elective arthroscopic surgery patients, elective spinal surgery patients, vascular surgery patients, open heart surgery patients, gynecologic surgery lasting 30 minutes or less, and ambulatory patients less than 40 years of age undergoing minor surgery.

VTED prophylaxis for non-ambulatory medical patients (per CHEST)

Non-ambulatory = activity is anything less than walking in halls 3 times per day.

(includes low molecular weight heparin, unfractionated heparin, or warfarin)

The following patients are INCLUDED: heart failure, severe respiratory disease, active cancer, previous venous thromboembolism disease, sepsis, acute neurological disease, inflammatory bowel disease, or critical care patients who are at high risk for venous thromboembolism disease.

VTED prophylaxis for obstetric patients (per IPROB):

Increased DVT/PE risk is suggested if patient is put on bed rest (without bathroom privileges)

Increased DVT/PE risk is suggested if the patient has a history of deep vein thrombosis, or pulmonary thromboembolus, or has, abnormal protein S level, abnormal protein C level, abnormal antithrombin III level, positive APC resistance gene, elevated homocystine level (more than 17 micromole/L), positive lupus anticoagulant, positive anticardiolipin IgM, positive anticardiolipin IgG, positive ANA, positive MTHFR gene, or positive prothrombin gene, or if heparin, low molecular weight heparin or coumadin were administered during the current session.

Recommendations for patients with increased DVT / PE risk:

Lovenox 30-40 mg, SQ every 12 hours if complete bedrest decided & pharmacological prophylaxis is not contraindicated...or sequential compression devices if complete bedrest has been decided & pharmacological prophylaxis is contraindicated

SCIP:

Infected surgical patients are excluded from these measures. "Infected" is defined by core measures as: "Any infection in the postoperative period, following the principal procedure. Postoperative period is defined as within two (three days for CABG or Other Cardiac Surgery) after Surgery End Date with day of surgery being day zero." Documentation in the medical record of possible or suspected infection by a physician, advance practice nurse, physician assistant, or infection control practitioner is needed. Do not assume infection if a wound/surgical site is described as reddened, swollen and hot, as other conditions can also cause these symptoms.