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FORMS | TOOLS

This section of *Healthy Skin* is all about making it easier for you to do your job. It contains practical information and ideas to help you provide the best possible care for your residents while following current guidelines and standards of practice.

The charts, forms and systems you'll find here are intended to be used. If you see something you like, feel free to tear it out and make it your own!



FUNCTIONAL INCONTINENCE



Residents with functional incontinence have properly functioning bladders, but are incontinent for external reasons. These can include, for example, restraints, vision problems and residents who cannot transfer themselves.

Sometimes making residents safer is as simple as making it easier for them to see the toilet.

**White floors +
White walls +
+ White toilet +
+ Poor depth perception**

= a fall

A few suggestions:

- Install lights that go on automatically when someone enters the bathroom. (*Why? The resident with dementia might not remember where the lights are, and urge incontinent residents don't/won't take the time to put the lights on, which will put them at risk for falls.*)
- Create more of a contrast between the toilet seat and the toilet.
- Install grab bars.
- Remove mirrors in bathrooms used by residents with dementia (*the resident might think someone is in the room with them*).

By replacing white toilet seats with black toilet seats in a white bathroom, the resident with poor eyesight can see the toilet seat – like a bull's-eye!

Incontinence Quality Improvement/ Quality Assurance and Assessment

Regular quality checks can have a big impact on compliance in regards to using the correct incontinence product on each resident. Feel free to use this format when devising your quality improvement forms and program.

Instructions:

1. QAA team assigns staff member to complete audit tool (i.e., QAA nurse, staff nurse, wound nurse or clinical staff)
2. QAA team will determine audit frames (i.e., quarterly, monthly or assign one unit per month)
3. QAA team to determine time frame to review findings of audits and target issues from audit (i.e., resolution of issues might be additional education to staff, determine distribution of products, determine if direct caregivers have access to resident sizes to ensure compliance)

Below is a form partially filled out. A blank form appears on the next page.

Quality Assurance and Assessment Program Golden Hills Nursing Facility Incontinence Product Utilization

Unit: Laurel Date: 10-11-2007 Reviewer's Signature: M. Davis RN

QAA Targeted Goal

To maintain and ensure compliance with product selection related to resident's specific type of incontinence

Products used within facility:

Briefs YES NO

Pull-ups YES NO

Liners YES NO

Other: _____

Color Code	Brief Products
Green	Small
White	Medium
Purple	Regular
Blue	Large
Tan	X-Large

Resident/Room#	Incontinent: Yes/No	Product Utilized	Correct Product: Yes/No	Feedback related to incorrect product	Resolution
Room 120 B Resident: LK	YES	Brief-blue	NO-Tan brief on	Staff indicates that only tan briefs on cart.	Review distribution schedule with housekeeping and determine if enough supplies have been ordered.
Room 122 A Resident: BH	YES	Brief-blue	NO-Tan brief on	Attending staff indicated that the larger sizes "hold more urine."	Staff educational session completed, related that larger sizes cause more leakage related to poor fit, that each product size of current brief have the same absorbent factors.

Follow-up/Conclusion notes:

Quality Assurance and Assessment Program

Facility Name **Incontinence Product Utilization**

Unit: _____ Date: _____ Reviewer's Signature: _____

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Follow-up/Conclusion notes:

POLICY & PROCEDURE

I. Policy

Standard Precautions are to be followed by all employees for all patients. They are designed to reduce the risk of transmission of microorganisms from recognized sources of infection in the hospital. Standard Precautions protect both patients and employees and include:

- treating blood, all body fluids (secretions, excretions [except sweat], non-intact skin and mucous membranes) as infectious regardless of their source,
- hand washing before and after patient contact or contact with infectious substances,
- using appropriate personal protective equipment (PPE) when there is potential exposure to infectious substances, and
- exercising general infection control practices.

All body substances (except sweat) are to be treated as infectious regardless of their source. Recognition of potential exposure risks is important. To reduce the likelihood of exposure when dealing with potentially infectious substances, it may be necessary to choose an alternative procedure, technique or equipment.

II. Contact Precautions

Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are transmitted by direct or indirect contact with the patient or the patient's environment. A single-patient room is preferred for patients requiring contact precautions. When caring for patients on Contact Precautions the provider should wear a gown and gloves for all interventions that may involve contact with the patient or potentially contaminated areas within the patient's environment.

III. Use of Barriers

Hand washing

Hand washing is the single most important means of reducing the risks of transmitting microorganisms from one person to another or from one site to another on the same patient. Even if gloves have been worn, hands may become contaminated during glove removal. Wearing excessive jewelry (other than a watch and plain rings) is not recommended during patient-care activities. Antimicrobial soap, water and mechanical friction are sufficient to remove most blood and body substances. Hands must be washed before and after patient contact or contact with items contaminated with blood or body substances.

Personal Protective Equipment (PPE)

Appropriate PPE is to be worn when there is potential for exposure to infectious substances. PPE is:

- gloves,
- protective face and eyewear, and
- gowns and other protective apparel, such as shoe covers and hats.

Gloves

Gloves provide a protective barrier and prevent gross contamination of the hands when touching potentially infectious substances. They reduce the likelihood that microorganisms present on the hands of personnel will be transmitted to patients during invasive or other patient-care procedures that involve touching a patient's mucous membranes and non-intact skin. Gloves must be changed between patients.

Wear gloves:

- if there is potential for contact with blood, body fluids, secretions, excretions (except sweat), items that may be contaminated with any of these substances, and
- if the healthcare worker's hands are abraded or dermatitis is present.

NOTE: Providers who have exudative lesions or weeping dermatitis on their hands must not provide direct patient care.

Change gloves:

- between each patient,
- between tasks and procedures on the same patient after contact with material that may be contaminated, and
- when holes or tears are noted.

Remove gloves:

- after each use,
- before touching non-contaminated items and environmental surfaces, and
- before treating another patient.

Reuse of gloves:

- single-use gloves are not to be reused, and
- utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. An intermediate-level disinfectant, phenolic solution, or 70 percent alcohol solution is suitable for decontaminating utility gloves. Utility gloves must be discarded if they are cracked, peeling, torn, punctured or exhibit any signs of deterioration.

Selection of gloves:

- gloves should be chosen to fit hand size,
- flexibility and tactile sensitivity needed during the procedure(s),
- the need to follow sterile procedure (sterile vs. non-sterile),

POLICY & PROCEDURE

- potential for exposure to blood and body fluids during the procedure(s) in terms of the amount and the length of time exposed,
 - exposure to other substances that break down glove material, such as disinfectants and solvents, and
 - the amount of stress placed on the glove during the procedure.
- at home, wash soiled personal clothing separately from other laundry using: 160°F (71°C) water and detergent or for water less than 160°F (71°C), use detergent and a bleach-containing product. Mechanical drying of the clothing is recommended.

Protective Face and Eyewear

Masks, goggles or face shields must be worn to provide protection of the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions and to provide protection against the spread of infectious large-particle droplets. Removable side-shields are needed to adequately protect the eyes from blood and body-fluid exposures when wearing prescription glasses.

Selecting masks:

- check the mask box for the mask's filtering efficiency,
- make sure that the mask will filter to the level of protection that is needed. NIOSH-approved respirators (N-95) should be used when airborne precautions are required, and
- do not use adult masks on small children and infants.

Wearing masks:

- adjust the mask so it fits snugly against the face, is secured along the sides of the face and molded over the bridge of the nose. Air should not enter around the mask edges,
- keep beards groomed so that the mask fits closely to the face,
- change the mask between patients,
- change the mask if it gets wet,
- remove the mask as soon as treatment is over, and
- do not leave the mask dangling around the neck.

Gowns and Protective Apparel

Gowns and protective apparel are worn to provide barrier protection and reduce opportunities for transmission of microorganisms. Uniforms and scrubs do not provide adequate protection from blood and body-fluid exposure. Gowns and other appropriate protective apparel must be worn when there is potential that an exposure (contact with contaminated surfaces such as bed linens, or splashing with blood or body fluids) will occur.

Selecting gowns and protective apparel:

- protective garments should fit,
- choose garments that prevent blood or other potentially infectious materials from passing through or reaching the clothes or body, and
- select protective garments that are appropriate for the activity and amount of fluid anticipated (refer to AAMI PB70 Level 1 – 4 Guidelines).

If the uniforms become soiled with blood or body fluids:

- glove and remove clothing immediately,
- wash contaminated skin with soap and water prior to changing into hospital scrubs,
- place soiled personal clothing in a plastic bag, seal immediately and label for transport home. Once home, place hospital-furnished clothing in plastic linen bag to be returned to the hospital for laundering, and

IV. General Infection Control Practices Patient Placement

In an ideal setting, each hospitalized patient would have a private room:

- patients susceptible to infections due to decreased immune responses such as severe leukopenia may benefit from placement in a private room,
- a private room may be necessary to prevent direct or indirect contact transmission when the source patient has poor hygienic habits, contaminates the environment, or cannot be expected to assist in maintaining infection control precautions to limit transmission of microorganisms to a roommate,
- patients that may shed large numbers of microorganisms, such as with actively infected or draining wounds, should not share rooms with patients who have fresh surgical wounds,
- patients known to be infected with target multidrug-resistant organisms should be placed on contact precautions and have a private room.

Transport of Infected Patients

Limiting the movement and transport of isolated patients within the hospital reduces the opportunities for transmission of disease and microorganisms.

Patient-Care Equipment and Articles

All patient-care equipment and articles that have become soiled or contaminated with infective material should be handled by employees wearing appropriate PPE. Any disposable item that has become soiled or contaminated with infectious material should be disposed of in the appropriate container. Reusable patient-care equipment and articles that have become grossly soiled or contaminated with infectious material should be covered and decontaminated or sterilized.

Linen and Laundry

Linen that is soiled or contaminated with infective material should be handled by employees wearing appropriate PPE. Soiled or contaminated linen should be placed directly into impervious plastic linen bags. Soiled linen should be handled as little as possible. Double bagging of linen from isolation and non-isolation rooms is not necessary unless the bag's integrity has been altered or the outer bag has become soiled with blood or body fluids.

Routine and Terminal Cleaning

Routine and thorough cleaning and adequate disinfection of rooms, bedside equipment and shared patient equipment should be performed.

Regulated Medical Waste

All waste should be handled by employees wearing appropriate PPE based on potential exposure risks.

Lab Specimens

All collected specimens must be labeled and contained in a plastic biohazard lab specimen bag before leaving the collection area.

Guidelines for Use of Overnight Brief

The benefits of a good night's sleep might outweigh the risk of not being checked and changed every two hours. For residents who have trouble sleeping, the benefits of an overnight brief might include:

- Less daytime lethargy
- Less fall risk
- Less insomnia
- Increase in participation in activities
- Increase in weight gain

Goals

- Resident-centered care
- Appropriate utilization of overnight (high-capacity) brief
- Maintain skin integrity
- Resident dignity
- Prevention of sleep deprivation



Resident must meet two or more criteria to qualify for a overnight brief	Document justification for brief use. Please describe. Be specific. List medications and dosage.
Uses two or more diuretics or is on higher than average dose (greater than 40mg BID)	
Wet bed or wet clothes consistently after the two-hour check period	
Diagnosis of diabetes, CHF or on tube feeding or intravenous fluids	
Combative with hands-on care	
Behavior issues such as wandering if awakened during the night	

Other comments _____

Family/resident discussion _____

- If used, overnight briefs should be applied at 10 p.m. rounds
- If used other than at night, care plan should specify times brief used and justification for use
- Use of overnight brief should be listed on the care plan along with reason for use
- Examples of problems on the care plan could be “prevent sleep deprivation,” “improved sleep pattern,” “maintain resident dignity,” “maintain skin integrity,” “prevention of behavioral episodes”
- Enclose a copy of this form with the care plan

_____ Date _____

Adapted from Soldiers' Home in Holyoke, Holyoke, MA
 One facility's effort in individualized care for residents with incontinence, behaviors, and sleep disturbances.

What, When, Where and Why...

Because one of the biggest concerns with isolation protocols is using the right combination of products at the right time, we've taken the liberty of showing the various levels below.



Level 1: Gown and Gloves

- Housekeeping
- Maintenance
- Food Service
- Daily care for patients with no serious illness



Level 2: Gown, Gloves and Mask

- Infected patient with airborne disease
- Nurse cleaning the patient
- Patients with antibiotic-resistant bacteria, hepatitis A, scabies, impetigo or lice
- Patients themselves moving away from isolation should wear mask, as well as visitors
- Patients who require droplet precautions



Level 3: Gown, Gloves, Mask and Eye Protection

- Healthcare providers caring for patients with excessive fluids
- Blood, body fluids, secretions (such as phlegm), excretions (such as urine and feces), nonintact skin and mucous membrane



For more information, go to www.medline.com or call 1-800-MEDLINE



Try Our Web Tools!

Here is a helpful list of Web sites recommended by our Wound Care Advisory Board members:

- | | |
|--|--|
| www.medline.com/woundcare | Medline advanced skin and wound care |
| www.borun.medsch.ucla.edu | The Anna and Harry Borun Center
Gerontological Research at UCLA |
| www.npuap.org | National Pressure Ulcer Advisory Panel |
| www.apwca.com | American Professional Wound
Care Association |
| www.ahrq.gov | Agency for Healthcare Research and Quality |
| www.wocn.org | Wound, Ostomy and Continence
Nurses Society |
| www.aawc1.com | Association for the Advancement of
Wound Care |
| www.sawc.net | Symposium on Advanced Wound Care |
| www.amda.com | American Medical Directors Association |

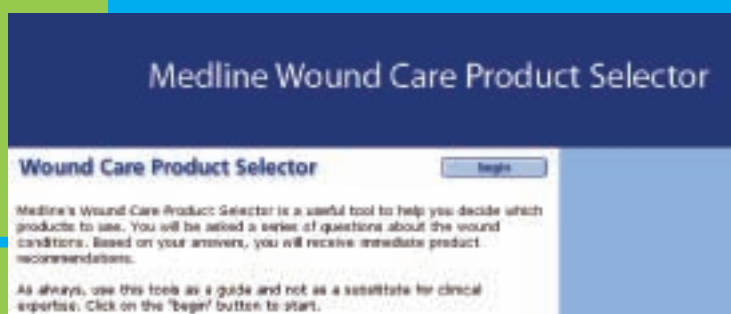
Don't forget that if you have question about a particular product, the manufacturer of the product might have helpful information on their Web site.

Wound Care Product Selector

Selecting an appropriate wound care dressing can be a challenge, particularly when your clinical staff or usual resources are not available. Medline has used the convenience of the Internet to develop programming that can be accessed anywhere, anytime. Simply go online to receive assistance in dressing selection using the Wound Care Product Selector at www.medline.com/woundcare. The program will ask questions about the wound, such as depth, drainage and periwound skin and suggest appropriate dressings that meet current standards of practice.

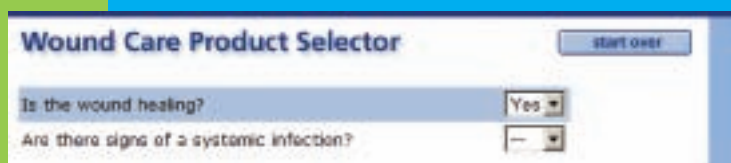


1



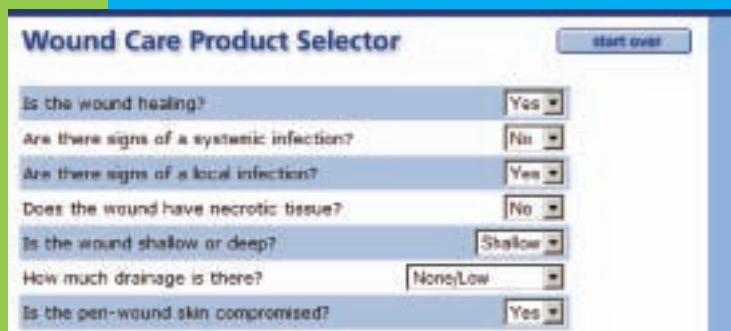
2

The Web site asks questions about the condition of the wound.



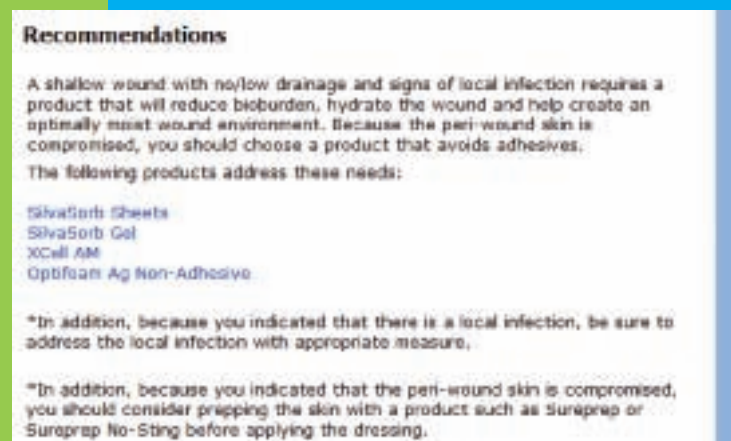
3

Each question leads logically to the next, following a decision-making algorithm designed by CWOCNs and other clinical experts.

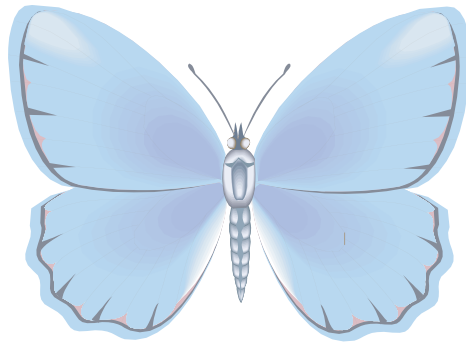


4

With the information that is gathered, the program suggests dressing options that are consistent with standards of practice for wounds with those characteristics.



5



BUTTERFLY WATCH

Residents are identified as potential ***Butterfly Watch*** by the management team. The resident is reviewed during the “Resident at Risk” weekly meeting. If a resident has 2 or more ‘indicators’ (as listed below), the resident may be placed on a 14-day observation period and added to the ***Butterfly Watch***.

Weight loss

Decubitus ulcer

Falls

Infections

Change in mental status

Change in level of function

Continence status

After completion of the 14 day observation, a determination will be made for a “Significant Change” or admission to the “Butterfly’s Are Free” program.

The Admissions Office will be informed concerning the resident’s status. This information will be added to the daily census report which is available to the management team each morning.

			<p>Evaluate resident / family needs and make necessary referrals to clergy or spiritual support persons as requested. Provide opportunity for prayer and meditation support as indicated Provide bedside activities that distract the resident such as _____ _____ per the resident s preference and tolerance Provide humor therapy for resident and family</p>		
		Resident and family bereavement concerns will be addressed	<p>Contact hospice if desired Provide private time for relationships while minimizing resident and family isolation Chaplain services provided as desired</p>	Nursing Social Services	
		Resident will have a peaceful death in the facility in accordance with expressed wishes.	<p>Elicit or confirm resident or surrogate goals and values for life prolonging interventions.</p>	Nursing Social Services	

RESIDENT _____ ROOM NUMBER _____

DATE OF ADMISSION _____ PHYSICIAN _____