Packing

SS

Sutton, Shauna

Mon 4/6/2015 8:35 AM

I agree

Shauna Sutton, RN, BSN, CNOR

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SK

Schuessler, Kristi A

Thu 4/2/2015 9:48 AM

**To:**

Sutton, Shauna;

Meddings, Kaci R;

**Cc:**

Hellrung, Megan E;

The tricky thing is that there is not even an "Other" option under non-wound packing.  It must be eye, ear, nose, mouth, vagina.  But, it's not a hard stop.  So I suppose a comment could be made on that section that says where the packing is and what it is, as you suggested.  Just to cue nurses on the floor about it - but I'd feel better also having a nursing note about it probably!

Kristi Schuessler, BSN, RN, CNOR
Clinical Nurse ll
University of Colorado Hospital
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SS

Sutton, Shauna

Thu 4/2/2015 8:04 AM

​We still have not had a meeting to re-approach this issue.  Without having Epic in front of me, I think that currently the best way is to use the packing LDA from incisions and wounds, and put in comments what wound/area it is being packed into, even though the only easy click options are non wound.  This is the problem.  We need the items documented on the incisions wounds area so that it shows up on the floor nurses flow sheet and cues them that packing is there and needs to be addressed.

It doesn't hurt to document in the notes section as well.

Based on our current charting options, do you guys have any other ideas?

Shauna

MK

Meddings, Kaci R

Wed 4/1/2015 8:37 AM

Shauna has been working on this with EPIC - is there any new info, Shauna?

Sent from my iPhone

SK

Schuessler, Kristi A

Wed 4/1/2015 8:31 AM

Just to double check,

  Where are we documenting packing these days?  The Incisions/Wounds section includes "Non-wound packing" (including things like vaginal packing?), but what is the current way we are to document sponges and such packed into a wound?  Are we just making a comment in Nursing Notes describing what was packed and how many?  Just wanted to double check...

Kristi Schuessler, RN, BSN, CNOR
Clinical Nurse ll
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Inpatient Operating Room - Spine Team

EPIC Timeout Charting

BP

Benson, Peter

Thu 3/19/2015 11:43 AM

Hey guys,

   Sorry it took me so long to get to this.  We are not currently utilizing this.  The plan right now is to go live with it May 1ish.  As we get it finalized, because it is going to change some, I can definitely meet with you guys to go over it for the guidelines.

Thanks,

Peter Benson RN, BSN, CNOR

Clinical Nurse III Service Specialist, Transplant Service

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LE

Lund, Erin

Thu 3/19/2015 10:05 AM

As far as I know the transplant documentation related to our time outs is still undergoing some changes.

We have been working with Tim Bracket in transplant office to change the names of the timeouts

ABO preorgan arrival recipient

Intened recip verification

ABO post organ recovery donor

All three of these titles are VERY confusing and it is NOT the same wordage that we use down here when we do our

ABO timeouts and verifications.  We want them to match what our transplant timeout sheets say right now so that when

we convert to only online ABO charting that we don't have confused nurses and then all the charts will be incorrect somehow.

Maybe Peter knows more now, but thats all I know.

Erin

Erin Lund RN BSN CNOR

Clinical Nurse III

Inpatient Operating Room

Transplant/Vascular Services

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HM

Hellrung, Megan E

Sun 3/15/2015 8:39 PM

Sent Items

**To:**

Benson, Peter;

**Cc:**

Schuessler, Kristi A;

Lund, Erin;

Hey Peter,

Kristi and I are working on writing the EPIC Charting Guidelines for the OR and was hoping you could shed some light on the timeout types related to transplant.

Are transplant cases utilizing the following, and if so, at what point in the procedure is it completed?

    1. ABO Pre-Organ Arrival Verification (Recipient)

    2. Intended Recipient Verification

    3. ABO Post-Organ Recovery Verification (Donor)

Considering I havent had the opportunity to circulate a transplant case in a while, just thought I would get some clarification on this!

Thanks,

Meg Hellrung RN BSN

Clinical Nurse II

Inpatient Operating Room

Spine Services

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Braden Scale

WJ

Ward, Jennifer

Tue 3/17/2015 6:54 PM

Yep! You got it!

**Jenny Ward RN, BSN**

University of Colorado Hospital

Inpatient Operating Room

GU/GYN Service Specialist

720-848-3668

SK

Schuessler, Kristi A

Tue 3/17/2015 4:23 PM

**To:**

Fritz, Sarah;

Ward, Jennifer;

**Cc:**

Hellrung, Megan E;

Meddings, Kaci R;

Action Items

Hello skin champions, past and present!

    Just wanted to check in with you as Meg H and I are working towards writing a documentation guideline.  At a past meeting, we were discussing the Braden Scale and wanted to follow up to make sure we will be telling people the right way to do it!

    So, we know that the Braden Scale is not meant for the OR - because our patients are anesthetized!  If the preop nurse does not fill out the Braden Scale (ex - perhaps on a night or holiday or something when preop is not here or just doesn't do it) and we are expected to fill it out - we wanted to double check with you guys that we should be filling it out thinking about the patient preoperatively - as in, the activity level etc of the patient before surgery and not during (because all of our patients would be high risk).

    Let us know what you think. Thanks!

Kristi Schuessler, RN, BSN, CNOR
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Inpatient Operating Room - Spine Team

Assessment of LDA's

LC

Lace, Christopher <CHRISTOPHER.LACE@UCDENVER.EDU>

Fri 3/6/2015 5:42 PM

We really don't document on lines and drains. This ends up getting done by the PACU nurses when we arrive there. Any output, such as drains, are usually documented in terms of volume, but not any further info. This is unlikely to change as we move forward.

-Chris

Sent from my iPhone

ReplyReply allForward

Mark as unread

SK

Schuessler, Kristi A

Mon 3/2/2015 2:14 PM

**To:**

Lace, Christopher;

**Cc:**

Meddings, Kaci R;

Hellrung, Megan E;

Action Items

Hi Dr. Lace,

  Meg Hellrung and I are in the process of writing a guideline that will help standardize EPIC documentation for OR nurses. During our meeting with OR leadership this morning, we came across an anesthesia-documentation related question and you were pointed out as a good resource for this!

  We were discussing what the OR nurses need to document as far as assessing lines and drains that the patient arrives to the OR with (transfer from the floor or ICU with drains, Foley, rectal tube, etc already in place).  We know that the anesthesia team is in charge of documenting I&O, so we were wondering what further assessment is documented along with this?  For example, if you note the volume of output in a drain, is there also an assessment of the drainage charted in the anesthesia record (ex serous, serosanguineous, etc)?  As well as an assessment of lines already in place?

  Any further information you could provide on this would be super helpful!  Thank you!

Kristi Schuessler, RN, BSN, CNOR
Clinical Nurse ll
University of Colorado Hospital
Inpatient Operating Room - Spine Team