ANTIBIOTIC TEACHES

SOC ANTIBIOTIC TEACH

GOAL:

Ensure patient can independently flush and administer antibiotics using proper technique.

POLICY:

Agency nurses will educate/teach patients and caregivers in accordance with physician orders, pharmacy instructions/materials and Agency policy. During each SOC / Admission visit and as applicable thereafter, the Agency nurse shall ensure the patient and/or caregiver is provided information and education (verbal & demonstration) regarding applicable in-home practices and procedures necessary for ordered therapy.

PURPOSE

For all teaching visits, the Agency nurse shall:

- **Assess the client's learning readiness and ability to pay attention and perform the required tasks.**
- **Explain the purpose of the medication and instruct how to administer medications, i.e., process time, frequency, route of administration, dose.**
- **Instruct the client regarding the potential side effects of the medication/procedure, including delayed hypersensitivity and anaphylaxis, which can potentially occur after the patient has received several doses of the medication.**
- **Explain that the medication should be taken as prescribed until the MD/provider directs otherwise.**
- **Allow the patient/caregiver to discuss any unresolved questions or concerns about the medication.**
- **Proceed to teach the patient/caregiver the techniques for administration.**
- **Observe and document when the client has successfully verbalized and/or demonstrated independence with medication administration and related therapy education elements.**

HAND HYGIENE

Hand hygiene is a routine infection-control practice that decreases the potential risk of microbial contamination and cross-contamination

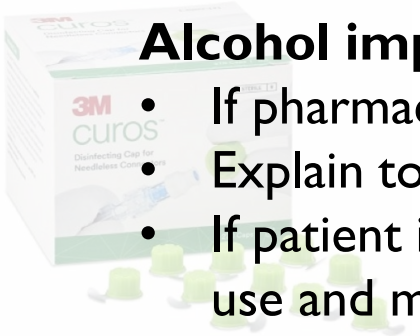
Wash your hands with Soap and Water upon arrival to patients' home. Hand sanitizer can be used throughout visit after initial wash with Soap and Water.

Hand Hygiene Policy

HOUSEKEEPING ITEMS

1. After washing hands and before doing anything else, **have patient sign the consent**
2. Give patient/CG the HHC Brochure
3. Check that the orders in your files MATCH the orders and the medication in the home.
4. Review with patient/CG the pharmacy folder in patient's home
   - Leave patient with HHC number and the pharmacy number
5. Explain to patient the role of pharmacy and the role of HHC
6. Review nurse's schedule with patient/CG (weekly or twice weekly visits) and what to expect
   - Dressing change, lab draws
7. CHANGE dressing on SOC and date and initial (unless the dressing was placed that day) **Dressings must be changed every 7 days**

NEED TO KNOW

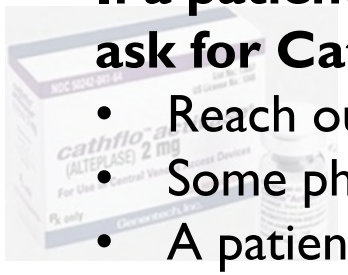


Alcohol impregnated caps are not required in the home for most patients.

- If pharmacy doesn't send with patient's supplies DO NOT TELL patient to ask for them.
- Explain to patient that they are not needed in the home situation.
- If patient is adamant on having, tell them they can order from Amazon, but they are a one time use and must be thrown out once removed from the clave.

Not all pharmacies send Biopatches or CHG impregnated dressings.

- If patient has one on from the hospital, but their pharmacy has not sent, explain to patient that not all pharmacies use them in the home setting.



If a patient's line is not drawing back blood or flushing, DO NOT TELL patient you will ask for CathFlo/Alteplase.

- Reach out to agency using the tag @TeamHelp-CareCoordination(Best Tag) and let us know
- Some pharmacies will not provide it in the home
- A patient's insurance may not pay for it.
- Agency will let the pharmacy know and will provide us with next steps

GENERAL TEACHING POINTS

1. **Wash hands**
2. **Prepare a clean surface and gather all supplies**
3. **Remove medication from fridge prior to infusing**
   - allow medication to come to room temperature
4. **Check medication for correct name, correct medication, DOB and expiration date**
5. **Check medication for any leakage or any cracks or any issues**
   - contact pharmacy if there are any problems with the medication

TEACHING POINTS CONT.

6. **Expel air from syringe**
   - Teach patient how to expel air out of syringes (medication, saline and heparin flushes) and instruct them always flush the air prior to attaching to line.
   - Teach patient the small air bubbles are not going to hurt them.
7. **Scrub the Hub**
   - Always Scrub the Hub prior to attaching anything to the line (15 second scrub and allow to dry).
8. **Instruct patient NOT to check for blood return.**
   - The nurse will do this at each visit. Instruct patient to flush the line per orders. If the Patient has any issue with the line, advise them to call HHC.
9. **Follow the SASH method**

SASH/SAS METHOD OF ADMINISTRATION

This method is the standard for flushing access devices (i.e. CVCs, Port-a-Caths, and PIVs) and administering medication. It stands for:

- **Saline (flush)**
- **Administer medication**
- **Saline (flush)**
- **Heparin (flush/lock)**

In some cases, SAS may be appropriate when Heparin is not needed

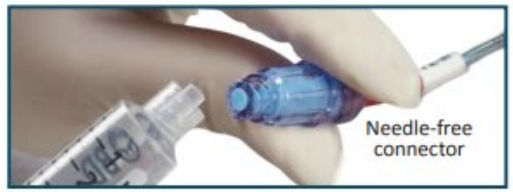
Be sure the patient can verbalize understanding and demonstrate the method.

Use the letters "SASH" to help remember the order for flushing your catheter

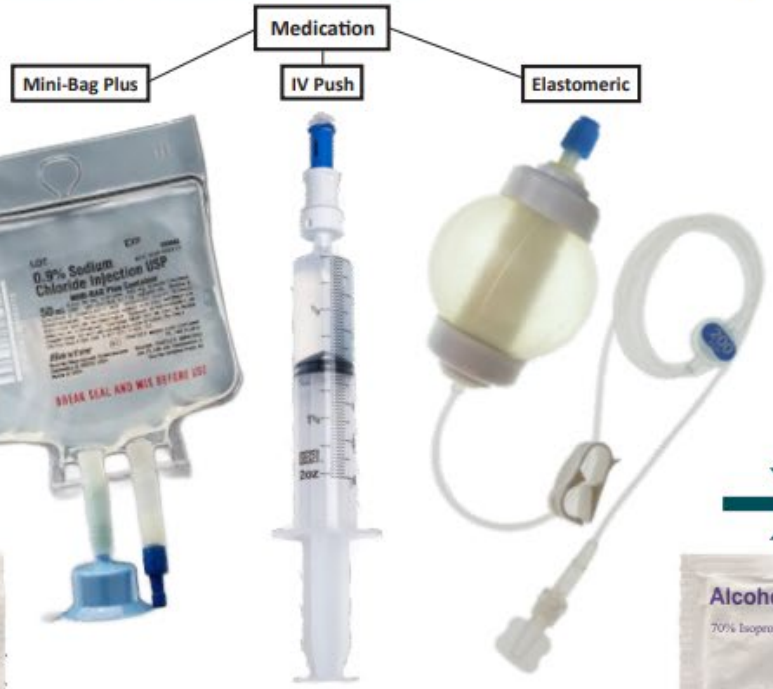
S Saline Flush

Medication Label

Inspect your medication label for the following:
- Name of patient
- Name of medication
- "Use by date"
- Time needed to warm medication to room temperature



A Administration of Medication*



*** Administration of medication**

Please refer to the patient teaching guide for specific directions

Scan the QR code to access all of our Patient Teaching Guides

S Saline Flush

H Heparin Flush*

*** If Ordered**

Heparin
(blue **OR** yellow top)

CLAMP (if present)

Reminders
- Use a new alcohol pad with each step.
- **DO NOT** reuse any syringe. Throw away after use.
- **DO NOT** touch the tip of the uncapped syringe with your fingers or let it touch any surfaces. If this happens, throw away the syringe and use a new one.

NOTE: All medication should be free of cracks, leaks, floating particles or discoloration. Call your nurse or pharmacist if there are problems with your medication or anything on label is incorrect

IV PUSH TEACHING POINTS

- Check instructions for how fast to push the medication over.
- Ensure that clamp on PICC line is open
- Remove the cap on end of syringe and attach to needle-free connector.
- Push at rate as ordered
- When complete, remove the syringe
- Clamp catheter (if clamp present) when completed

IV Push Teaching Guide

ELASTOMERIC BALL TEACHING POINTS

Teaching Points

- Check instructions for how long ball is to run over.
- Ensure that clamp is closed on the elastomeric ball.
- Remove the cap at the end of the elastomeric pump tubing and attach to needle-free connector.
- Open the clamp on elastomeric pump tubing to begin the flow of medication.
- Instruct patient that during the infusion the balloon will get smaller, and wrinkles may form. (Grape to prune)
- Instruct patient to position elastomeric pump in an area between armpit and hip. Placing it higher or lower may cause the medication to flow faster or slower then prescribed. During infusion caution patient not to sit or lie down on the balloon and do not place the balloon under blankets or in direct sunlight.
- When infusion is complete, clamp the elastomeric pump and disconnect.

Elastomeric-Patient-Teaching-Guide

TEACHING POINTS FOR MINI-BAGS VIA DIAL-A-FLOW/GRAVITY

Teaching Points

- Teach patient how to spike the bag, fill the drip chamber to halfway and prime the tubing and hang on pole. Make sure pole is fully extended.
- Instruct patient to run the medication at the rate on the medication label and teach where to set the dial
- Hook tubing up to hub and unclamp and run over ordered rate.
- When completed, clamp the tubing and disconnect and if using the tubing again, place a red cap on end of tubing.
- (Note – tubing is to be used for 24 hours)

Infusion via Dial A Flow Video

TROUBLE SHOOTING DIAL-A-FLOW

If infusion is not running

- Check the clamps on the PICC line and the IV tubing, start at PICC line and follow the line and ensure all clamps are open
- Check that there are no kinks in the tubing, if there are massage it between thumb and finger
- Check that pole is set at highest level
- Check that dial is not in the OFF position
- Check the connection between the PICC line and the tubing

If infusion is still not running

- Clamp tubing, disconnect the tubing and place red cap on end of IV tubing
- Attempt to flush line, if unable to flush reach out to agency, if able to flush, reconnect tubing after cleansing end
- If any further problems, reach out to agency or pharmacy

DOCUMENTATION

- If the visit is for a patient teach (the Medication will be administered by Patient/Caregiver) choose NO: Administration Record is NOT required (**do not** choose the Administration Record unless this is a first dose that you will be monitoring the patient for)
- Document education on the Clinical Admission Note: Education Acknowledgement
- Document the Medication name, dose, frequency and route
- Document your teaching
- Have patient sign the Education Acknowledgement
- Document if patient is "Independent with Verbal and/or Demonstrated Understanding"
- In your narrative document what patient was taught
- If patient needs "Additional Education/Teaching Visit" document this and let the CC know by tagging **@TeamHelp-CareCoordination(BestTag)** on your patient care and scheduling channel

- If you have any issues during a visit with a patient, please contact HHC via Teams first with questions and we will assist you.

- Tag **@TeamHelp-CareCoordination(BestTag)** on your patient care and scheduling channel.

- Anytime you are seeing a patient, and they have abnormal vitals signs or any concerning symptoms, please be sure to notify us immediately via Teams by tagging **@TeamHelp-CareCoordination(BestTag)** as well as documenting it in your notes

SUPPLIES/MEDICATIONS

All supplies and medications are shipped from the Pharmacy directly to the patient.

Patient is to notify pharmacy of any needed supplies when pharmacy calls to arrange shipping of medication.

If the patient has issues with supplies or medication itself, instruct them to reach out to their Pharmacy.

Patients don't always know what they need or the name of the items. As their nurse, check patient's supplies and write down on a sticky note or the delivery ticket or send them a text with what supplies they will need for next visit. Ensure that they have at least one or two extras on hand in case a prn visit is needed.

TPN teaches

- teach patient to add MVI and Trace Elements to the TPN if on the order
- orders may not say "add" or "teach", this is implied as pharmacy doesn't add for home infusions

DO NOT call the Pharmacy or MD unless Helms staff has asked you to.

- The office (Care Coordinators and Management) are the liaison between you and the Pharmacy. Any issues you encounter while in the home (i.e. patient with concerning symptoms, missing supplies, malfunctioning equipment, etc.) should be routed through Helms first.
- Rationale: Our management team will be able to help you through 90% of the issues you encounter. We have many nurses completing numerous visits on any given day and as a result, we need to limit the number of phone calls to the Pharmacy or MD as we don't want to bother them unnecessarily with things that we are capable of handling.

DON's KNOW BEFORE YOU GO

When seeing a patient for IV/Port Access
****ALWAYS establish patent IV access and flush PRIOR to mixing medication****

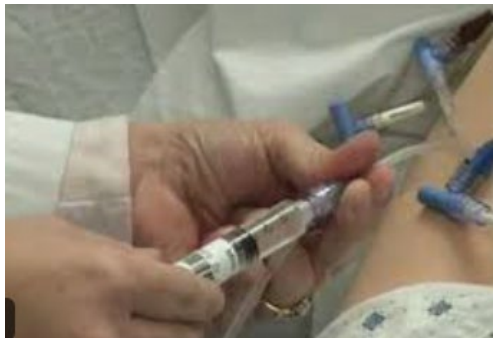
Pharmacy specific orders / instructions always supersede the Agency guidance provided below. If in doubt, do not guess, contact our office, by tagging @TeamHelp-CareCoordination and ask for Clinical Support.

ALWAYS establish IV access prior to mixing any meds
ALWAYS make sure you have everything you need to complete infusion before you begin
ALWAYS confirm your medication dose against the medication label and orders
ALWAYS reach out to us first (not the Pharmacy) with any questions
NEVER tell a Pt you have not given a particular medication before

COMMUNICATE VIA TEAMS

- It is always best to reach out on TEAMS first and tag **@TeamHelp-CareCoordination(BestTag)** and inform us of any issues you have encountered.
- Don't put messages about patient's condition in Chat, use your patient care and scheduling channel
- If you don't get a response, tag again.
- Then at that point, pick up the phone and call the office (business hours only)
- This way there is a paper trail to cover you and the agency
- Reminder after hours (eves and weekends) to submit a ticket
- Some examples are: missing supplies, change in patient's condition, reactions, line not drawing back blood or not flushing, attempted IV twice and need permission for a third attempt, orders in your file are different than what is in the home
- AGAIN, HAVING A PAPER TRAIL covers you and the agency.

TEACHING MATERIAL AND VIDEOS



- IV Push Video
- Mini Bag Plus Video
- Elastomeric Ball video
- How-to-videos-for-infusion-therapy
- Chartwell-patient-teaching-guides
- Kabafusion-patient-teaching-guides