



Tri-City Medical Center

Temporary Telemetry Unit on 1 East or 1 West Orientation Tour

Name: _____

Date : _____

Place a check mark "✓" in the box next to the item reviewed.

Submit completed copy to ICU Charge RN

	Access to unit (Contact Security for Temporary Badge Access)
	Family & Visitor Waiting Room/Entrance Monitor/ button to unlock entrance door
	Visitation Limitations (Visitation Hours and Rules are the same as the main Telemetry. Rules may be modified at the discretion of the ICU charge RN).
	Emergency Exits
	Kronos Clock
	Introduction to key staff
Reviewed	Emergency Codes/Equipment
	Code Blue Algorithms
	Crash Cart/Defibrillators/ Additional O2 tanks/ Emergency back-up oxygen tanks
	Intubation Trays
	Pacemakers (Temporary External Dual Chamber)
	Staff has an emergency code badge buddy
Reviewed	Health Team Collaboration
	Assignment Board/ Contact phone #'s / Physician phone #'s
	Patient charts/ Medical records box/ Old or thinned patient charts
	Phone system/patient call system/ patient phones
	Staff lounge/ lockers / Restrooms
	References/Policies & Procedures: Administration, Nursing, and Medication (Intranet)
Reviewed	Patient Care Equipment
	Central Cardiac Monitors/Patient bedside monitors/ Transport Monitors/additional cables
	Warming blanket
	Pyxis for medications
	Medication Prep Area
	Pyxis supply station / Respiratory Supplies
	Infection control: Location of Personal Protection supplies (Gowns, masks, gloves, Isolation Carts)
	Negative pressure room (TB Room) / Control to activate negative pressure
	Dirty Utility Room/ Clean utility/ Linen area/ Biohazard room
	Transfer- Slider Boards / How to contact Patient Mobility Technicians
	Portable Dopplers/Portable Thermometers
	Patient nutrition supplies/ Ice machine/ Incontinence & bath wipes with warmer
	Alaris Guardrails Medications- Basic Infusions
	Stat Strip Blood Glucose Meter

Signature: _____



Tri-City Medical Center

Temporary Telemetry Unit Documentation and Task Reminders

Ongoing Activities—in room

- ☐ Fill out pt's White Board
- ☐ All armbands on pt: ID, Allergy, Fall Risk (if applicable)
- ☐ Bedside monitor:
 - ☐ Alarm/parameter limits set & patient-specific
 - ☐ Arrhythmia alarms appropriate for patient
- ☐ Print/post strip of rhythm & pressure waveforms shift and prn for changes in rhythm
- ☐ Ensure all infusions programmed with Alaris Guardrails
- ☐ Check labels on IV bags, IV tubing
 - ☐ Date & time all IV bags when spiked
 - ☐ Admixed IV bags expire 24h after spiking
 - ☐ Commercial IV bags expire 96h after spiking
 - ☐ TPN expires 24h after spiking
 - ☐ IV tubing expires after 96h EXCEPT:
 - ☐ TPN = 24h
- ☐ Check tube feeding solution, date changed (good for 24h); ensure date/time are written on bag
- ☐ Check ventilator settings or BiPaP Settings
- ☐ Perform assessment (Beginning of shift and complete focus assessment per the Standard of Care for Adults)
 - ☐ Includes thorough skin assessment, including assessing under preventative pressure redistributing dressings
- ☐ Chart vital signs: every 4 hours and PRN or as ordered
- ☐ Administer meds using Barcode Scanner
- ☐ Change canisters and suction tubing at 0600 and prn
- ☐ Obtain and chart daily weight AT OR BEFORE 0600
- ☐ Give/document CHG Bath every AM before 0600 (ADLs), if ordered
- ☐ Provide/document Foley care (Provon) every shift and PRN with (ADLs)
- ☐ Wipe down/document "High Touch Areas" every day (ADLs under Environment Safety Implemented)
- ☐ Provide/document Oral care: Q6h if NPO, not intubated
 - ☐ if intubated, done by RCP Q4H
- ☐ Central line dressing dated with last dressing change
 - ☐ Change dressing every Saturday night (before 2359)
 - ☐ Change microclaves every Saturday to "green"
 - ☐ Change microclaves every Wednesday to "yellow"
 - ☐ Document completion of the above task in the medical record
- ☐ Ensure all equipment is off the floor (either hanging) no tubing, urinary drainage or fecal drainage bags on the floor)

For Any Procedures:

- ☐ Consent Signed, including Blood Administration Consent as needed
- ☐ Pre-Procedural Checklist completed (for procedures off unit use adhoc form.
- ☐ For procedures in unit Interactive View-Quick View
- ☐ (pre-, TIME OUT, intra-, and post-procedure)

For Suicidal Ideation Patients - 1:1 Observation:

- ☐ Complete Environ. Safety Checklist for Suicidal Pts QSHIFT
- ☐ Complete Suicide Observation Form (delegate to Sitter if applicable)

Admissions (in addition to above)

- ☐ Document in Interactive View-Quick View the time pt rec'd
- ☐ Admission Assessment completed (Task List)
- ☐ Admission Assessment-Patient History completed
- ☐ Pending MD Orders/Power Plans initiated
- ☐ Med Reconciliation completed; Preferred Pharmacy charted
- ☐ Initiate appropriate/individualized nursing care plans (IPOC)
- ☐ All Pt info entered into central monitor, including FIN
- ☐ Associate room and any equipment in Cerner
- ☐ Privacy Code obtained, form signed by patient, order in Cerner
- ☐ Initiate isolation precautions when necessary
- ☐ Restraint order initiated if applicable (and Restraint IPOC)

Transfers

- ☐ Clean up any orders that are ICU specific. Use order type Protocol/Standing Order
- ☐ Transfer documented in Interactive View-Quick View
- ☐ Power Plans and IPOCs updated/completed
- ☐ Any meds that need to go with pt (check fridge and red bin)
- ☐ Update/document pt valuables/belongings in Cerner
- ☐ Bedside handoff done if Neuro/Stroke patient
- ☐ All IV tubing, suction canisters disposed of appropriately
- ☐ Bed stripped, linens placed in hamper
- ☐ No PHI (patient labels, paperwork, etc.) left in room

Ongoing Cerner Charting

- ☐ Assessment initially at 0800/2000 & with ANY change in condition at the time they occur
- ☐ Restraints q2hr
- ☐ Restraint d/c documented when appropriate & d/c order
- ☐ Fall Risk Assessment
- ☐ Braden Scale
 - ☐ Appropriate prevention implemented & documented
- ☐ % meal intake (or "NPO") documented
- ☐ Patient education provided/document every shift and prn
 - ☐ Infection Prevention (CLABSI, Isolation status)
 - ☐ Medications (name, purpose, side effects)
- ☐ Clinician (Physician) notification found in Interactive View-Quick View: document any calls for all Critical Lab/Change in condition
- ☐ I&Os q1hr 0600 & 1800
- ☐ Review orders
 - ☐ Remove duplicates; use order type Protocol/Standing Order
 - ☐ Initiate any Planned Pending Orders
- ☐ Allergies - document reviewed
- ☐ Review/update Patient Plan of Care every shift; include
- ☐ Acuity documented: Use Acuity Sheet
- ☐ Complete any pending tasks
- ☐ Review meds to ensure all are given. Ensure pain level and response is documented pre- and post- administration
- ☐ Ensure pain level matches ordered range for the dose given.

Paper Chart

- ☐ No written orders should be in chart; if MD did write an order, ensure it is entered into Cerner and noted
- ☐ Review MD Progress Notes (most will be in Cerner)

End of Shift

- ☐ Ensure no pending tasks on Task List
- ☐ Review orders with oncoming RN; perform bedside handoff
- ☐ Verify IV infusions hanging for correct drug, dose, concentration
- ☐ Environmental scan of room
 - ☐ Room neat and tidy, no excess supplies/linens
 - ☐ IV infusion bags are replenished (not near dry)



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Temporary Telemetry Unit (1E and 1W) Opening of Nursing Unit Checklist

Location: _____

Date: _____

Person(s) Completing Form _____

Complete the checklist after permission is obtain to open a temporary Telemetry unit on 1E/1W.
Email /scan completed form to Regulatory Compliance Manager.

- ☐ Complete narcotic count, if not done

Notify the following (The task may be delegated to an ACT or Unit Secretary)

- | | |
|--|--|
| <input type="checkbox"/> Administrative Supervisor | <input type="checkbox"/> Environmental Services |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Food & Nutrition |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Directors or Designee of the following: |
| <input type="checkbox"/> Security | <input type="checkbox"/> Acute Care Services, Telemetry & PCU |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Private Branch Exchange (PBX) | <input type="checkbox"/> Charge RNs or designee (Telemetry, ED) |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Lab |

Equipment Checks (Turn on equipment, as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Emergency Cart (Crash Cart) <ul style="list-style-type: none"><input type="radio"/> Check cart, if not done | <input type="checkbox"/> Defibrillator (check and document) |
| <input type="checkbox"/> Ensure hard charts are available | <input type="checkbox"/> Printer & Paper |
| <input type="checkbox"/> Turn on cardiac monitor in patient room | <input type="checkbox"/> Check supply carts, linen closet |
| <input type="checkbox"/> Check ECG cables | <input type="checkbox"/> Kitchen: snacks, refrigerator |
| <input type="checkbox"/> Check electrodes, check date on bag if open | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Cleanliness of room | <input type="checkbox"/> Blanket warmer |
| <input type="checkbox"/> Oxygen supply cart | <input type="checkbox"/> Hand soap and sanitizer |
| <input type="checkbox"/> Oxygen supplies | <input type="checkbox"/> Nurse Call Light |
| <input type="checkbox"/> Oxygen devices (NC, NRB, etc.) | <input type="checkbox"/> Check bed controls |
| <input type="checkbox"/> Suction regulators and tubing | <input type="checkbox"/> Paper Towel |
| <input type="checkbox"/> Yankauer | <input type="checkbox"/> Room Computer and work station |
| <input type="checkbox"/> Glucometers | <input type="checkbox"/> Computers on nurse' station |



Tri-City Medical Center

Temporary Telemetry Unit (1E and 1W) Closing of Nursing Unit Checklist

Location: _____

Date: _____

Person(s) Completing Form _____

Complete the checklist after all patients have been transferred or discharged.

Email /scan completed form to Regulatory Compliance Manager.

Notify the following (The task may be delegated to an ACT or Unit Secretary)

- | | |
|--|--|
| <input type="checkbox"/> Administrative Supervisor | <input type="checkbox"/> Environmental Services (EVS) |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Food & Nutrition |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Directors or Designee of the following: |
| <input type="checkbox"/> Security | <input type="checkbox"/> Acute Care Services, Telemetry & PCU |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Private Branch Exchange (PBX) | <input type="checkbox"/> Charge RNs or designee (Telemetry, ED) |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Lab |

Verify Patient Protected Health Information (PHI) is secured – Check the unit for the following:

- | | |
|--|--|
| <input type="checkbox"/> Check all drawers and cabinets in patient rooms, nursing station etc for PHI. | |
| <input type="checkbox"/> Check printers | <input type="checkbox"/> Check patient rooms |
| <input type="checkbox"/> Shred all PHI | <input type="checkbox"/> Check nurses' station |
| <input type="checkbox"/> Emergency Cart (crash cart) | |

Environment – Ensure the following is cleaned by EVS

- | | |
|--|---|
| <input type="checkbox"/> Verify all rooms used are clean | <input type="checkbox"/> Computer and workstation |
| <input type="checkbox"/> Check patient bathrooms & BSC | <input type="checkbox"/> Single use items discarded |
| <input type="checkbox"/> Ensure room equipment is clean | <input type="checkbox"/> Reusable cleaned and identified as clean |
| <input type="checkbox"/> EKG cables | |

Turn off the source of power or place device in sleep mode

- | | |
|--|--|
| <input type="checkbox"/> Computer monitors | <input type="checkbox"/> Turn off room and bedside lights |
| <input type="checkbox"/> Cardiac monitors | <input type="checkbox"/> Pull curtains to ensure room is visible |
| <input type="checkbox"/> Copier | <input type="checkbox"/> Close door to all rooms |