

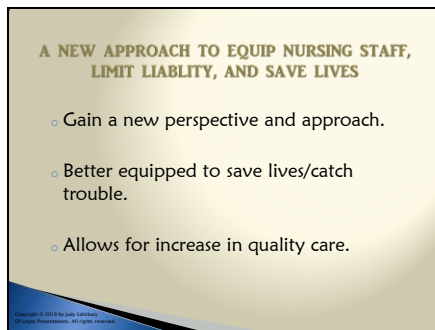
A NEW APPROACH TO EQUIP NURSING STAFF, LIMIT LIABILITY, AND SAVES LIVES presented by Judy Salisbury

Slide 1



LPNequip.ORG
LOGOS PRESENTATIONS NURSING
MODULE - #1
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Slide 2



**A NEW APPROACH TO EQUIP NURSING STAFF,
LIMIT LIABILITY, AND SAVE LIVES**
o Gain a new perspective and approach.
o Better equipped to save lives/catch trouble.
o Allows for increase in quality care.
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THREE SEGMENTS
▶ **1) Why LPNequip.org is Necessary**
▶ **2) A New Perspective & Approach**
▶ **3) Medical Emergencies, 911, & EMS**
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#1 WHY LPNEQUIP.ORG IS NECESSARY

▶ **EVOLVING ROLES/MINDSETS:**

- Changing roles.
- RN's growing role in admin.
- CNA's as Med-techs, LPN's role in patient care.

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#1 WHY LPNEQUIP.ORG IS NECESSARY

▶ **THE MEASURE OF SUCCESS:**

- Call lights prompt passive, response mode.
- Scheduled tasks/sameness shifts measure of success from patient care to task accomplished.
- Reality is nursing staff is in the life saving business. A high calling!

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#1 WHY LPNEQUIP.ORG IS NECESSARY

▶ **NOT AN INCOMPETENCE ISSUE:**

- Nature of position. Additional perspective is needed.
- Moving CNA's from task oriented to medically minded for Med-tech position.
- Moving beyond the "5 Rights"

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#1 WHY LPNEQUIP.ORG IS NECESSARY

▶ **REAL WORLD EXAMPLES:**

- PRN Milk of Mag. (Med error?)
- Dismissing world-view for pain med.
- Constant request for narcotic pain med for client who never usually asks.

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#1 WHY LPNEQUIP.ORG IS NECESSARY

▶ **DANGER OF SEMANTICS:**

- "Resident/Client" implies independence/competence.
- Landlords don't pass meds!
- Are there for medical reasons, complaints are medical, decline because of medical conditions. WE MUST VIEW AS PTS!

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#2 – A NEW PERSPECTIVE & APPROACH

▶ **KEY DIFFERENCE:**

- NOT beyond the scope of practice.
- Helps caregivers to be more effective, helps save lives.
- Key difference between EMS and Nursing: RAPID ASSESSMENTS!

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#2 – A NEW PERSPECTIVE & APPROACH

▶ **RAPID ASSESSMENTS:**

- Happen as soon as we walk through the door.
- Up-beat and positive.
- Alert, oriented, posture, countenance, skin color/quality, guarding.
 - “What’s wrong?” “If you can talk you can breathe.”

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#2 – A NEW PERSPECTIVE & APPROACH

▶ **WITHIN SCOPE OF PRACTICE:**

- 5 (6) Rights: *MED, PT, DOSE, ROUT, TIME, EXPIRATION DATE.*
- Five steps for med admin: **evaluate pt.**, med set up, admin med, document, **observe.**
- The “EVALUATE PATIENT” & “OBSERVE” steps above puts this training within the scope of practice.

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#2 – A NEW PERSPECTIVE & APPROACH

▶ **RAPID ASSESSMENT QUESTIONS – OPQRST**

- **O** – ONSET: What were you doing?
- **P** – PROVOKES: What aggravates the condition more (less)?
- **Q** – QUALITY: Describe discomfort. (Could that tearing pain be abdominal aortic aneurism?)

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#2 – A NEW PERSPECTIVE & APPROACH

▶ **RAPID ASSESSMENT QUESTIONS – OPQRST**

- **R – RADIATE:** Where does it go? (Down the left arm?)
- **S – SEVERITY:** 1-10 scale
- **T – TIME:** How long has it bothered you?

Don't worry about time it takes – how long does it take if they fall due to dehydration or hypoxia?

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#2 – A NEW PERSPECTIVE & APPROACH

▶ **WHO'S TRAINING THE NEWBIES?**

- When CNA's train CNA's.
- Missing details with each generation.
- Move to mentoring bonus

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#2 – A NEW PERSPECTIVE & APPROACH

▶ **THE REALITY OF CHANGING STAFF:**

- Can everyone still hear to take a pressure? Kneel down?
- Help them be candid re: strengths/weaknesses
- Help each other as any family would.

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#3 – MEDICAL EMERGENCIES, 911, & EMS

► **IN CASE OF EMERGENCY**

- Keep calm. Keep still.
- Don't alarm pt. or other residents.
- Follow procedures & protocols.

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#3 – MEDICAL EMERGENCIES, 911, & EMS

► **CALLING 911:**

- Okay to say, “**C-spine precautions are being taken.**”
- Okay to say “**High index of suspicion for...**”
That's NOT diagnosing.
- Need full set of vitals ASAP for baseline, then every 10 min. **VITALS ARE VITAL!**

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#3 – MEDICAL EMERGENCIES, 911, & EMS

► **VITAL VITALS:**

- Blood pressure, heart rate (pulse)
- Respirations, lung sounds, O² SATs
- Blood glucose (CBGs), temperature

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#3 – MEDICAL EMERGENCIES, 911, & EMS

▶ **THE CONVERSTATION:**

“I have an 83 year-old-male who is conscience and breathing complaining of chest pains high index of suspicion for an MI.”

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#3 – MEDICAL EMERGENCIES, 911, & EMS

▶ **THE CONVERSTATION:**

“I have a 64 year old female who is unconscious and apneic with no DNR in place CPR in progress.”

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#3 – MEDICAL EMERGENCIES, 911, & EMS

▶ **THE CONVERSTATION:**

“I have a 72 year old male who is conscience with difficulty breathing.
O₂ SATs 86% on room air.
B.P. 84/60 heart rate 130.
We are in the process of administering supplemental O₂ via nasal cannula.”

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#3 – MEDICAL EMERGENCIES, 911, & EMS

▶ **THE CONVERSTATION:**

“I have an 89 year old male
who is conscience and breathing
with a traumatic injury fall.
High index of suspicion for pelvic fracture
10/10 pelvic pain, right leg longer
than left. Currently pulling a set of baseline
vitals.”

(Might keep you on the phone for those)

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#3 – MEDICAL EMERGENCIES, 911, & EMS

▶ IF THE UNTHINKABLE HAPPENS

- Clear airway, stop bleeding, hold c-spine, keep calm.
- Impending doom... it's real!
- Helping hyperventilating PTS.
(DNR not in play!)

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WRAPPING IT UP

- ▶ Hope you've gained a new perspective and approach.
- ▶ Better equipped to save lives.
- ▶ To increase the quality of your care.

Questions? Thoughts?

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