

Thanks for Joining the Campaign!



Together we will zero out medical error.

Keep these important checklists at your fingertips for times when you are called on to be an advocate for a family member or friend. And if you ever need an advocate yourself, be sure that person has a copy too.

These checklists cover some important medical conditions that require special vigilance from all of us. Share them with the medical team caring for your patient (or you!) -- no doubt they will have even more ideas for being an effective advocate.

In every healthcare setting, we need to be especially careful about cleanliness. Germs spread easily, and often, visitors carry them in. Please do everything you can to create a safe cocoon of cleanliness around the patient you're caring for to prevent infection.

Frequent hand washing and surface cleaning is an absolute *must*. Make sure you are well equipped with antibacterial cleansers for hands, body, hospital surfaces and medical instruments. Use them and share them – don't *ever* be afraid to speak up and hand a wipe to a doctor, nurse or anyone else who has forgets to scrub their hands – or their instruments – *before* they touch your patient.

Go to www.campaignZERO.com for a quick video on effective hand washing to zero out bacteria. Just click on *Quick Course in Medical Error*, then *Hospital Infections*.

Many thanks for joining [campaignZERO](http://campaignZERO.com) – we appreciate you!

Best regards,

Karen Curtiss

Karen Curtiss

P.S. Please check back with campaignzero.com often – we're constantly updating our resources for you.



General Tips for Managing Your Loved One's Care

- ✓ Bring a notebook with paper and pockets to create your own Care Journal. Use it for daily notes and storing important papers you and your loved one will receive during hospitalization.
- ✓ Make a list or chart of your loved one's Care Team and their contact information -- keep it handy in your Care Journal notebook. Other important documents you should have in your Care Journal notebook are:
 - ✓ Copy of your loved one's Medical Power of Attorney and Advanced Care Directives
 - ✓ Copy of your loved one's Medication Record
 - ✓ *(If your loved one has not completed these documents, you can help by downloading these from free websites and, perhaps, working alongside your loved one to fill them out.)*
- ✓ Familiarize yourself with the hospital layout and resources. Every hospital room should have a book or directory of the hospital floor plan and key administrative contacts. Be sure to note the hospital's advocate.
- ✓ **If allowed**, plan to stay with your loved one 24/7 while in the hospital. Find others to pitch in and cover times when you can't be there. Be sure to brief them on all checklists. Help ensure that the Care Journal is kept up-to-date and remains in your loved one's hospital room.
- ✓ Promote conversation between care givers and your loved one. Help your loved one feel confident and motivated by learning "why?" from them. For example, after surgery, patients are asked to walk as soon as possible. When patients know why walking is so good for recovery, they're more eager to do it. Look for explanations of health benefits for other difficult things your loved one may be asked to do.
- ✓ Ask caregivers at every shift change to introduce themselves to your loved one. Write their names down in plain view and record in the Care Journal too. (Often a white board is provided in each room for this.)
- ✓ Keep the hospital room neat and orderly. Clutter creates hazards.
- ✓ Manage visitors to help make sure your loved one is not tired out by the number of visitors or length of visits. *(If your loved one has a roommate, be especially considerate in managing visits and noise level.)*
 - ✓ **Be sure all visitors understand and use good infection prevention habits -- remind as needed!**
 - ✓ **Point out any glove and gown procedures in place for your loved one. Make sure everyone follows these -- even if it's uncomfortable. They protect visitors too.**
- ✓ Be helpful... Perform random acts of kindness! If able bodied, help make your patient's bed. Go to the ice machine yourself. Ask if you can get the extra blankets your loved one needs out of the supply cabinet.
- ✓ Show appreciation to your loved one's care team with a simple, frequent "Thank you." Write a note to the hospital administration recognizing those who have been especially caring toward your loved one.



MRSA (Methicillin-Resistant Staphylococcus Aureus) and VRE (Vancomycin Resistant Enterococcus)

Bacterial infections that do not respond to most antibiotics. Mostly introduced to hospital environment by outside visitors, benign in healthy people, but harmful to patients with lowered resistance to infection. Usually transmitted by unwashed hands or by contact with contaminated surfaces or medical instruments. May cause skin infection, bloodstream infection, or pneumonia.

Risk Factors: (Any of these:) Age 65+, weakened immune system, organ failure, on dialysis, feeding tube, had recent surgery, catheterized.

✓ Hand washing with antibacterial or alcohol based soap is critical for preventing staph infections. *Don't hesitate to politely ask doctors, nurses and others to wash their hands before touching your loved one – and please make sure that nothing is touched in between.*

✓ Use alcohol based anti-bacterial wipes, sprays and soaps to eliminate bacteria from...

- TV remote control, telephone, cell phones, PDA's, iPods
- Door knobs, toilet flush levers, faucets, light switches
- Cabinets, countertops, IV poles, IV pumps
- Bed rails, tray tables, bedside tables
- Bedside chair, wheelchairs
- Stethoscopes, blood pressure cuffs, pulse oximeters, thermometers, nasal canulas, inhalers
- **If necessary, make sure these with an anti-bacterial cleaner before use on your loved one.**

✓ Wipe surfaces clean after every touch. Use wipe only once. Use only one side of the wipe. Dispose in the waste basket immediately after use. Never re-use.

✓ Try to avoid touching surfaces outside your family member's hospital room. Always wash your hands properly -- no matter what -- when leaving *and* re-entering his/her room.

✓ Launder any clothing you wear in the hospital with bleach (Clorox type – not the type for colors) Do not line dry –dryer heat helps kill bacteria. *Caution visitors to do the same. Do not allow anyone to sit on your loved ones bed.*

✓ Launder your patient's clothing too. Bring freshly laundered clothes to the hospital for your patient and store in a suitcase or plastic bag.

ALERT NURSING: Any sign of skin lesions that look like boils (even very small ones), patient chills, new signs of confusion.



C. diff (CDI) Clostridium difficile

A bacterial infection that causes diarrhea, colitis, dehydration. Easily transferred person-to-person and picked up from contaminated surfaces.

Risk Factors: (Any of these:) Age 65+, use of antibiotics, prior history of C. diff infection, weakened immune system.

- ✓ Keep a record of your family member's antibiotics and other medications (types and doses).
- ✓ Help keep your family member's surroundings extremely clean with antibacterial wipes and sprays. (See checklist under MRSA/VRE.)
- ✓ Wash your hands with antibacterial soap or alcohol based waterless gel after touching any surfaces or your family member.
- ✓ Wash your hands (as above) before you leave your family member's room (*Please remind healthcare staff and visitors to do the same as necessary.*)
- ✓ Launder any clothing you wear in the hospital with bleach (Clorox type – not the type for colors) Do not line dry –dryer heat helps kill bacteria. *Caution visitors to do the same.*
- ✓ Launder your family member's clothing too. Bring freshly laundered clothes to the hospital for your family member and store in a suitcase or plastic bag for the trip home. Launder these upon arrival home.
- ✓ Follow all other precautions and procedures listed for MRSA/VRE too.

ALERT NURSING: Any sign of diarrhea (may be bloody), loss of appetite, nausea, abdominal pain/cramps, chills, rapid heart beat.

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VAP

Ventilator Associated Pneumonia

A bacterial infection of the lungs, introduced to a patient's body through the mouth, nose or hole in the front of the throat where a ventilator tube delivers oxygen to help the patient breathe.

Risk Factors: Age 65+. Dependency on supplemental oxygen and/or feeding tube. The longer a patient is intubated for oxygen, the greater the chance to develop this form of pneumonia.

- ✓ If your patient has breathing support on a ventilator, ask for a daily “assessment of readiness to wean.” Keep reminding as necessary.
- ✓ When the tube is inserted, ask that sterile procedures are followed.
- ✓ Help make sure your patient's upper body and head are elevated 30-45 degrees. If your loved one falls or slumps, gently help prop up to maintain a straight posture.
- ✓ Ask for medication to prevent your patient from getting stomach ulcers.
- ✓ Follow all steps to prevent DVT (Deep Vein Thrombosis) which can lead to blood clots.
- ✓ Make sure your patient receives daily oral care to eliminate bacteria: thorough, gentle tooth brushing to dislodge plaque followed by a chlorohexidine-based rinse.
 - *A soft-bristled toothbrush should be used.*
 - *All plaque and other debris should be suctioned from the patient's mouth.*
 - *NOTE: Chlorohexidine rinse has an unpleasant taste and can stain your loved one's teeth brown – but it should not be rinsed out!*
 - *Coffee, tea, dark berry-flavored juices and red wine should be avoided to help prevent staining.*

Alert Nursing: Condensation in your loved one's tubing or if the tubing becomes dislodged. Any sign or complaint of body aches, chills, headache, fever, new sign of confusion, new cough, cough with phlegm (can be green). White patches or sores inside mouth or on lips.

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CAUTI (or UTI)

Catheter Associated Urinary Tract Infection

A bacterial infection affecting the bladder, kidneys and urethra. Bacteria can be introduced from the environment at the point where a urinary catheter is inserted.

Risk Factors: The longer a patient is catheterized for urine collection, the greater the chance to develop a urinary tract infection.

- ✓ If your patient is catheterized for urine collection, double check with his/her doctor to find out if it is really necessary – *and for how long*.
- ✓ On a daily basis (or at the estimated time for removal), ask if the catheter is still necessary. Keep reminding as necessary.
- ✓ Make sure that the catheter and tubing receive daily soap and water maintenance around the insertion site from nursing staff.
- ✓ Double check to make sure that initial catheter insertion is performed using sterile gloves, sponges, patient drape and single-use petroleum jelly.
- ✓ Check the tubing for kinks or tangles to prevent urine from back flowing every few hours – or every time your family member moves or shifts in bed (Set a timer if necessary.)
- ✓ Check the collection bag often to make sure it is always well below the level of your loved one's bladder – this helps prevent urine from back flowing too.

Alert Nursing: Complaint of pain or burning sensation in the lower abdomen and/or lower back pain around the kidney area, chills, fever.



DVT (leading to PE)

Deep Vein Thrombosis (Leading to Pulmonary Embolism)

A blood clot that forms in the deep veins of the leg. If the clot breaks off and travels to a lung, it is called a pulmonary embolism. Both are life-threatening conditions. (It is the leading cause of maternal death associated with childbirth.)

Risk Factors: (*Any of the following*) Any kind of surgery (even outpatient), but especially any surgery lasting longer than 45 minutes, abdominal/pelvic/hip/knee surgery, family history of clotting, diabetes, smoker, on birth control pills or hormone replacement, sedentary lifestyle, obesity, spinal cord injury, multiple major traumas.

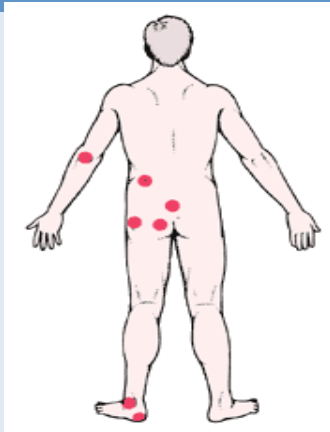
- ✓ Engage medical staff – doctors and nursing – in creating a DVT prevention plan. Run down the list of risk factors that pertain to your loved one to help emphasize and focus on a plan.
- ✓ If a written plan is not provided by the hospital, write it yourself. Make sure a copy is included with your family member's chart. Distribute copies to any other family or friends who are acting as advocates too.
- ✓ The plan should include the following: use of mechanical, pulsing compression stockings/boots (24/7), regular and frequent walks, a prescribed blood thinner – such as Coumadin or Plavix.
- ✓ Record the blood thinner, dosage and frequency prescribed in your medication record (see medication error prevention) and monitor administration.
- ✓ Help your family member monitor the signs and symptoms for DVT and PE for at least 2 months after hospital discharge. (SEE **RED BOX** below.) Help keep DVT prevention top of mind – even if the patient is feeling 100% “back-to-normal” in other ways.
- ✓ Encourage walking as often as possible – even with a physical therapist if needed.

Alert Nursing: IF YOU OBSERVE ANY SWELLING IN THE LEGS OR YOUR FAMILY MEMBER REPORTS LEG PAIN (OR A HOT OR BURNING SENSATION) OR HAS ANY SHORTNESS OF BREATH. NOTE: IF PATIENT IS ON PAIN MEDICATION OR A VENTILATOR, YOU WILL NEED TO BE ESPECIALLY WATCHFUL AS THE SENSES ARE DULLED AND BREATHING IS ARTIFICIALLY ASSISTED.

Pressure Wounds (Bed sores, Pressure Ulcers)

A painful sore on the skin, or a skin ulcer that tends to develop on the knobby areas of the body or where moisture collects. Can be a dangerous tunnel for infection.

Risk Factors: (Any of the following:) Age 65+, diabetes, stroke, spinal cord injury, cancer, poor circulation, pulmonary disease, bedbound, chair bound, very thin, very overweight.



Every day:

✓ **Thoroughly check bony areas: back of the head, behind the ears, elbows, hip bone area, tailbone, knees, and heels.**

✓ **Check where moisture can collect: between buttocks and under breasts. (Moisture can break skin cells down quickly.)**

✓ If your loved one is alert and capable of moving, encourage a change in position as often as possible – at least every hour. Set a timer to help stay on schedule if necessary.

✓ If your loved one can't move, ask a nurse to help her/him change positions every 2 hours. (Again, a timer is very helpful. Re-positioning is critical for preventing painful pressure wounds by keeping blood circulation flowing.)

✓ Cushion ankles, elbows, back of head with pillows. If side lying, cushion between knees.

✓ Schedule trips to the bathroom every 2 hours/more as needed (limit time on a bedpan).

✓ Immediately replace wet gowns and sheets, carefully avoiding any friction against skin.

✓ If urine or bodily fluids have touched the patient's skin, *gently* pat wash -- pat dry as well.

Alert Nursing: Warm skin areas, white skin (that is normally pink) on bony areas, swelling, breaks or splits in skin, abrasions, any sores or "boils", complaints of skin burning, tenderness.



Falls and Fractures

Falls can occur when getting out of bed or stumbling while walking. Patients may fall out of bed too.

Risk Factors: (Any of the following) Age 65+, weakness, side affects from some medications that cause dizziness or confusion, low blood pressure, muscles atrophied from prolonged bed rest, fatigue, vision problems, ear infections, vertigo, dehydration.

- ✓ Look for hazards in your family member's room. Point out furniture and equipment on wheels or casters to the patient. Move these items out of reach when not in use.
- ✓ Bring a three- or four-pronged, rubber tipped, cane for your family member to use.
- ✓ If you are able bodied, lend your steady arm when your family member needs to get out of bed for any reason.
- ✓ Never leave your family member alone in the room while he/she is using the bathroom or commode.
- ✓ Make sure the hospital gown is securely tied and does not drape about your family member's legs or drag on the floor.
- ✓ (If on an IV) When your family member is preparing to get out of bed, make sure the IV tubing is not tangled or likely to interfere with getting out of bed or walking . Carefully gather the lines and hold them away from your family member's body if necessary.

Alert Nursing: FOR ANY FALL. HIT A CALL BUTTON IMMEDIATELY. DO NOT TRY TO MOVE YOUR PATIENT YOURSELF. Lightly drape a blanket over your patient.

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Medication Errors

Errors occur because safe medication management is complicated. Many drugs look alike and sound alike. Often, patients don't realize the safety reasons for revealing all drugs and medical supplements they've used.

Risk Factors: There are up to 14 steps involved in each medication order. Conservatively, patients receive 10 medications/day. Even hospitals that are 99.9% medication-error free will have 1 error every 10 patient days.

- ✓ If the doctor writes prescriptions in their own hand, ask the doctor to print all informatio.
- ✓ For all prescriptions – whether hand written or e-scribed -- follow these procedures:
 - ✓ **Repeat:** Ask the prescribing doctor to read each prescription aloud in front of a nurse and yourself to confirm medication, dosage, frequency and administration instructions. (If not confirmed, ask the doctor to re-print the prescription and repeat confirmation step until clear.)
 - ✓ **Remind** the doctor of any allergies or sensitivities (e.g., nausea) your loved one has to any medications.
 - ✓ **Ask:** What will this medication do? (What are the benefits?) What are the side effects? *What should I watch for* – what are the signs of progress and problems. How long will the patient be on this drug?
 - ✓ **Review** the medications your loved one may already be taking, including herbal supplements, over the counter medications and any other legal or illegal drugs taken. Ask about potential drug interactions.
 - * **Remember** to include vitamins, nicotine patches, hormone replacement therapies, diet aids – even aspirin. Don't withhold alcohol or recreational drug use -- no one will make judgments.
- ✓ **Keep your own up-to-date record of all of this information for all medications.**
 - ✓ **Learn** about the medications your loved one is taking. Buy a drug handbook or look up drugs online. Use a variety of sources to double check dosing guidelines, drug interactions and potential side effects. Record notes about each medication in the medication record you keep for your loved one.
 - ✓ **Record** every time a medication is given to your loved one (name, dose, type of administration, name of nurse who administered and time) and double check against your medication record.
 - ✓ **Stop** any drug from being administered to your loved one if you do not have a record of it.
- ✓ Before every drug administration, ask the nurse to check your loved one's wrist band, say the patient's name out loud, and state the medication and dose about to be given. Double check against your records.
- ✓ Don't distract a nurse while giving a drug. Speak up, however, if you see or sense an error occurring.

Alert Nursing: For any signs of adverse reactions the doctors, nurses or your own research revealed. Trust your gut. You know your loved one best. Every drug – or combination – could affect your loved one in an unintended way. It's OK to find a nurse for any concerns about something that “just doesn't seem right .”

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Surgery Errors

There are several types of surgery errors: the wrong area of the body is operated on, a surgical tool is left behind in the body (especially in abdominal cavities), and infections can arise at the surgical site, no matter where it is located.

Risk Factors: (Any of the following) Any surgery presents risk of infection, especially for those age 65+. Other risks are: compromised immune system, diabetes, high blood sugar, limb surgeries and surgeries where the body has "twin organs" (e.g., lungs, kidneys), abdominal and intestinal surgeries.

- ✓ In the days before surgery, make sure your loved one showers (not bathes) for at least 2 days with antibacterial hair and body soap with a final shower timed just before leaving for the hospital.
- ✓ *If antibiotics have not been prescribed, make sure your loved one receives an antibiotic at least one hour before surgery AND for a day after surgery.*
- ✓ Help your loved one mark the part of the body to be operated on: Use a body marker (or pen), write "Cut here". Next to it, write the patient's name, blood type and any drug allergies.
 - In the case of limbs and twin organs, write "DON'T cut here" on the opposite limb/organ.
 - When you get to the hospital, review these critical notes and confirm all details with the doctor, the anesthesiologist and all attending nurses.
- ✓ Keep your loved one warm before, during and after surgery. In cold weather, warm up the car first. Make sure hair is dry. Bring extra clothing. *Wherever* your loved one goes in the hospital, find out where the extra blankets are kept. Ask if you can get them yourself or ask for nursing to help keep your loved one bundled up and warm.
- ✓ Make sure you have a copy of the patient's medication record. Review with surgery team. Highlight allergies.
- ✓ Confirm that the surgical team will be... 1) Taking a "Time Out" just before the surgery *and* 2) Using a checklist to account for instruments and sponges. *If not, insist on it.* (These are common sense procedures a conscientious surgical team follows to prevent error.)
- ✓ Wait in the hospital during surgery and sit beside your loved one in the recovery area. Follow all infection prevention steps covered in VRE/MRSA checklist as well as all DVT/blood clot prevention strategies.

Alert Nursing: Any sign you observe or see on monitors of reduced or irregular breathing or heartbeat, choking, chills, sweats, flushed red face.

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