

# St Luke's

UNIVERSITY HEALTH NETWORK

## Nurse Residency Program

### St. Luke's Nurse Residency Program celebrating one year

#### Special points of interest:

- ◆ New graduate RNs are now participating in a residency program at St. Luke's
- ◆ Monthly seminars focus on patient outcomes, professional development, and leadership
- ◆ Our nurses are offered the support of disciplines from throughout the Network

In March, St. Luke's Nurse Residency Program celebrated our first birthday! We have come so far in a short time and have much to share. We have three active cohorts with 25 facilitators to support our residents as they learn and grow in their chosen profession.



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### Resident Cohorts

#### Cohort 1

After our 5-month Pilot program, we began in August 2017, with 100 Residents.

Cohort 1 Residents are currently conducting Evidence-Based Research projects focused on improving the care of St. Luke's patients. Expect to see great work in July!

#### Cohort 2

Our December cohort is 95 strong and has learned about clinical communication, professionalism, and conflict resolution, and have enjoyed a seminar devoted to their wellness and self-care. Up next for Cohort 2 are simulated experiences to hone clinical reasoning and build confidence.

#### Cohort 3

March marked the start for our third cohort, with 60 Resident RNs. We are looking forward to providing the same high-quality learning, with tweaks suggested by current residents, to our newest group of new Registered Nurses.

## Clinical Practice Spotlight

### Securing IV Success: Help to Prevent Peripheral IV Infiltration by Proper Application of IV Dressing

Over 70% of all hospital admissions have a peripheral intravenous device (PIV) inserted; however, the failure rate of PIVs is unacceptably high, with up to 69% of these devices failing before treatment is complete. Failure can be due to dislodgement, phlebitis, occlusion/infiltration and/or infection. This results in interrupted medical therapy; painful phlebitis and reinsertions; increased hospital length of stay, morbidity and mortality from infections; and wasted medical/nursing time.

A serious complication is the inadvertent administration of a solution or medication into the tissue surrounding the IV catheter--when it is a non-vesicant solution or medication, it is called infiltration; when it is a vesicant medication, it is called extravasation. Both infiltration and extravasation can have serious consequences: the patient may need surgical intervention resulting in scarring, experience limitation of function, or even require amputation. Another long-term effect is complex regional pain syndrome, a neurologic syndrome that requires long-term pain management. These outcomes can be prevented by using appropriate nursing interventions during IV catheter insertion and early recognition and intervention upon the first signs and symptoms of infiltration and extravasation.

Infiltration is the inadvertent administration of fluids/medications into surrounding tissue. Infiltration may be caused by trauma to vein at time of insertion.

Recognizing the early signs and symptoms of infiltration include local edema, skin blanching, skin coolness, leakage at the puncture site, pain, and feelings of tightness.

Compare the contralateral limb for differences in circumference. Look above and below the venipuncture site.

Infiltration may also occur by friction, over manipulation, high flow delivery rate or poor securement of catheter.

**If you identify signs and symptoms of infiltration, immediately stop the infusion and remove the catheter. Complete an event report.**



#### How to Treat an IV Infiltrate:

A common intervention for infiltration is thermal manipulation at the site. For certain nonvesicant drugs, you'll apply heat to increase blood flow and the amount of interstitial tissue in contact with the fluid.

For hypertonic or hyperosmolar fluids, apply cold to restrict contact with additional tissue, thus limiting the tissue affected by osmotic fluid shift.

For isotonic or hypotonic fluid, choose heat or cold based on patient comfort.

\*\*\*\*Appropriate PIV dressing and securement may prevent many cases of PIV failure, especially those related to IV infiltration. **Proper placement of the 3M IV Secure Dressing is crucial.**\*\*\*\*

#### How to properly apply the 3M Advanced IV securement dressing:

Site must be dry before placing dressing. Consider use of Cavalon barrier for better adherence.

**Notch to Notch:** Keyhole of dressing must be lined up with catheter—not overlap the extension set connection.

Pinch the film firmly around catheter at the notch area. "Finger" ends of dressing should slightly cross UNDER the catheter hub—(Like a Chevron "X")

Apply firm pressure to entire dressing. It is pressure and heat sensitive.

Place securement tape strip over tubing connection and then PINCH down firmly.

Anchor extension set with clear 1-inch tape to patient.



#### Key points

Aseptic technique at all times when inserting and caring for IV's

Always use CHG (Chlorhexidine) to cleanse site and allow to fully AIR DRY before attempting venipuncture.

Scrub the hub-5 twists with alcohol prep every time you connect anything to IV site

Assess all IV sites routinely (at least every 2 hours)-document abnormal findings

"If in doubt—Take it out" start a new IV site

Pre-hospital sites or those placed in emergent situations expire within 24 hours.

Always document infiltrates, phlebitis, erythema, infection in medical record (LDA flowsheet) and complete an event report

## Preceptor Development Program

Nurse Residency Facilitators, working with Kim Cunningham from St. Luke's Bethlehem Education Services, have created a standardized education class for Preceptors. Although developed by nurses, our class is suitable for anyone who serves in the role of preceptor to new employees or students.

An innovative method of annual competency assessment for preceptors will be rolled out this fall. Any nurses who serve as preceptors to new graduate Nurse Residents must have competencies assessed annually, in accordance with CCNE accreditation standards.

Classes are held at all campuses on day and night shifts. Register through MEL by searching Preceptor Preparation.



## Upcoming Seminars

Seminars are held in the Priscilla Payne Hurd Education Center at St Luke's Bethlehem at 8 AM. Feel free to stop by to see what our residents are up to.

April	4th	Pain Management, End of Life, Gift of Life
	18th	Professional Ethics & Culture
	25th	Self-Care and Stress Management
May	2nd	Managing the Changing Patient Condition
	16th	Goal Setting & Evaluation
	23rd	Patient Safety, Skin, & Wounds
June	6th	Patient Safety & Care Coordination
	20th	Professional Development
	27th	Care Coordination, Resource Management, & Finance



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## Nurse Residency Facilitators



Our Nurse Residents are fortunate to have the support and mentorship of our team of committed nurse Facilitators. Our facilitators are nurse educators and clinically skilled nurses from medical –surgical and specialty areas from all St. Luke's campuses, who work to support our residents' growth in their profession. In addition to teaching at seminars and supporting residents through their EBP projects, our facilitators, round on our new nurses at work and maintain open communication, available to assist with practice challenges and celebrate successes.



Our facilitators will be contributing to this and upcoming issues of our quarterly newsletter. Special thanks to Jill Williston, Manager of Education Services at St. Luke's Anderson campus, for providing this month's Clinical Practice Spotlight, "Securing IV Success," found on page 2. Look forward to future installments addressing issues of relevance to new graduates and seasoned clinicians alike.