

List of Hospital-wide/Department Policies & Procedures Submitted to JCC for Approval on July 10, 2018

1. <u>a. New Hospital-wide Policies and Procedures</u>		
Policy Number	Title	Comment(s)/Reason(s) for Development
LHHPP 45-05	Molly's Fund – Assistive Technology Program	Created to utilize Molly's Fund to provide assistive technology services and devices to residents.
<u>b. New Department Policies and Procedures</u>		
<i>Department: Pharmacy</i>		
Policy Number	Title	Comment(s)/Reason(s) for Revision
05.01.01	Non-formulary Medication Requests	Created as a separate policy and procedure from 05.01.00 Hospital Medication Formulary.
2. <u>a. Revised Hospital-wide Policies and Procedures</u>		
Policy Number	Title	Comment(s)/Reason(s) for Revision
24-21	Insertion and Maintenance of the Intraosseous Device	Revised to reflect that physicians do not receive credentialing for EZ-IO insertion.
26-03	Enteral Tube Nutrition	Revised to reflect current practice.
70-01 A2	Emergency Preparedness	Revised to reflect current procedures for responding to an emergency.
70-01 C3	Earthquake Response Plan	Revised to reflect the current earthquake response plan.
76-03	Animal Control	Revised to reflect the current DPH policy for service and support animals.
<u>b. Revised Department Policies and Procedures</u>		
<i>Department: Nursing</i>		
Policy Number	Title	Comment(s)/Reason(s) for Revision
D5 3.0	Cast Care	<ul style="list-style-type: none"> ○ Clarified on policy that an RN must monitor and assess the cast and extremity frequently for complications. ○ Added to purpose the identification of cast-related skin and neurovascular abnormalities related to improper cast fit or maintenance and to prevent cast deterioration as a result of misuse by patient" ○ Included Definitions of: <ul style="list-style-type: none"> ▪ Cast <ul style="list-style-type: none"> • Plaster, Fiberglass, Synthetic ▪ Cast window ▪ Types of Cast <ul style="list-style-type: none"> • Sugar-tong splint, short-arm cast, long0arm cast, short-let cast, long-let

		<p>cast, body-jacket cast, single-hip spica, double-hip spica</p> <ul style="list-style-type: none"> ○ Added to procedure specific care of each cast (plaster, fiberglass, synthetic) ○ Specified monitoring and assessment by RN of CSM, monitoring for compartment syndrome, signs of infection, care for irritation, pruritus, and methods for minimizing swelling ○ Specified care for body-jacket or spica – superior mesenteric artery syndrome ○ Specified care for while showering or bathing ○ Included specifications for repositioning residents ○ Added to encourage active ROM to unaffected limb to prevent stiffness ○ Documentation: Added documentation of CSM or skin. Included reports of pain to DNCR
F 3.0	Assessment and Management of Bowel Function	<p>Removed “The CAN or PCA may administer physician ordered non-medicated suppositories for the relief of constipation under the supervision of a licensed nurse.”</p>
J 1.0	Medication Administration	<ul style="list-style-type: none"> ○ New policy “Powdered medication should be diluted with 30-60 ml of water. Highly viscous suspensions should be diluted in a volume of at least 1:1 with water ○ New policy “Each medication needing to be crushed for administration, must be administered individually, for both oral and enteral tube (do not mix medications together). ○ Suggestion to remove dotting in the initial box of the MAR or TAR as this will not be possible with EPIC. ○ Refer to Pain Policy for recording Pain due to pain no longer being a 5th vital sign. ○ New information on Crushing Medications: <ul style="list-style-type: none"> ▪ Meds to be crushed must be given individually and should not be combined with other crushed, uncrushed or liquid medications. ▪ Crushed medications given via feeding tube need to be flushed between each medication. ○ New section on: Administration of Medication(s) Through Enteral Tube <ul style="list-style-type: none"> ▪ 15 ml of fluids to be given before and after medications ▪ Per Aspen: Stop tube feeding for 15 minutes prior to administration

		<ul style="list-style-type: none"> Each medication should be administered separately. After each med flush with 15 ml of water If on fluid regulation, different flushing schedule required Specify how increase water needed for medication administration impacts free water calculations
Department: Pharmacy		
Policy Number	Title	Comment(s)/Reason(s) for Revision
05.01.00	Hospital Medication Formulary	Revised to reflect that a Drug Formulary will be maintained by Pharmacy and made available via the intranet. Non-formulary medication procedures have been moved to a proposed new policy 05.01.01 Non-Formulary Medication Requests.
05.03.00	Therapeutic Interchange and Generic Substitution	Revised to reflect that pharmacists shall document therapeutic interchange in patient's chart.
Department: Volunteer Services		
Policy Number	Title	Comment(s)/Reason(s) for Revision
A 1.0	Recruitment Process Life Cycle	Revised to reflect that the volunteer coordinator or supervisor has the authority to dismiss a volunteer at his/her discretion.
A 6.0	Record Keeping	Revised to reflect the current record keeping procedures.
A 7.0	In-Kind Donations	Revised to reflect consistency with hospital-wide policy on donations.
A 8.0	Clothing Room	Removed the clothing room hours.
A 9.0	Resident Library	Revised to reflect time limit for iPad use.
3. <u>a. Hospital-wide Policies and Procedures for Deletion</u>		
Policy Number	Title	Comment(s)/Reason(s) for Deletion
None.		
<u>b. Department Policies and Procedures for Deletion</u>		
Policy Number	Title	Comment(s)/Reason(s) for Revision
None.		