

| <b>Date: 4/2/24</b>  | <b>Unit: 4C Room: 8</b> | <b>Unit: 4C Room: 9</b> |
|--|-------------------------|-------------------------|
| <b>Head of Bed at least 30 Degrees</b>                         | Yes                     | Yes                     |
| <b>Sedation Vacation Today</b>                                 | No                      | Yes                     |
| <b>Peptic Ulcer Disease Prophylaxis</b>                        | Yes                     | Yes                     |
| <b>Deep Vein Thrombosis Prophylaxis</b>                        | Yes                     | Yes                     |
| <b>Oral Care Every 2-4 hours today</b>                         | Yes                     | Yes                     |
| <b>Turn and reposition every 2 hours today</b>                 | Yes                     | Yes                     |
| <b>Suction documented twice/shift</b>                          | Yes                     | Not Eligible            |
| <b>Daily chest x-ray to verify placement of NG/OG/ET tubes</b> | Yes                     | Yes                     |

| <b>Date: 4/2/24</b>                                  | <b>Unit: 4C Room: 7</b> | <b>Unit: 4C Room: 9</b> |
|--|-------------------------|-------------------------|
| <b>Foley Catheter Type</b>                           | Foley                   | Foley                   |
| <b>Insertion Date and time labeled on bag?</b>       | Yes                     | No                      |
| <b>How long has it been in place?</b>                | >3 days                 | >3 days                 |
| <b>Tubing &amp; bag below level of bladder?</b>      | Yes                     | Yes                     |
| <b>Is the drainage bag on the floor?</b>             | No                      | No                      |
| <b>Stat lock in place</b>                            | Yes                     | Yes                     |
| <b>Green clip secured to bed</b>                     | Yes                     | Yes                     |
| <b>No dependent loops</b>                            | Yes                     | Yes                     |
| <b>TES present &amp; intact</b>                      | Yes                     | Yes                     |
| <b>Documented pericare Q24 hours</b>                 | Yes                     | See notes               |
| <b>Reason for foley documented by nursing</b>        | Yes                     | See notes               |
| <b>Meditech: insertion date and location (today)</b> | Yes                     | See notes               |
| <b>Location of insertion</b>                         | OR                      | ICU                     |

Notes: Room 9 on 4C was a new admission to the floor during my scavenger hunt. He was recently intubated and had just had his triple lumen catheter placed when I was making my rounds. The nurse was still catching up on charting and the patient had little to no charting for me to go through for the scavenger hunt.

|   |                             |  |                             |                             |
|---|-----------------------------|--|-----------------------------|-----------------------------|
| <b>Date: 4/2/24</b>   | <b>Unit: 4C Room:<br/>8</b> | <b>Unit: 4C Room:<br/>9</b>              | <b>Unit: 4C Room:<br/>7</b> | <b>Unit 4C Room:<br/>10</b> |
| <b>IV Type</b>  | TLC<br>2 peripheral         | Quad Cath<br>Peripheral                  | Triple IJ<br>Peripheral     | Hemodialysis<br>Peripheral  |
| <b>How long has it<br/>been in place?</b>                                       | <4 days                     | <4 days                                  | <4 days                     | >4 days<br><4 days          |
| <b>Dressing<br/>current?</b>  | Yes                         | Yes                                      | Yes                         | Yes                         |
| <b>Dressing clean,<br/>dry and intact?</b>                                      | Yes                         | Dressing bloody<br>from new<br>placement | Yes                         | Yes                         |
| <b>Initials noted<br/>on dressing?</b>  | Yes                         | No                                       | Yes                         | Yes                         |
| <b>Date noted on<br/>dressing?</b>  | Yes                         | No                                       | Yes                         | Yes                         |
| <b>Time noted on<br/>dressing?</b>  | Yes                         | No                                       | Yes                         | Yes                         |
| <b>All IV tubing<br/>labeled?</b>   | Yes                         | Yes                                      | Yes                         | Yes                         |
| <b>All tubing<br/>current?</b>  | Yes                         | Yes                                      | Yes                         | Yes                         |
| <b>All unused<br/>ports or<br/>peripheral lines<br/>clamped?</b>                | Yes                         | Yes                                      | Yes                         | Yes                         |
| <b>All unused<br/>ports have<br/>alcohol<br/>impregnated<br/>caps in place?</b> | Yes                         | Yes                                      | Yes                         | Yes                         |
| <b>IV stabilization<br/>device in<br/>place?</b>                                | Yes                         | Yes                                      | Yes                         | Yes                         |
| <b>Flushing of<br/>each port<br/>documented<br/>Q8H?</b>                        | Yes                         | No                                       | Yes                         | Yes                         |

|   |     |     |     |     |
|---|-----|-----|-----|-----|
| <b>Cathflo given if sluggish or no return documented per port?</b>                | N/A | N/A | N/A | N/A |
| <b>Meditech: Insertion date, gauge, and care documented on each IV assessment</b> | Yes | No  | Yes | Yes |