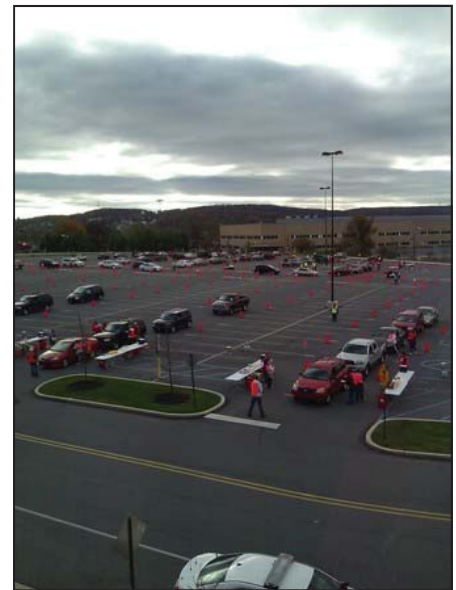


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Community Drive Through Influenza Campaign and Food Drive

11,206 vaccinations given at the 2012 Community Drive Through Influenza Campaign! 13,498 lbs of food collected (300+ lbs from last year) and donated to 4 area food banks along with \$870 in monetary donations. A HUGE “thank you” to the 800+ volunteers that helped make this possible. The **2013 campaign** will be held on November 9 at Dorney Park and November 10 at Coca Cola Park, please save the date!

The 5th Annual Fleming Infection Prevention and Infectious Diseases Symposium

This wonderful and informative symposium is heading into it's fifth year! Please join us on Friday, September 27, 2013 to listen to some dynamic speakers and obtain CEUs!

Catheter-Associated Urinary Tract Infections

The Infectious Diseases Society of America (IDSA) guideline, "Diagnosis, Prevention and Treatment of Catheter Associated Urinary Tract Infection in Adults" (Clinical Infectious Diseases 2010;50:625-663) provides guidance on the approach to collecting urine samples for presumed CA-UTI in catheters that have been in place for greater than 2 weeks.

"If an indwelling catheter has been in place for >2 weeks at the onset of CA-UTI and is still indicated, the catheter should be replaced to hasten resolution of symptoms and to reduce the risk of subsequent CA-bacteriuria and CA-UTI". (A-I)

"The urine culture should be obtained from the freshly placed catheter prior to the initiation of antimicrobial therapy to help guide treatment". (A-II)

"If use of the catheter can be discontinued, a culture of a voided midstream urine specimen should be obtained prior to the initiation of antimicrobial therapy to help guide treatment". (A-III)

Strength of recommendation (A): Good evidence to support a recommendation for or against use.

Things to consider...

- Does a patient with a catheter in for 14 days still need one or can he/she be managed with an alternative?
- If the patient has developed bacteriuria by day 14 the catheter replacement can help prevent the development of CA-UTI.
- Obtaining the specimen from a sample collected after the insertion of a fresh catheter may prevent interpreting colonization as infection leading to unnecessary treatment with antibiotics.
- If the patient has a CA-UTI it will provide the clinician with the best information to direct treatment.

Mouth care for Ventilator Patients

One of the key strategies to prevent ventilator associated infectious events is meticulous mouth care to control the microbial colonization of oral secretions:

SAGE Oral Care Kit

- √ Use the "green" 24 hour SAGE Oral Care Kit
- √ Hang a new kit at the patient's bedside every 24 hours.
- √ Packaging provides all of the tools needed to provide oral care every 4 hours.

Chlorhexidine Oral Rinse

- √ Insure provider places an order for 0.12% Chlorhexidine oral rinse every 12 hours.

Beginning of each shift at 0800 and 2000

- √ Perform subglottal suctioning (even in presence of HiLoETT Subglottal Suction)
- √ Brush teeth using anti-plaque solution in the kit
- √ Swab on 0.12% Chlorhexidine rinse over entire oral mucosa (from pharmacy)

At 1200, 1600, 2400 and 0400

- √ Debride - Swab and suction with Perox-A-Mint to help remove dead, loosened bio films
- √ Moisturize - Water-based formula soothes and moisturizes oral tissues.

Obtaining Linen "after hours"

Please contact your supervisor to gain access to the Linen Room after normal business hours.

Updates to Adult Influenza and Pneumococcal Vaccination Policy

Key points include:

- Policy is located in the Patient Care Administrative Policy Manual - <http://lvhwebcontent.lvh.com/?id=1239&sid=1#A>
- Adult and Pediatric Policies are now in place
 - √ “Adult” inpatients are inpatients age 18 years and older.
 - √ A new pediatric policy has been developed for inpatients age 6 months to 18 years. There is a separate policy for the pediatric population.
- Influenza Vaccine - Adult Update
 - √ **Everyone over the age of 18** should be offered the influenza vaccine during the flu season (October through March) unless they have a valid contraindication.
 - √ Patients with egg allergies. Any type of egg allergy remains a contraindication under this policy. The Centers for Disease Control and Prevention has issued a statement that an individual with an allergic reaction to eggs consisting of hives only can receive the influenza vaccination under close supervision of their physician. When a patient reports they have an allergy to eggs that is hives only:
 - * Explain that you are not able to offer them the vaccine during this admission but they may be able to receive the vaccine from their physician under close supervision. They should discuss it with their physician. The vaccine should be administered in a controlled setting where the patient can be observed for a minimum of 30 minutes after receiving the vaccination.
 - * Select “Flu Allergy/Sensitivity” from the list of contraindications for patients with any type of reaction to eggs.
 - √ Pregnancy is NOT a contraindication or exclusion for Influenza vaccine. Pregnant patients are considered at high risk for complications from influenza and should be vaccinated during the influenza season.
- Pneumococcal Vaccine - Adult Update
 - √ Includes a very detailed list of conditions that qualify patients age 18 through 64 to be offered the vaccine in the absence of any contraindications/exclusions. These conditions include:
 - * Patients who smoke
 - * Diabetes mellitus
 - * Asthma
 - * Chronic lung disease (COPD, emphysema)
 - * Chronic heart disease (excludes hypertension)
 - * Refer to policy for full list.....
- Scope of Standing Orders
 - √ Standing orders for nurses to screen and administer influenza and pneumococcal vaccine are for inpatients age 18 and older only.
 - * For patients age less than 18, refer to pediatric policy.

Please remember, the **patient always has the right to refuse** the vaccine during their hospitalization if they prefer to receive it at another time or from their private physician.



Influenza and Pneumococcal labels are available to affix to the patient’s chart to remind staff to screen (and administer) prior to discharge. They may be ordered from Standard Register.

Product ID: NL8692

Description: Flu/Pneumo Label Green

Unit: 420/rl

Price: \$14.04

Infection Control and Prevention

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Types of Influenza Vaccine

Three different types of flu shots and one type of nasal spray are approved for use in the U.S. Patients may ask the nurse offering them the vaccine what type they will receive.

- **Regular Seasonal Flu Shot (intramuscular)** – injected into the muscle. Used for decades and is approved for use in people 6 months of age and older including healthy people, people with chronic medical conditions and pregnant women.
This is the only type of flu shot that is included in the standing order protocol at LVHN.
- **High-Dose Vaccine** is for people 65 years and older that contains a higher dose of antigen intended to give older people a better immune response and therefore potentially better protection again flu.
- **Intradermal Vaccine** is for people 18 to 64 years of age and is injected with a needle into the “dermis” or skin.
- **Nasal Spray Flu Vaccine** is for healthy persons aged 2 through 49 years who are not pregnant.

If a patient expresses an interest in receiving any one of the vaccines/nasal spray other than the regular flu shot they should be instructed to contact their PCP or visit one of their local pharmacies.

New Emergency IV Start Kit

- ✓ All PIVs started in the field by EMS and all PIVs started in our EDs must have the red label applied to the PIV tubing.
- ✓ This alerts the receiving unit to ASSESS whether or not the PIV needs to be changed within 24 hrs per our existing policy. If an PIV is inserted emergently or in uncontrolled circumstances (i.e. in the field, code blue, code red, trauma, etc.) must be changed within 24 hrs.
- ✓ All other PIVs with the red label should be assessed and a determination made if the PIV needs to be changed.
- ✓ It is strongly recommended that PIVs placed in the antecubital should be changed if at all possible unless access is limited or the pt is unstable.
- ✓ EMS may not have our Emergency IV Start Kits as they service multiple hospitals, therefore the ED staff will need to assure a red label is applied to the PIV tubing prior to transfer to another unit.



Please remember we are making this change on behalf of patient safety and infection control and prevention.

Brought to you by the Infection Control and Prevention Department

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