other significant complications. Considerations when treating Grade IV skin GVHD include pain control, sedation options, necessary wound care products, and support of the patient, family, and staff.

In the past, the approach to the care of these patients was inconsistent and the necessary dressing changes often performed at the bedside. With the presentation of a new patient with stage IV skin GVHD and the recognition of her complicated care, a multidisciplinary team including transplant physicians and nurse practitioners, clinical nurse specialists, transplant nurses, physical therapists and the wound care nurse practitioner, developed and implemented a standard operating procedure (SOP) for the care of children with stage IV GVHD. The SOP outlines the process to be followed and the supplies necessary to treat the skin GVHD. The dressing changes for these patients are now performed under sedation or anesthesia with collaboration among the appropriate clinicians. Providing adequate sedation and pain control for these patients allows for more comprehensive and efficient care.

The new process enables the team to provide other interventions, such as central line care and physical therapy, without causing additional anxiety or pain to the patient. In addition, the SOP includes a self care plan for the team performing the dressing changes, as the care can be mentally and emotionally exhausting. The goal is to provide the safest care to the patient while addressing multiple needs, both clinical and emotional. Two patients with Grade IV skin GVHD have been treated with the new SOP. The collaboration between the diverse disciplines has impacted the success and consistency of this new process.

Conclusion: Nursing documentation is pivotal in the BMT population. It has value to all members of the BMT team, thus it is crucial to have comprehensive and user-friendly nursing documentation.

504 IMPROVING COMMUNICATION IN THE ADULT HEMATOPOIETIC STEM CELL TRANSPLANT DAY HOSPITAL SETTING: WHAT ARE THE BENEFITS OF UTILIZING AN ELECTRONIC KARDEX?
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Care of the hematopoietic stem cell transplant (HSCT) patient takes place in multiple settings. A less traditional “day hospital” that allows patients to stay in local housing instead of the hospital provides a unique environment at our institution. Maintaining effective communication in the HSCT day hospital is a daily challenge. In our traditional inpatient setting it is common practice for nurses to sit together at the change of shift and give or receive a formal report on their patient including current issues and significant past medical history. With the high numbers of patients that are seen, between daily patients and return patients, receiving a formal report of pertinent patient information is difficult and essentially nonexistent in the day hospital. This scenario sets nursing staff up for errors and compromises patient safety as there is no opportunity for clinic nurses to sit together to communicate essential patient information.

In an attempt to improve communication between nursing staff, an electronic kardex was developed for the HSCT day hospital. The focus is to create a highly accessible communication tool that is user friendly and easy to update on a daily basis. The kardex was designed with input from staff and is directly linked to the patient program database.

Using this kardex as a communication tool in the day hospital will likely decrease nursing errors, improve the quality of patient care and, increase efficiency in the day hospital. A survey for staff was developed to evaluate effectiveness and staff satisfaction of the electronic kardex.

505 IMPROVING SAFETY BY STANDARDIZING ADULT BONE MARROW TRANSPLANT TELEPHONE TRIAGE
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Telephone triage occurs in multiple settings either in the emergency room department or the clinical setting. With Adult Bone Marrow Transplant transitioning more and more to the outpatient setting, well-trained triage nurses are crucial. Due to the complexity of adult bone marrow transplant patients, standardization of triage is the best way to ensure their safety. We are developing and enhancing existing guidelines for triage to accommodate bone marrow transplant patients. This resource will guide charge nurses in the decision making process for whether or not bone marrow clinic patients should be treated inpatient, continue to their clinic appointment the next day, or be emergently admitted through the emergency department. A pre-survey of charge nurses was utilized to determine the most difficult patient issues to triage as well as auditing the most common types of after hour clinic calls. A post-survey will determine the impact on improvement in patient safety and on any issues identified in the pre-survey.