

professional and ancillary staff as well as various strategies to educate our patients and their families. These educational strategies included the creation of falls web site and the creation of fall drills. Qualitative and quantitative data were collected and reviewed by a multidisciplinary team and common themes were identified.

Decreasing the rates of falls is crucial to our patient's physical and emotional well being, as well as the job satisfaction of our nurses. Through engaging and empowering all members of the team reductions in falls rates can be made in the transplant inpatient population.

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### GOOD COLLABORATION

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**Background:** Intravenous Busulfan is a core chemotherapy in conditioning for hematopoietic stem cell transplant. To minimize toxicities from the medication, pharmacokinetic (PK) levels may be drawn and doses adjusted to ensure a "target" level is obtained. Drawing accurate samples depends on precise infusion of the entire dose of chemotherapy along with obtaining samples at specific time points after the completion of the infusion. One tertiary care academic medical center has an established procedure that includes pharmacy pre-priming chemotherapy tubing with .9% Saline and a closed-system flush that ensures the entire dose of chemotherapy is infused. Nursing staff finds this easy to follow and pharmacists do not see unusual fluctuations in PK levels.

**Interventions:** Our medical center, in conjunction with a pharmaceutical company, started a Phase 2 trial for IV Busulfan. In doing so, we were given specific instructions for infusion of the chemotherapy as well as in drawing levels. These instructions included a flush run at a higher rate than the infusion rate despite a warning from the manufacturer that rapid infusion is not recommended. As this is different from the current procedure, nursing staff would be working with two different procedures for infusion of the chemotherapy. In order to resolve these questions, the BMT charge nurse at our medical center consulted with the BMT Clinical Nurse Specialist at the medical center where PK levels are sent.

**Evaluation:** The BMT CNS in the medical center being consulted found that infusion times were inconsistent using the current procedure due to the use of new infusion devices. Consult was also done with the Pharmacokinetic Laboratory to ensure current practice of infusion was achieving consistent and accurate samples. As a result of the collaboration, the procedure was corrected. The procedure at our medical center was also changed to include the requested instructions while on the Phase 2 trial.

**Discussion:** Collaboration between medical centers has allowed for improvements in procedures at both institutions that may have not been discovered without questioning current practices.

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### IV COMPATIBILITIES, A JUGGLING ACT

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**Background:** The average stem cell transplant patient can have several antibiotics, TPN, blood products, and a Patient Controlled Analgesia running through the IV simultaneously. Nurses at the University of Utah go to an online database, Micromedex® [1], to check IV compatibilities. Micromedex® often does not have oncology medications. We found that a printed version is invaluable to the bedside nurse to find compatibilities.

**Purpose:** The purpose of this abstract is to share with other oncology nurses the value and importance of having a quick reference manual for IV compatibilities. Having a single reference point for confirming the compatibility of IV medications provides consistency and reliability. The overall goal of the IV compatibility manual is to enhance patient safety regarding IV medication administration.

**Interventions:** Three IV compatibility reference manuals were arranged by the Nurse Educator. The manuals contain relevant drugs given on a oncology unit. The information provided in the manual is from the *Cancer Chemotherapy Manual* [2] and all drugs are alphabetized by generic drug name. As new medications are used, drugs are

added to the manual in collaboration with pharmacy and the Drug Information Specialist (DIS).

**Evaluation:** The manual was recently updated from suggestions of a staff nurse. Staff nurses were unable to find information on Mycophenolate in Micromedex®. In collaboration with Bone Marrow Transplant (BMT) pharmacy, Mycophenolate has been added to the manual. The Mycophenolate information was sent to the DIS in the hospital with the intent that this information be added to future publications. We are also surveying our nurses inquiring if the manual saves time, issues found, and if the manual enhances patient safety. Nurses have expressed greater satisfaction with the safety and time saved of administering IV medications.

**Discussion:** This is an example of nursing collaborating with pharmacy to make easy, safe and time saving access to IV drug compatibility. As new medications are added to the BMT, the need for future compatibility studies will be needed.

[1] Micromedex® Healthcare Series, (electronic version). Thomson Micromedex, Greenwood Village, Colorado, USA. Available at: <http://www.thomsonhc.com> (cited: 01/10/2010).

[2] Beckwith, M.C., Tyler, L.S., eds. *Cancer Chemotherapy Manual*. Saint Louis, MO: Facts and Comparison 2010.

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### FAST FACTS FLIP CHART – A QUICK ACCESSIBLE REFERENCE GUIDE FOR BUSY NURSES

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Healthcare regulatory bodies, including state boards of nursing require nursing competencies to be renewed annually to keep the nurse current and specialized in their individual unit's nursing practice. It is imperative to keep skills up to date for safe and effective nursing delivery. Advancements in the medical science and technology have led to an increase need for nurses to be knowledgeable and competent in more skills. In turn, the increased need to become trained and retain more skills can lead to overwhelmed nurses.

The Duke Pediatric Blood and Marrow (PBMT) Unit is a highly specialized critical care unit. Nurses administer over 16,000 medications and hundreds of blood products monthly. Additionally, nurses are competent in skills that range from general medicine to highly involved transplantation infusions. It can be a challenge to keep nurses current on practice changes or hospital policy updates. Also, due to the variety of uncommon diseases treated on the PBMTU, nurses may not be frequently exposed to certain skill sets. This lapse in time often results in nurses asking co-workers their opinions on best practice rather than looking up the correct procedure. In 2009, the PBMTU nursing staff expressed frustration on having to navigate through the different online portals to find information about skills and policies. Moreover, it was time consuming when they needed the information quickly. The *Fast Facts* flip chart was created to provide staff quick hands on resource regarding information that is pertinent to daily nursing skills. The flip chart hangs at each nursing station and contains information ranging from infusion of chemotherapy, tubing and line change parameters to safety checks regarding blood product administration. It is a quick refresher guide when the nurse knows the skill but needs affirmation on their knowledge.

Critical care nurses are responsible for being competent on an assortment of nursing skills. Annual competencies alone should not be the only avenue for keeping nurses current on these skills. There is a great need for having an easily accessible resource tool available for nurses. Providing a tool that is current and customized to the unit's need will improve safe and competent delivery to the PBMTU patient population.

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### QUALITY OF LIFE PROJECT – AN ORAL PRESENTATION

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Pediatric patients and families undergoing hematopoietic stem cell transplantation endure a very intense and complex journey which