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**Improving IV Site and IV Fluid/Antibiotic End Time Documentation in the Observation Unit**

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This will be a quasi-experimental study design with a goal of 60 patients about to undergo surgical or invasive procedures requiring an IV catheter insertion in the pre-op department at West Kendall Baptist Hospital (WKBH).

Patient who receive, as standard of practice, 1% lidocaine prior to IV insertion Will be compared to those that did not.

The study sample will consist of 60 patients aged 18 years and older.

To be included in the study participants have to have IV accesses established, and the ability to express their pain level.

The data collection tool of the study will consist of a questionnaire that include patient demographic information and questions about pain perception and anxiety experienced with IV insertion.

Eligible patients will be introduce to the study with a cover letter, and ask to voluntarily participate in the study.

Goal Statement: To improve IV site and IV fluid/antibiotic end time documentation compliance to 100%.

Plan:
February 2017, Unit-based Practice Council identified a PI project to reduce lost charges due to incomplete documentation of IV site and IV fluid/antibiotic end time.

Planned interventions:
- Modification of handoff report sheet
- Education/reminders to nurses
- Net Page reminders
- IV pump alerts

Act:
Desired improvement achieved with continuation of successful interventions:
- Hardwire use of modified handoff report sheet
- RN’s to communicate pending IV solution end times every shift
- Include reminders in shift huddles by resource RN’s
- RN’s to discontinue IV medication in electronic health record before transfer, surgery, and at discharge
- Net Page by APs every four hours to document IV site & IV bag end time
- IV Pump set to alert nurses at the end of infusions
- Monitor documentation audits to ensure compliance maintained

Do:
Mid-February through March 2017, interventions implemented:
- Handoff report sheet modified to include designated lines for IV end time documentation
- RN’s encouraged to communicate pending IV solution end times every shift
- Education/reminders provided in daily huddles by resource RN’s
- RN’s instructed to discontinue IV medication in electronic health record before transfer, surgery, and at discharge
- Net Page (Text) by Unit Administrative Partner (secretary) to remind nurses every four hours to document IV site & IV bag end time
- IV Pump set to alert nurses at the end of infusions

Check:
Documentation Compliance Rate for IV Fluid/Antibiotic Site and End Time in Observation Unit

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<tbody>
<tr>
<td>IV fluids/Abx site documented</td>
<td>52.4%</td>
<td>80.1%</td>
<td>71.7%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>IV fluids/Abx end time documented</td>
<td>14.3%</td>
<td>36.5%</td>
<td>54.8%</td>
<td>53.3%</td>
<td>100%</td>
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