

TRIAGE CRIB SHEET

When to call the triage nurse

Medication errors are the #1 leading cause of preventable death in the healthcare setting and arguably the most important thing that you do as a Direct Care Professional.

Nurses and providers place a lot of trust in you to do the right thing, all the time, every time.

If you make an error in the administration of medication, or you suspect an error has occurred, CALL YOUR NURSE.

What are medication errors

ALL MEDICATION ERRORS MUST BE REPORTED TO THE NURSE IMMEDIATELY.

When a client...

- takes another client's medication
- takes the wrong dose
- uses the incorrect route (ear drops in eye, etc.)
- takes a medication at the wrong time
- takes the wrong medication
- misses a medication
- staff fails to document the medication administration on the Medication Administration Record (MAR)

What are medication errors – cont.

Missing documentation on MAR

- Make sure that there are NO BLANKS on the MAR...EVER!!!
- If the client is at the hospital or out on pass, you should initial the MAR on the appropriate date/time, circle your initials and indicate why the client missed the medication on the back of the MAR.

with...

Date/Time

Medication name and dose

Reason for missed dose i.e. out on pass, hospital, refused, etc.

CALL NURSE IF YOU HAVE ANY QUESTION

DID YOU KNOW?

Medication errors are the #1 leading cause of preventable death in long term care in the United States.

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DID YOU KNOW?

You must notify the triage/on-call nurse before giving any PRN (as needed) medication

What are medication errors - cont.

Dropped medication are treated the same as a medication error.

- Medication error report must be completed
- The nurse must be notified

If a client misses a medication for ANY reason, it is a medication error.

- The nurse must be notified each time a medication is missed, regardless if the nurse has already been notified previously.

You have 1 hour before and 1 hour after the prescribed dosing scheduled to administer medications

- If it outside the 2 hour window, notify the nurse. The nurse may be able to authorize the administration of medication before or after the prescribed dosing time and prevent a medication error.

A client has the right to refuse to take his/her medication.

- Notify the nurse
- Make sure you initial the MAR, circle your initials, and document on the back of the MAR indicating client's refusal.
- Complete medication error report

Illness

Change in behavior can be a symptom of illness. Never assume that a client is having a behavior. ALWAYS RULE OUT MEDICAL FIRST!!!

Injury

- you witness an incident such as a fall
- you discover an injury, regardless if you know how it occurred or not
- the client reports an accident

Abuse, Neglect & Exploitation

The Texas Department of Family and Protective Services manages the Texas Abuse Hotline. DFPS investigates complaints of abuse, neglect and exploitation not investigated by HHS.

DID YOU KNOW?

Movement and talking may cause a false reading when obtaining a blood pressure.

DID YOU KNOW?

Confusion is often the first symptom of illness in elderly and folks with intellectual disabilities.

DID YOU KNOW?

You must call the nurse if the client has an accident, even if there are no apparent injuries.

DID YOU KNOW?

You must report abuse, neglect or exploitation even when the client has a history of fabricating allegations.

Call the Texas Abuse Hotline at 800-252-5400 or make a report online through their secure website at: www.txabusehotline.org.

Call the hotline to report abuse, neglect or exploitation of:

- People with intellectual and developmental disabilities who live in their community or an intermediate care facility
- People with IDD who live in a state supported living center
- People getting help through the Home and Community-based Services program
- People getting help through the Texas Home Living Program
- People who get help from a home health agency
- People who get hospice services
- Children who do not live in a HHS facility

When to call 911

IF THE CLIENT'S HEALTH IS IN DANGER, ERR ON THE SIDE OF CAUTION. CALL 911

CALL 911 WHEN...

- a client is in status epilepticus (a seizure lasting greater than 3 minutes, or back to back seizures lasting greater than 3 minutes)
- a client has a seizure but does not have a seizure disorder
- a client is having difficulty breathing for no apparent reason
- a client loses consciousness
- a client has sustained a broken bone
- severe burns or burns around the face

DID YOU KNOW?

You DO NOT need a nurse's permission to call 911. If you think the situation is an emergency, CALL 911.