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## Medication Interruption

## Instructor Information

**Patient Name:** Right, Donna

**Simulation Developer(s):** Melissa Brickner and Debra A. Mosley

**Scenario Purpose:**

- To assist nursing staff with preventing medication errors associated with interruptions

**Learner(s):**

- Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP)
- Others as desired, depending on facility protocols
- Recommend no more than 6 learners (3 of which can be observers)

**Time Requirements:**

- Setup: 5 minutes
- Scenario: 25 minutes
- Debrief: 25 minutes
- Reset/Breakdown: 5 minutes

**Confederate(s):**

- Staff nurse

**Scenario Prologue:**

- 34 y/o female receiving intravenous antibiotic infusion for treatment of osteomyelitis of the right tibia positive for staphylococcus aureus. Several interruptions take place while the nurse is attempting to administer medications.
- The simulation begins when the learners are receiving report from the nurse**

**Patient information:**

- General:** Alert, oriented and calm
- Weight/Height:** 75kg (165lbs) / 172.7cm (68in)
- Vital Signs:** BP 140/80; Temp 97.3; HR 86; RR 20; O2 Sat 98%
- Pain:** 2/10 in right lower extremity
- Neurological:** Unremarkable
- Respiratory:** Eupneic
- Cardiac:** Unremarkable
- Gastrointestinal:** Unremarkable
- Genitourinary:** Unremarkable
- Musculoskeletal:** Osteomyelitis in the right lower extremity
- Skin:** Pin point wound on right lower extremity
- Past Medical History:** Asthma, osteomyelitis of the right tibia Positive for staphylococcus aureus
- Past Surgical History:** Tonsillectomy with adenoidectomy, s/p open reduction of a fracture of the right tibia related to motor vehicle accident

**Medications:**

- Ipratropium bromide inhaler  
2 puffs 3 times a day
- Multivitamin daily

**Allergies:**

- Sulfa

 Green Text Confederate

 Red Text Physiology Change

## Learning Objectives

**Patient Name:** Donna Right

**Simulation Developer(s):** Melissa Brickner and Debra A. Mosley

**Scenario Purpose:**

- To assist nursing staff with preventing medication errors associated with interruptions

**Pre-Session Activities:**

- Complete pertinent training on prevention of medication errors associated with interruptions
- Review any pertinent policies and protocols

**Potential Systems Explored:**

- What standardized protocols currently exist to prevent interruptions during the administration of medications?
- What factors have been identified as potential causes of medication interruptions leading to medication errors?
- What factors are important to consider

**Scenario Specific Learning Objectives (Knowledge, Skills, and Attitudes = K/S/A):**

\*\*The learner will apply ICARE principles throughout the scenario

1. **Learning Objective 1:** Recognize factors that could potentially lead to medication errors

- a. *S- Follow facility specific protocol for medication administration*
- b. *S- Recognize extraneous conversation as a distraction potentially leading to medication errors*
- c. *S- Recognize the confederate nurse rushing as a risk leading to medication errors*
- d. *S- Recognize the music playing as a potential distraction leading to medication errors*

**Learning Objective 2:** Implement measures to prevent errors associated with interruptions during medication administration

- a. *S- Implement facility protocol to prevent interruptions and distractions during medication administration*

**Learning Objective 3:** Demonstrate effective communication when implementing measures to prevent medication errors associated with interruptions

- a. *S- Notify team members when preparing to administer medication*
- b. *S- Provide patient/family education when implementing measures to prevent interruptions and distractions during medication administration*

**Debriefing Overview:**

- Ask the learner(s) how they feel after the scenario
- Have the learner(s) provide a summary of the scenario from a healthcare provider/clinical reasoning point of view
- Discuss the scenario and ask the learners what the main issues were from their perspective
- Ask what was managed well and why.
- Ask what they would want to change and why.
- For areas requiring direct feedback, provide relevant knowledge by stating "I noticed you [behavior]..." Suggest the behavior they might want to portray next time and provide a rationale. "Can you share with us?"
- Indicate closing of the debriefing but provide learners with an opportunity to voice one or two take-aways that will help them in future practice
- Lastly, ask for any outstanding issues before closing the debrief

**Critical Actions/Debriefing Points:**

1. Verify orders
2. Perform hand hygiene
3. Recognize distractions (staff nurse/patient conversation, staff nurse being in a rush, and music)

4. Implement measures to minimize distraction
5. Recognize wrong dose of medication
6. Complete rights of medication administration; check for allergies
7. Prepare to administer medication

## Simulation Set-Up

**Patient Name:** Donna Right

(ALS Mannequin and IV task trainer)

**Simulation Developer(s):** Melissa Brickner and Debra A. Mosley

**Room Set-up:**

- Set up like an outpatient or inpatient room

**Patient Preparation:**

- The patient is wearing street clothes (outpatient)
- The patient is wearing a hospital gown (inpatient)
- Saline lock is in place
- Place a Band-Aid or 2 x 2 dressing with tape to cover a pin point wound on the right shin

**Have the following equipment/supplies available:**

- Gloves
- Stretcher/recliner
- Saline lock with luer-lock female adapter
- IV primary tubing
- Luer-lock male adapter
- Labeled 100mL pre-mixed piggyback bag with Ceftriaxone 10 G
- Labeled 100mL pre-mixed piggyback bag with Ceftriaxone 2 G
- Working cell phone with music playing
- IV saline flush
- Band-Aid or 2 x 2 dressing and tape
- Bedside table

**Medications:**

- Ceftriaxone 2 G IV
  - Ceftriaxone 10 G IV
- \*\*Calibration will be required if using radiofrequency identification (RFID)

Note: 5.8 Simpad software update is required to load scenarios

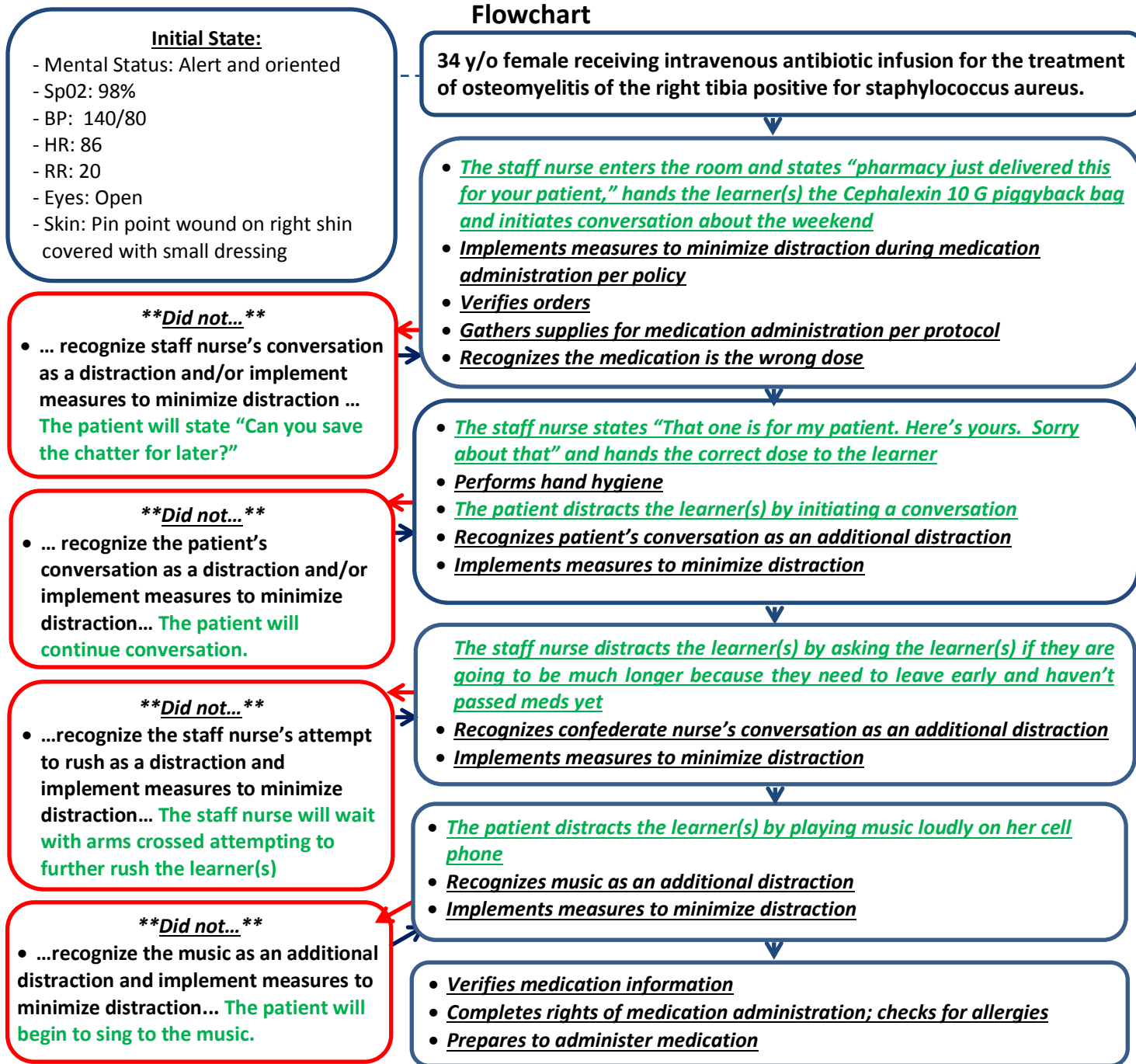
(<http://cdn.laerdal.com/downloads/f4343/simpad-upgrade.vs2>)

Scenarios may be used with Laerdal or LLEAP software

**Scenario Supplements:**

- Confederate scripts
- Confederate name tags
- Patient identification bands for the ALS Mannequin and task trainer
- Nurses notes
- Orders
- Ceftriaxone 2 G medication label
- Ceftriaxone 10 G medication label
- ZZ test patient/Demo patient in CPRS (if desired)

Flowchart



Critical Actions/Debriefing Points:

- Verify orders
- Perform hand hygiene
- Recognize distractions (staff nurse/patient conversation, staff nurse being in a rush, and music)
- Implement measures to minimize distraction
- Recognize wrong dose of medication
- Complete rights of medication administration; check for allergies
- Prepare to administer medication

- Confederate
- Change in physiology
- Red border incorrect action

## Supplements

**Confederate Scripts**  
**Confederate Name Tags**  
**Patient Identification Band**  
**Nurses Notes**  
**Orders**  
**Medication Labels**

## Confederate Scripts

### Donna Right: Patient

**Medical/Surgical History:** Asthma, osteomyelitis of the right tibia positive for staphylococcus aureus. Tonsillectomy with adenoidectomy, s/p open reduction of a fracture of the right tibia related to motor vehicle accident

**Medications:** Multivitamin daily and Ipratropium bromide inhaler 2 puffs 3 times a day

**Allergies:** Sulfa

- The staff nurse enters the room and states “pharmacy just delivered this for your patient,” hands the learner(s) the Cephalexin 10 G piggyback bag and initiates conversation about the weekend
- If the learner(s) did not recognize staff nurse’s conversation as a distraction and/or implement measures to minimize distraction ... **The patient will state “Can you save the chatter for later?”**
- The learner(s) will perform hand hygiene
- The staff nurse states “That one is for my patient. Here’s yours. Sorry about that” and hands the correct dose to the learner
- **The patient distracts the learner(s) by initiating a conversation**
- If the learner(s) **did not** recognize the patient’s conversation as a distraction and/or implement measures to minimize distraction... **The patient will continue conversation.**
- The staff nurse distracts the learner(s) by asking the learner(s) if they are going to be much longer because they need to leave early and haven’t passed meds yet
- If the learner(s) **did not** recognize the staff nurse’s attempt to rush as a distraction and implement measures to minimize distraction... The staff nurse will wait with arms crossed attempting to further rush the learner(s)
- **The patient distracts the learner(s) by playing music loudly on her cell phone**
- If the learner **did not** recognize the music as an additional distraction and implement measures to minimize distraction... **The patient will begin to sing to the music**

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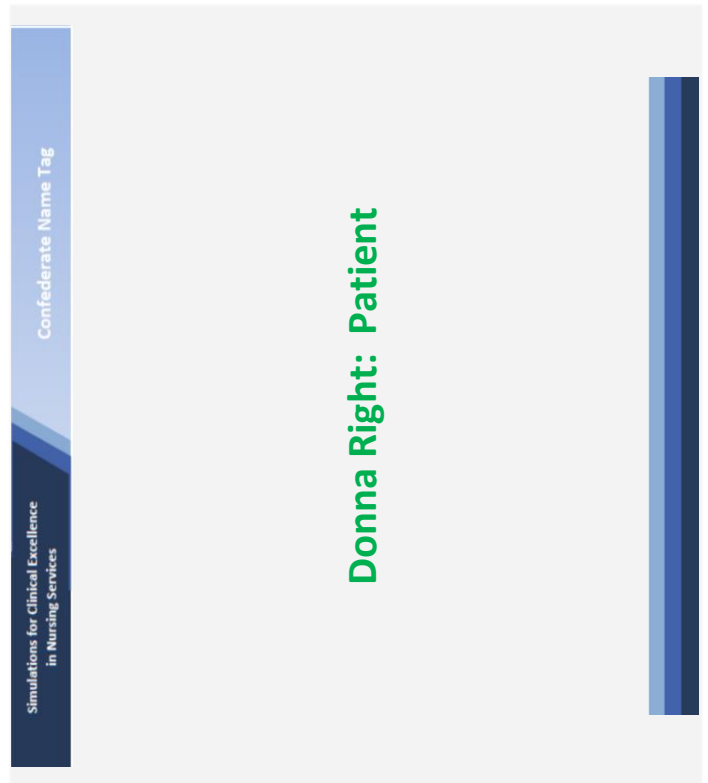
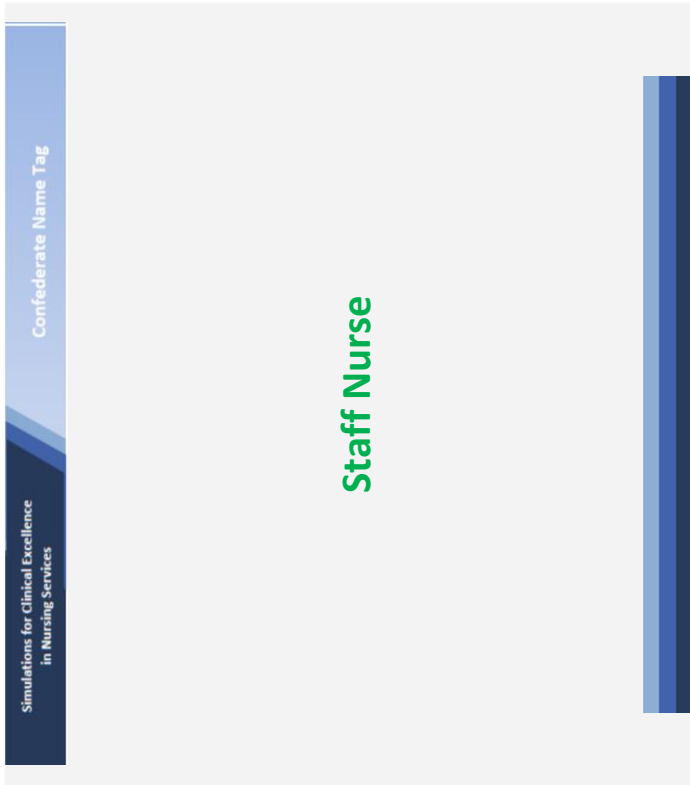
## Medication Interruption

### Staff Nurse

- **The staff nurse enters the room and states “pharmacy just delivered this for your patient,” hands the learner(s) the Cephalexin 10 G piggyback bag and initiates conversation about the weekend**
- If the learner(s) did not recognize staff nurse’s conversation as a distraction and/or implement measures to minimize distraction ... **The patient will state “Can you save the chatter for later?”**
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- **The staff nurse states “That one is for my patient. Here’s yours. Sorry about that” and hands the correct dose to the learner**
- The patient distracts the learner(s) by initiating a conversation
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- **The staff nurse distracts the learner(s) by asking the learner(s) if they are going to be much longer because they need to leave early and haven’t passed meds yet**
- If the learner(s) **did not** recognize the staff nurse’s attempt to rush as a distraction and implement measures to minimize distraction... **The staff nurse will wait with arms crossed attempting to further rush the learner(s)**



### Confederate Name Tags



### Patient Identification Band

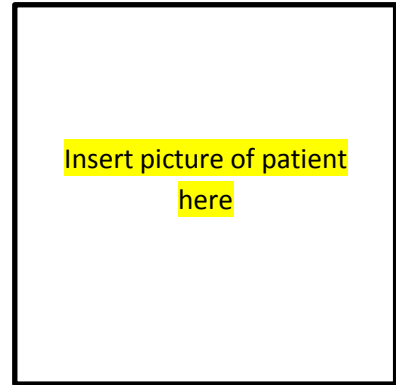
Patient Identification Band

**Right, Donna**  
Age: 34  
000-00-0000

Dr. M. Santana  
Allergic: **Sulfa**

Nurses Notes

**Date:** Today  
**Patient Name:** Donna Right  
**Mode of Arrival:** Personally owned vehicle  
**Accompanied by:** Self



**Chief Complaint:** 34 y/o female requiring intravenous antibiotic infusion for treatment of osteomyelitis of the right tibia positive for staphylococcus aureus

**Active Problems:** Asthma. Osteomyelitis of the right tibia positive for staphylococcus aureus.

**Patient information:**

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- **Weight/Height:** 75kg (165lbs) / 172.7cm (68in)
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- **Past Surgical History:** Tonsillectomy with adenoidectomy, s/p open reduction of a fracture of the right tibia related to motor vehicle accident

<p><u>Medications:</u></p> <ul style="list-style-type: none"> <li>• Ipratropium bromide inhaler 2 puffs 3 times a day</li> <li>• Multivitamin daily</li> </ul>
<p><u>Allergies:</u></p> <ul style="list-style-type: none"> <li>• Sulfa</li> </ul>

**SCREEN FOR ABUSE/NEGLECT:** N/A

Does the patient show any evidence of abuse? No  
 Does the patient feel safe in his/her current living arrangements? Yes  
 Suicidal or Homicidal Ideation in the past two weeks? No  
 Is the patient currently enrolled in primary care? Yes

**Diagnostic Procedures Ordered:**

- X-Ray
- Labs
- None
- EKG
- Head CT without contrast
- Other

**Triage Classification:** Emergency Severity Index

**Patient Disposition:** Medical-Surgical Unit

**Signed by:** /DM/



Medication Labels

**NDC 68180-655-01**  
**Ceftriaxone for Injection USP**  
PHARMACY BULK PACKAGE  
NOT FOR DIRECT INFUSION  
**10 g**  
For Intravenous Use  
Each Pharmacy Bulk Package contains sterile ceftriaxone sodium equivalent to ceftriaxone 10 g. The sodium content is approximately 83 mg (3.6 mEq) of sodium per gram of ceftriaxone activity.  
**Rx only**  
Reconstitute and further dilute with appropriate I.V. diluent for parenteral administration.  
**NOT TO BE DISPENSED AS A UNIT**  
**LUPIN**

**Desage and Administration:** See package insert for dosage, administration and proper use of the Pharmacy Bulk Package. Reconstitute with 95 mL of an appropriate I.V. diluent as listed in the package insert. Shake to dissolve. Each 1 mL of solution contains approximately 100 mg equivalent of ceftriaxone. This Pharmacy Bulk Package is intended for use in a Pharmacy Admixure Service. Utilizing a sterile transfer device penetrate container (PTBP) one time only under a laminar flow hood. ONCE THE CONTAINER CLOSURE HAS BEEN PUNCTURED WITHDRAWAL OF THE CONTAINER CONTENTS SHOULD BE COMPLETED WITHOUT DELAY. IF PROMPT FLUID TRANSFER CANNOT BE COMPLETED, DISCARD THE CONTENTS NO LATER THAN 4 HOURS AFTER INITIAL CLOSURE PUNCTURE. FURTHER DILUTION IS REQUIRED BEFORE USE.  
**Storage Prior to Reconstitution:** Store dry powder at 20° - 25°C (68° - 77°F) [See USP Controlled Room Temperature]. **Protect From Light.**  
**Storage After Reconstitution:** See package insert.  
Case No. MP10RUG5291988  
Manufactured for:  
**Lupin Pharmaceuticals, Inc.**  
111 South Calvert Street  
Baltimore, Maryland 21202 United States  
Manufactured by:  
Lupin Limited  
Mandla 462 046 INDIA

**Ceftriaxone for Injection USP**  
10 g

218086  
Date Prepared: \_\_\_\_\_  
Time: \_\_\_\_\_

3 68180 65501 15  
LOT NO.:  
EXP.:  
11 X 25

**Each vial contains:** Ceftriaxone sodium USP powder equivalent to 2 g ceftriaxone.  
**For I.M. Administration:** Reconstitute with 4.2 mL 1% Lidocaine Hydrochloride Injection (USP) or Sterile Water for Injection (USP). Each 1 mL of solution contains approximately 350 mg equivalent of ceftriaxone.  
**For I.V. Administration:** Reconstitute with 19.2 mL of an I.V. diluent specified in the accompanying package insert. Each 1 mL solution contains approximately 100 mg equivalent of ceftriaxone. **Withdraw entire** contents and dilute to the desired concentration with the appropriate I.V. diluent.  
**USUAL DOSAGE:** See package insert.  
**Storage Prior to Reconstitution:** Store powder at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].  
**Protect From Light.**  
**Storage After Reconstitution:** See package insert.  
Code No.: 78/MD/AP/96/F/B/R      Made in India

Single-Use Vial      **Rx only**

**ceftriaxone for injection, USP**  
For I.M. or I.V. Use  
**2 g/vial**

Distributed by  
**Pfizer Labs**  
Division of Pfizer Inc, NY, NY 10017

10300694483033  
P1405091 Lot EXP

Name _____	ID _____
Drug _____	Conc _____
Dose/vol _____	Route _____
Date/Time _____	Exp. _____

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