Evidence-Based Guidelines

Disease Specific ABCDS of Care

Mercy Medical Center

Cedar Rapids, Iowa

Copyright 2005 Mercy Medical Center, Cedar Rapids, Iowa

All Rights Reserved
**ABCD’S of AMI Care**

**A**  *Aspirin* on admission and discharge;
*ACE-I* or *ARB* for an EF < 40% *or* moderate to severe systolic dysfunction

**B**  *Beta-Blockers* at discharge

**C**  *Cholesterol* assessment; *Cardiac* rehab referral

**D**  *Discharge* instructions include no premature discontinuation of Clopidogrel (*Plavix*), Prasugrel (*Effient*), or Brilinta (*Ticagrelor*)

**S**  *Smoking* cessation education (if the patient has smoked within the previous *year*) *Statin* Therapy
ABCD’S of C Diff Care

A  Antibiotic Stewardship guidelines should be used to ensure the appropriate antibiotics are given. Only use antibiotics when necessary to prevent overuse.

B  Bleach wipes are to be used for cleaning all patient care equipment.

C  Collect stool specimens using the C Diff Management Protocol.

D  Diarrhea = Contact Plus Isolation.

S  Soap and water hand hygiene.
ABCD’S of Central Line Care

A  Aseptic technique with all catheter access procedures

B  Bath daily with CHG (Chlorhexidine) wipes if not allergic

C  Catheter needed? Is central line still necessary?

D  Document CHG daily bath under Hygiene

S  Scrub the hub; needless connectors and injection ports cleansed with alcohol and a twisting motion for 15 seconds
ABCD’S of C.O.P.D. Care

A  **Ask** Patient about home inhalers when admitted
B  **Breathe** – Purse lipped breathing help ↓ SOB
C  **Cough**, every 2 hours while awake along with incentive spirometer
   **Consult** – Pulmonary Rehab while inpatient
D  **Do not Discharge** without RT doing MDI instruct
S  **Smoking** cessation education for all current smokers
   **Schedule** – follow-up visit w/in 2 wks. with Pulm or PCP
   **Sputum** – Educate patient to call Pulmonologist or Primary Care
      if sputum is **yellow/green or increased amount**
   **Spirometry** – All patients with a diagnosis of COPD need PFT’s at
      least every 2 years. (GOLD, 2015)
ABCD’S of Diabetes Care

A  **A1C** ≥ 6.5% repeat every 3 months; **Assess** knowledge of disease process and importance of diet & exercise

B  **Blood** pressure control (Less than 130/90); **Blood sugar** between 80-130 before meals & < 180 two hours after meals; target pre-meal <140, target for random <180

C  **Cholesterol** treatment; **Classes** for pre-diabetics when fasting plasma glucose >126 OR **A1C** between 5.7-6.4%

D  **Daily** assessment of feet and skin for breakdown **Discharge** with outpatient diabetes education appointment

S  **Smoking** cessation education (if smoked within the previous **year**) **Self-management** education
ABCD’S of Foley Catheter Care

A  **Aseptic** technique during insertion and thereafter

B  **Bag** below the level of the bladder at all times. Tubing without kinks or loops.  **Bag** emptied regularly.

C  **Cath-secure** device applied at all times

D  **Daily** evaluation of indication for Foley, either with physician or per Foley removal protocol, if ordered.

S  **Soap and water** cleansing of catheter-urethral interface *daily* and with each stool.
ABCD’S of Global Immunization Measure

A  **Assess** Immunization status every admission and **Administer** if needed

B  **Be Proactive**: Flu shots are offered to everyone > 6 months old; Pneumonia shots everyone >65 and high risk 6 years through 64

C  **Check** Administrative data screen for previous history

D  **Discharge**: Check and Give before discharge

S  **Schedule**: Flu shots are offered to everyone beginning in September through end of March; Pneumovax - > 65? may need new Pcv13 Pneumonia shot
ABCD’S of Heart Failure Care

A  ACE-I or ARB for EF < 40%; or moderate to severe systolic dysfunction

B  Beta-Blocker: Carvedilol (Coreg), Bisoprolol (Zebeta, Ziac), Metoprolol Succinate (Toprol XL)

C  Cholesterol assessment and treatment; Cardiac rehab referral

D  Discharge Heart Failure education booklet

S  Smoking cessation education (if the patient has smoked within the past year);
Schedule appointment with physician and Heart Failure Clinic within the first week after discharge
ABCD’S of Oxygen

A  All patients using oxygen MUST HAVE AN ORDER

B  Be Prepared- Apply oxygen and call for an order when
   O2 sat < 90%

C  Check oximetry – increase oxygen 1 Lpm. until oxygen is > 90%
   Consult RT for any oxygen requirements > 5 Lpm. or if mask is necessary
   COPD – recognize that hyperoxygenation can result in Hypercapnia – do not
   increase O2 Lpm. rapidly.

D  Decrease – Titrate off of oxygen per protocol – drop O2 by 1 Lpm. until
   patient can be free of oxygen at discharge

S  Safety – Educate patients and family on oxygen safety. (All services in home
   should reinforce with delivery in the home) No open flames, No petroleum
   type products, Secure tank, Smoke detectors, Post Signs.
ABCD’S of Pain Management

A  **Assess** and reassess pain; not to exceed 90 minutes following an intervention; **Around** the clock dosing considered; **Appropriate** pain scale use to assess pain consistent with the patient's age, condition, and ability to understand.

B  **Believe** reports of pain; Either treat the patient's pain or refer the patient for treatment **Breathing** assessed for depth, quality and rate.

C  **Comfort**/function goals set; **Collaborate** with and educate the patient, care partner or significant other to establish a pain goal. Utilize the **purple sign** to provide a visual reminder of goal expectations.

D  **Deliver** pharmacological and non-pharmacological interventions as appropriate.

S  **Sedation** assessed as precursor to respiratory depression; **Stool softener** considered with narcotic use.
ABCD’S of Pneumonia Care

A  Appropriate Antibiotic selection w/Pneumonia Orderset; Ambulate early and often

B  Blood Cultures before the first antibiotic is given.

C  Cough and deep breathing every 2 hours

D  Dysphagia? Check a swallow screen on admission

S  Smoking cessation education for all current smokers or those who quit within the last year. Speech therapy referral for repeat pneumonia cases or those at risk for aspiration
ABCD’S of Pressure Ulcer Prevention

A  Always Assess and document all bony prominences every shift
B  Braden scale risk assessment on admission & daily at 2100
C  Control moisture and incontinence
D  Dietician consult; Document all nursing interventions
S  Skin integrity can change in hours, maintain and assess throughout the hospital stay

Wound Healing Center: 398-6400
ABCD’S of Prevention of Harm from Anticoagulation

A  **Accurate** and current weight before administration

B  **Baseline** and every two days: Hgb, Hct and Platelet count for Therapeutic Heparin or Lovenox

C  **Creatinine** level at baseline and repeat every three days for Therapeutic Lovenox; **Check** INR prior to Coumadin

D  **Dosing** of Lovenox based on Creatinine Clearance

S  **Simultaneous** administration of Lovenox and Heparin is not allowed
ABCD’S of Sepsis Care

A  **Antibiotics** within 3 hours of presentation. Need to be broad-spectrum; Vancomycin is not an acceptable monotherapy for sepsis

B  **Blood Cultures** within 3 hours of arrival & prior to antibiotics

C  **Check that Lactic Acid level** is drawn within 3 hours of arrival or presentation and repeated within 3 hours

D  **Determine Lactic Acid Level:** Any Level > 2 mmol/L requires a **STAT repeat on arrival to the ICC or a non-ICC unit**

S  **Septic Shock:** Requires 30 ml/kg of either NS or LR to be administered **OR** ordered within 6 hours of the development of shock.

  **Septic Shock Definition:** Two consecutive SBPs < 90 after the administration of 30 mL/Kg of Fluid.

  **Septic Shock Care:** Levophed started **AFTER** the fluids have been completed and SBP continues to be < 90.
ABCDS’S of Stroke Care

A  Antithrombotic by day 2 and at discharge; Atrial fib assessment and treatment; t-PA considered

B  Blood Pressure control on discharge

C  Cholesterol assessment and treatment with statin if LDL > 70

D  DVT prophylaxis; Dysphagia screening prior to oral intake

S  Stroke education; Stroke rehabilitation considered; Smoking cessation
ABCD’S of Surgical Care

A  Appropriate Antibiotic guided by surgical order sets

B  Beta-blocker *previous use* assessed & continued peri-operatively; **Bair huggers** and thermo caps to maintain normothermia

C  **Classification** of wound accurately documented intra-operatively

D  **DVT/PE** prophylaxis 24 hours prior to & after surgery; **Discontinue** Foley catheter POD #1 or POD #2 check with surgeon before removal

S  Surgical site infection education for the patient and family prior to surgery
ABCD’S of Venous Thromboembolism (VTE)

A  **Anticoagulation** (prophylaxis) throughout hospital stay

B  **Bridging Therapy** is required for Confirmed VTE cases.  
   Coumadin, must have overlap therapy with Heparin for at least 5 
   days and an INR greater than or equal to 2 prior to discontinue 
   of parenteral

C  **Classifications** of anticoagulants that are acceptable in the care 
   of VTE, both in prevention and treatment, include all new 
   novel anticoagulants

   Consult pharmacy for management of confirmed VTE

D  **Discharge** instructions include referral to Mercy’s Anticoagulation 
   Clinic (MAC)

S  **SCDs** reduce the incidence of in-hospital VTEs