

PHYSIOLOGIC MONITORING/HYGIENE/COMFORT – ADULT ACUTE CARE UNITS

- PURPOSE:** To outline the management of patients in relation to physiologic monitoring/ hygiene/comfort measures in the adult Acute Care Unit setting.
- ASSESSMENT:**
1. Assess all body systems:
 - Upon admission
 - Upon return from the operating room
 - Every 8 hours and more often as per Unit Structure Standards (USS)/ patient condition/Interdisciplinary Plan of Care indicates
Note: Baseline assessment is documented by 1100 each morning. Reassessments are compared to the baseline assessment.
 2. Complete the following within one hour of assuming care of the patient:
 - Check for orders and tasks that are due on electronic health record (EHR):
 - Care Compass
 - Orders tab
 - Task List
 - Identify intravenous solutions and rate of infusion
 - Confirm correct dose/settings on infusion pumps
 3. Weigh patient:
 - Upon admission
 - Weekly (i.e. every Tuesday)
 - Twice per week for patients on enteral feeding and total parenteral nutrition (i.e. Every Tuesday and Friday)
 - More frequently as ordered or per USS
 4. Monitor and record Vital Signs (VS) a minimum of every 4 hours or per USS.
 5. Assess, measure and record Nasogastric tube (NGT)/enteral tube residual as follows:
 - Every 4 hours while on tube feeding
 - Every 8 hours if NPO
 - Prior to starting/ restarting tube feeding
 - Prior to giving medications
 6. Measure and record urine output if “intake and output” as ordered:
 - Indwelling/ external catheter: every 8 hours
 - Urinal/bedpan: every void
 7. Assess intake and output totals a minimum of every 8 hours.
 8. Measure and record drain output a minimum of every 8 hours.
 9. Obtain lab studies as ordered.
- HYGIENE & COMFORT**
10. Assess pain at onset and for the effect of pain medications as given.
 11. Assist with/provide mouth care a minimum of every shift.
 12. Provide indwelling bladder catheter /foreskin/peri-care a minimum of every 12 hours and prn.
 13. Consider using external devices for patients who are incontinent of urine:
 - External male catheter (condom) for adults and per provider order for adolescents:
 - Change catheter and perform pericare a minimum of daily
 - External female catheter (e.g. Purewick® refer to attachment) for adults:
 - Assess every 2 hours for proper placement, skin integrity and for need to replace
 - Top of gauze aligned with pubic bone, device tucked between labia and gluteus, urethra aligned approximately 1/3 down the length of the device
 - Replace and perform pericare a minimum of every 8-12 hours and when soiled with feces or blood
 - Ensure it is attached to continuous suction minimum of 40 mmHg
 - Remove before turning/rolling patient, when patient is on bedpan or out of bed to commode, and then reapply

Remove when suction cannot be applied (e.g. when patient goes for a procedure or test), then apply a new Purewick® upon return.

14. Assist with bathing or bathe patient every 24 hours.
15. Bath daily all patients with central lines, PICC and/or vascatheter with Chlorhexidine or antibacterial wash.
16. Change linen every other day, upon request, and when soiled.
17. Turn patient every 2 hours if patient unable to turn self.

SAFETY:

18. Check all equipment and set parameters/alarms (as indicated).
19. Remove from service and report nonfunctioning equipment immediately and replace.
20. Keep call light within reach at all times.
21. Keep bed in low position except when providing care.

REPORTABLE CONDITIONS:

22. Report significant changes to provider.

**PATIENT/
CAREGIVER
EDUCATION:**

23. Instruct on the following:
 - Bed controls, call light, telephone, ID band
 - Visiting and no-smoking policy
 - Mealtimes, nutritional support
 - Equipment/procedures

DOCUMENTATION:

24. Document in accordance with documentation standards.
25. Document on applicable areas of the Activities of Daily Living and Patient Safety Measures sections on iView at the beginning of the shift. In addition, document:
 - When there are any changes (e.g. change to special bed)
 - Care at the time it is provided (e.g. mouth care, bath, linen change, positioning, getting patient out of bed, indwelling bladder catheter care)
 - Sequential compression devices when applied and when discontinued
 - Orthotic boot/orthotic splints status when applied and when removed per physician's order)
26. Document assessment in Systems Assessment on iView
27. Document data on iView and I&O sections (e.g. VS, I&O)

Initial date approved: 04/12	Reviewed and approved by: Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee	Revision Date: 08/12, 03/16, 03/19, 07/19, 12/21
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Reference

AACN Procedure Manual for High Acuity, Progressive, and Critical Care. 7th Edition. Debra L. Wiegand. Elsevier. (2017)

Unlicensed nursing staff are to report abnormal vital signs to the RN using these values (unless otherwise directed by RN due to patient condition/diagnosis/ population):

NORMAL VITAL SIGNS (ADULT PATIENTS)	
Temperature (oral)	36.4- 37.6 Celsius (97.6 - 99.6 Fahrenheit)
Pulse	60 - 100 beats per minute
Respiratory Rate	12-20 breaths per minute
Blood pressure, systolic	100-140 mm Hg
Blood pressure, diastolic	60 - 90 mm Hg

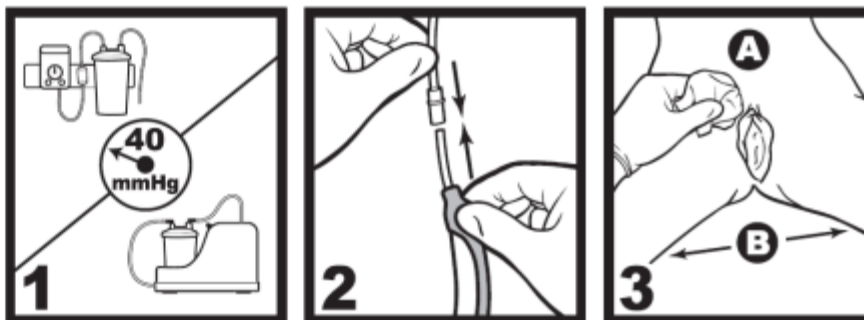
Instructions for Use

PUREWICK

FEMALE EXTERNAL CATHETER

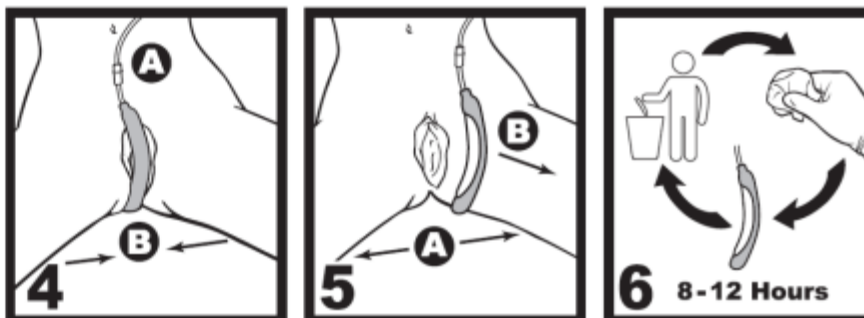
Setup:

1. Connect the canister to wall suction and set to recommended 40mmHg continuous suction. If using the DRYDoc™ Vacuum Station, connect the canister to the unit and turn the unit on. Please consult the DRYDoc™ Vacuum Station User Guide for further information.
2. Using standard suction tubing, connect the PUREWICK® Female External Catheter to the collection canister.



Peri-care and Placement:

3. Perform perineal care and assess skin integrity (document per hospital protocol). Separate legs, gluteus muscles, and labia. Palpate pubic bone as anatomical marker.
4. With soft gauze side facing patient, align distal end of the PUREWICK® Female External Catheter at gluteal cleft. Gently tuck soft gauze side between separated gluteus and labia. Ensure that the top of the gauze is aligned with the pubic bone. Slowly place legs back together once the PUREWICK® Female External Catheter is positioned.



Note: Patient can be positioned on back, side lying, frog legged, or lying on back with knees bent and thighs apart (lithotomy position) prior to device placement.

Removal:

5. To remove the PUREWICK® Female External Catheter, fully separate the legs, gluteus, and labia. To avoid potential skin injury upon removal, gently pull the PUREWICK® Female External Catheter directly outward. Ensure suction is maintained while removing the PUREWICK® Female External Catheter. After use, this product may be a potential biohazard. Dispose of in accordance with applicable local, state and federal laws and regulations.

Maintenance:

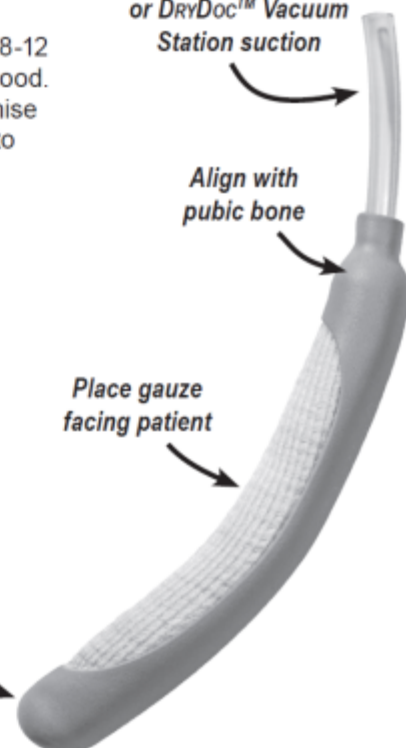
6. Replace the PUREWICK® Female External Catheter at least every 8-12 hours or if soiled with feces or blood. Always assess skin for compromise and perform perineal care prior to placement of a new PUREWICK® Female External Catheter.

Attach to hospital wall suction or DRYDoc™ Vacuum Station suction

Align with pubic bone

Place gauze facing patient

Tuck between gluteus



PUREWICK®

FEMALE EXTERNAL CATHETER

Indication for use:

The PUREWICK® Female External Catheter is intended for non-invasive urine output management in female patients.

EXTERNAL USE ONLY

Caution: This Product Contains Dry Natural Rubber

Contraindications:

- Patients with urinary retention

Warnings:








- Do not use the PUREWICK® Female External Catheter with bedpan or any material that does not allow for sufficient airflow.
- To avoid potential skin injury, never push or pull the PUREWICK® Female External Catheter against the skin during placement or removal.
- Never insert the PUREWICK® Female External Catheter into vagina, anal canal, or other body cavities.
- Discontinue use if an allergic reaction occurs.
- After use, this product may be a potential biohazard. Dispose of in accordance with applicable local, state and federal laws and regulations.

Precautions:

- Not recommended for patients who are:
 - Agitated, combative, or uncooperative and might remove the PUREWICK® Female External Catheter
 - Having frequent episodes of bowel incontinence without a fecal management system in place
 - Experiencing skin irritation or breakdown at the site
 - Experiencing moderate/heavy menstruation and cannot use a tampon
- Do not use barrier cream on the perineum when using the PUREWICK® Female External Catheter. Barrier cream may impede suction.
- Not recommended for use on patients with a known latex allergy.
- Proceed with caution in patients who have undergone recent surgery of the external urogenital tract.
- Always assess skin for compromise and perform perineal care prior to placement of a new PUREWICK® Female External Catheter.
- Maintain suction until the PUREWICK® Female External Catheter is fully removed from the patient to avoid urine backflow.

Recommendations:

- Perform each step with clean technique. In the home setting, wash hands thoroughly before device placement.
- Prior to connecting the PUREWICK® Female External Catheter to hospital wall suction tubing, verify suction function by covering the open end of the suction tubing with one hand and observing the pressure dial. If the pressure does not increase when the line is covered, verify that the tubing is secured, connected, and not kinked.
- Ensure the PUREWICK® Female External Catheter remains in the correct position after turning the patient. Remove the PUREWICK® Female External Catheter prior to ambulation.
- Properly placing the PUREWICK® Female External Catheter snugly between the labia and gluteus holds the PUREWICK® Female External Catheter in place for most patients. Mesh underwear may be useful for securing the PUREWICK® Female External Catheter for some patients.
- Assess device placement and patient's skin at least every 2 hours.
- Replace the PUREWICK® Female External Catheter every 8-12 hours or when soiled with feces or blood.
- Change suction tubing per hospital protocol or at least every thirty (30) days.

 Units	This Product Contains Dry Natural Rubber
 Single Use	 Non-sterile
 Catalog number	 Do not use if package is damaged
 Lot number	 Use by date

 **Manufacturer:**
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 El Cajon, CA 92020
 Toll Free: (844) 584-0734
 www.purewick.com

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PK0319727 08/2017