

NURSING CORE MEASURE CHECKLIST (red = "time sensitive" indicators)

ADMISSION DATE:		ADMISSION TIME:	
ALL PATIENTS	ACUTE MYOCARDIAL INFARCTION (AMI)	HEART FAILURE (HF) (or pulmonary edema or "fluid overload" associated with either kidney disease or hypertension or bi-ventricular pacemaker or ICD or history of HF)	PNEUMONIA (PN) (PN diagnosed on admission, excludes viral or aspiration pneumonia)
	<input type="checkbox"/> Core Measure Review Nurse consulted	<input type="checkbox"/> Core Measure Review Nurse consulted	<input type="checkbox"/> Core Measure Review Nurse consulted
<input type="checkbox"/> Pneumococcal vaccination given , if patient meets inclusion criteria and <input type="checkbox"/> Vaccination status is documented in significant events	<input type="checkbox"/> Aspirin taken within 24 hours prior to arrival or GIVEN within 24 hours after hospital arrival or physician documented contraindications	<input type="checkbox"/> Left ventricular function (LVF) assessment done (echo, LV angiogram, physician documentation of prior LVF, plan to assess LVF after discharge, or reason not assessed)	<input type="checkbox"/> Blood cultures if ordered are obtained prior to first antibiotic dose
<input type="checkbox"/> Influenza vaccination given , if patient meets inclusion criteria (Oct - March) and <input type="checkbox"/> Vaccination status is documented in significant events	<input type="checkbox"/> Aspirin prescribed during hospital stay	<input type="checkbox"/> ACE Inhibitor or ARB prescribed during hospital stay <input type="checkbox"/> and at discharge for left ventricular systolic dysfunction (LVEF <40%) or physician documented contraindications	<input type="checkbox"/> Antibiotic GIVEN within 6 hours of arrival
	<input type="checkbox"/> Beta blocker prescribed during hospital stay		
	<input type="checkbox"/> ACE Inhibitor or ARB prescribed during hospital stay		
<input type="checkbox"/> Smoking cessation counseling documented if patient smoked in the past 12 months. If patient refuses information, document refusal.	<input type="checkbox"/> Aspirin at discharge or physician documented contraindications	<input type="checkbox"/> Heart failure discharge instructions address all six items: <ul style="list-style-type: none"> o diet o activity o weight monitoring o what to do if HF symptoms worsen o medications: write "refer to medication reconciliation" o follow-up appointment 	
<input type="checkbox"/> Copy of medication reconciliation and <input type="checkbox"/> Discharge instructions with signatures on chart including discharges to CRU and HealthSouth	<input type="checkbox"/> Beta blocker at discharge or physician documented contraindications		
	<input type="checkbox"/> ACE Inhibitor or ARB prescribed at discharge for left ventricular systolic dysfunction (LVEF <40%) or physician documented contraindications		Place sticker here

See reverse for surgical patients.

NOT PART OF PERMANENT MEDICAL RECORD

REVISED 11/03/09

SCIP NURSING CORE MEASURE CHECKLIST –INITIAL ALL ENTRIES (red = “time sensitive” indicators)

PAT/Nursing Unit	POS	Intra Op	PACU/Nursing Unit	
Patient on a beta blocker at home <input type="checkbox"/> No <input type="checkbox"/> Yes Last taken _____ Date _____ Time	<input type="checkbox"/> Hair removal is documented in SIS <input type="checkbox"/> If beta blocker is a home medication, document date and time in admission profile or SIS BB must be taken within 24 hrs prior to surgery start.	<input type="checkbox"/> Hair removal is documented in SIS <input type="checkbox"/> Foley insertion (if applicable) is documented in SIS	<input type="checkbox"/> Temperature is documented on arrival to PACU or CVICU <input type="checkbox"/> Post-op antibiotic DISCONTINUED within 24 hours of Surgery end time or 48 hours for open heart-unless physician documented suspected infection _____ Surgery End Time	
Patient on warfarin at home <input type="checkbox"/> No <input type="checkbox"/> Yes Last taken _____ Date _____ Time	<input type="checkbox"/> Appropriate antibiotic ordered and available for administration by anesthesia. Required for cardiac, hip, knee, colon, hysterectomy and vascular surgeries.	<input type="checkbox"/> Preoperative/pre-incision antibiotic was given and documented. Must be give within 60 min of surgery start time*** _____ Date _____ Antibiotic Time _____ Surgery Start Time	Complete all antibiotic doses by: _____ Date _____ Time VTE/DVT prophylaxis must be initiated within 24 hours of surgical end time if ordered post-op	
If Foley present, date of insertion is documented in SCM* <input type="checkbox"/> Yes <input type="checkbox"/> No *Nursing units only	<input type="checkbox"/> If Antibiotic is Vancomycin or Cipro, antibiotic is started and documented. _____ Date _____ Antibiotic Time	*** Required for cardiac, hip, knee, colon, hysterectomy and vascular surgeries. * Vancomycin, ciprofloxacin (or other fluoroquinolones) should be started within 120 min of surgery start time.	Ordered <input type="checkbox"/> Teds <input type="checkbox"/> SCD's <input type="checkbox"/> LMWH (lovenox, fragmin)	Initiated <input type="checkbox"/> Teds <input type="checkbox"/> SCD's <input type="checkbox"/> LMWH (lovenox, fragmin)
<input type="checkbox"/> Smoking cessation nursing order entered and information sheet given to patient and documented in SIS.	<input type="checkbox"/> Foley insertion (if applicable) is documented in SIS	<input type="checkbox"/> Document in SIS if active warming (i.e. Bair hugger) was used.	<input type="checkbox"/> Warfarin <input type="checkbox"/> Heparin <input type="checkbox"/> Factor Xa inhibitor (Atrixa)	<input type="checkbox"/> Warfarin <input type="checkbox"/> Heparin <input type="checkbox"/> Factor 10X inhibitor (Atrixa)
<input type="checkbox"/> Enter DVT/VTE prophylaxis when prompted by admission profile	Name/Initials		<input type="checkbox"/> Foley removal is documented in nursing assessment (POD 1 or 2)	
<input type="checkbox"/> Enter nursing order set for pneumonia and influenza vaccine if patient meets inclusion criteria			Cardiac surgery patients blood glucose documented at 0600 <input type="checkbox"/> Post op day 1 <input type="checkbox"/> Post op day 2	
Patient Sticker			Revised 12/14/09	