

Facility Protocols

Facility protocols refer to the plans and procedures in place to address specific issues that health care institutions face.

Nurses must understand their role in relation to development and implementation of facility protocols, including reporting incidents, disaster planning, emergency response, and security plans.

Reporting incidents

Incident reports are records of unexpected or unusual incidents that affected a client, employee, volunteer, or visitor in a health care facility.

- Facilities can also refer to incident reports as unusual occurrence or quality variance reports.
- In most states, as long as proper safeguards are employed, incident reports cannot be subpoenaed by clients or used as evidence in lawsuits.

Examples when an incident report should be filed

- Medication errors
- Procedure/treatment errors
- Equipment-related injuries/errors
- Needlestick injuries
- Client falls/injuries
- Visitor/volunteer injuries
- Threat made to client or staff
- Loss of property (dentures, jewelry, personal wheelchair)

Nurses must ensure the safety of clients' valuables. If a client is admitted to the facility and does not have a family member present, secure the client's valuables in accordance with facility policy. If an individual requests the client's valuables, the client must identify the person and give that person permission to be in possession of the valuables.

5.1 Example incident report

ati		Incident Report	
(This form should not be placed in the medical record or copied)			
Date of incident:		Time:	
Date form completed:			
Name and title of person completing form:			
Providers:	1. _____		
	2. _____		
Location (select one)			
Floor/unit:	Room #:		
☐ Administrative office	☐ Emergency department	☐ Nurses station	☐ Other:
☐ Ambulatory	☐ Extended care facility	☐ Obstetrics	
☐ Birthing suite	☐ Home	☐ Operating room	
☐ Blood bank	☐ ICU	☐ Parking areas	
☐ Cafeteria	☐ Labor & delivery	☐ Pathology	
☐ Cardiac cath	☐ Laboratory	☐ Pharmacy	
☐ Central supply	☐ Lobby	☐ Public restroom	
☐ Client's restroom	☐ Medical records	☐ Radiology	
☐ Client's room	☐ Medication room	☐ Recovery room	
☐ Dialysis	☐ Mental health	☐ Rehab/therapy	
☐ EEG	☐ Nuclear medicine	☐ Same day surgery	
☐ Elevator	☐ Nursery	☐ Stairs	
Person affected by incident (select one)			
☐ Employee	☐ Visitor	List the below information if person is not a client	
☐ Home patient	☐ Volunteer	Last name:	
☐ In-patient	☐ Not applicable	First name:	
☐ Out-patient	☐ Other:	Sex: (M/F)	Age: DOB:
☐ Provider			
Staff most closely involved in event (select one)			
☐ Intern	☐ Security	☐ EMS	
☐ Practical nurse	☐ Student nurse	☐ Physician assistant	
☐ Medical student	☐ Surgical assistant	☐ Certified registered nurse anesthetist	
☐ Patient care assistant	☐ Technician	☐ Certified registered nurse practitioner	
☐ Pharmacist	☐ Therapist	☐ Not applicable	
☐ Physician	☐ Volunteer	☐ Other:	
☐ Registered nurse	☐ Administrative		
☐ Resident physician	☐ Environmental		

Incident report 1

Site of injury (select one)			
☐ Abdomen	☐ Ear(s)	☐ Head	☐ Neck
☐ Ankle(s)	☐ Elbow(s)	☐ Hip(s)	☐ Nose
☐ Arm(s)	☐ Eye(s)	☐ Internal injury	☐ Shoulder(s)
☐ Back	☐ Face	☐ Knee(s)	☐ Wrist(s)
☐ Buttocks	☐ Foot(foot)	☐ Leg(s)	☐ Not applicable
☐ Chest	☐ Hand(s)	☐ Mouth	☐ Other:
Description of incident (select one)			
☐ Abrasion	☐ Death	☐ Laceration	☐ Sensory impairment
☐ Abscess	☐ Decubitus	☐ Loss of property	☐ Skin puncture
☐ Amputation	☐ Dislocation	☐ Miscarriage	☐ Skin tear
☐ Birth injury	☐ Edema	☐ Necrosis	☐ Spinal damage
☐ Brain damage	☐ Foreign body	☐ Obstruction	☐ Sprain
☐ Burn - chemical	☐ Fracture	☐ Pain	☐ Strain
☐ Burn - electrical	☐ Hematoma	☐ Paralysis	☐ Suicide
☐ Burn - other	☐ Hemorrhage	☐ Perforation	☐ Wound disruption
☐ Circulatory impairment	☐ Hives	☐ Permanent disfigurement	
☐ Coma	☐ Hyperthermia	☐ Poisoning	☐ Not applicable
☐ Concussion	☐ Hypothermia	☐ Rape	☐ Other:
☐ Contracture	☐ Infection	☐ Rash	
☐ Contusion	☐ Inflammation	☐ Redness	
☐ Damage to property	☐ Injury to teeth	☐ Self-inflicted injury	
Condition of the client prior to incident (select one)			
☐ Agitated	☐ Dizzy	☐ Uncooperative	
☐ Alert	☐ Faint	☐ Weak	
☐ Confused	☐ Medicated	☐ Not applicable	
☐ Disoriented	☐ Unconscious	☐ Other:	
Seen/treated by (select one)			
☐ Attending provider	☐ On-call provider		
☐ Emergency department	☐ Not applicable		
☐ Nurse (provider notified - no prescription received)	☐ Other:		
Treatment after incident (select one)			
☐ Received	☐ Refused	☐ Unknown	☐ Not applicable

Incident report 2

5.1 Example incident report (continued)

Quality Information		
Transcription error involved? ☐ Yes ☐ No		
☐ Procedure	☐ Diagnostic test	☐ Treatment related
Select all that apply		
☐ Adverse outcome	☐ Foreign object left in patient	☐ Return to OR during same admission
☐ Application/removal of cast/spirit	☐ Hemorrhage	☐ Surgical checklist not completed
☐ Break in sterile technique	☐ Inappropriate operation	☐ Transfer/moving of client
☐ Client tolerance	☐ Inappropriate time/sequence	☐ Wrong client
☐ Client refusal	☐ Incorrect utensil count	☐ Wrong procedure
☐ Consent - improper	☐ Lost/mishandled specimen	☐ Wrong site
☐ Consent - lack of	☐ Monitoring	☐ Wrong test
☐ Delay in reporting results	☐ Not prescribed	☐ Wrong treatment
☐ Delay in treatment	☐ Omitted	☐ Unknown
☐ Error in reporting result	☐ Perforation	☐ Other:
☐ Medication	☐ Positioning	
☐ Medication	☐ Blood	
Select all that apply		
☐ Break in sterile technique	☐ Incomplete additives	☐ Wrong dose
☐ Client refusal	☐ Incompatible blood	☐ Wrong flow rate
☐ Consent - improper	☐ Incorrect narcotic count	☐ Wrong medication (see below)
☐ Consent - lack of	☐ Infiltration requiring treatment	☐ Wrong route
☐ Contaminated	☐ IV conscious sedation with reversal agent given	☐ Wrong solution
☐ Contraindicated	☐ Medication given before culture	☐ Wrong time
☐ Cross-match/typing error	☐ Medication given before culture	☐ Other:
☐ Delay in administration	☐ Mislabeled	
☐ Discontinued by client	☐ Out of date	
☐ Drug interaction	☐ Omission	
☐ Duplicated	☐ Reaction - blood	
☐ Food interaction	☐ Reaction - correct medication	Medication:
☐ Given after discontinued	☐ Reaction - incorrect medication	Name:
☐ Given without prescription	☐ Repeated attempts to start IV	Dosage:
☐ Inappropriate anesthetic	☐ Tubing not changed	Given:
☐ Inappropriate site	☐ Wrong client	Route:

[illegible]

Fall section		
Surface condition (select one if applicable)		
☐ Wet	☐ Unknown	
☐ Dry	☐ Other:	
Circumstances related to fall (select all that apply)		
☐ Ambulating - with permission	☐ From chair	☐ Slipped
	☐ From toilet	☐ Tripped
☐ Ambulating - without permission	☐ From wheelchair	☐ Unable to follow instructions
	☐ Improper footwear	☐ Visitor assisted client in ambulation without staff assistance
☐ Dizzy	☐ In shower	
☐ During assistance by staff	☐ In tub	☐ Unknown
☐ Equipment	☐ Incontinent	☐ Other:
☐ Fainted	☐ Lost balance	
☐ Found on floor	☐ Off stretcher	
☐ From bed	☐ Off table	
Client status prior to fall (complete all)		
Call light on:		Risk for fall assessed before incident?
☐ Yes	☐ No	☐ Yes
	☐ N/A	☐ No
		☐ N/A
Restraints:		Medication?
☐ Yes	☐ No	☐ Yes
☐ Refused	☐ Removed	☐ No
Side rails:		Name:
☐ Up	☐ Down	☐ Dosage:
	☐ N/A	Was restraint policy followed?
☐ Refused		☐ Yes
		☐ No
		☐ N/A
Bed position:		Was client on fall precautions?
☐ Up	☐ Down	☐ Yes
	☐ N/A	☐ No
		☐ N/A
Environmental component (select one if applicable) — Equipment:		
☐ Disconnected	☐ No preventative maintenance	☐ Unknown
☐ Dislodged	☐ Not available	☐ Other:
☐ Equipment failure	☐ Tampered with	
☐ Equipment malfunction	☐ User error	
Device type:	Model #:	Serial #:
Hazardous materials and waste		
☐ Spill/leak	☐ Exposure to hazardous material (specify):	☐ Other:
Utilities management		
☐ Medical gasses	☐ Sewage problem	☐ Other:
☐ Medical vacuum	☐ Telephone problem	
☐ Power failure	☐ Water problem	

NURSING ROLE IN REPORTING INCIDENTS

In the event of an incident that involves a client, employee, volunteer, or visitor, the nurse's priority is to assess the individual for injuries and institute any immediate care measures necessary to decrease further injury. If the incident was client-related, notify the provider and implement additional tests or treatment as prescribed. **Qs**

INCIDENT REPORTS

- Should be completed by the person who identifies that an unexpected event has occurred. (This might not be the individual most directly involved in the incident.)
- Should be completed as soon as possible and within 24 hr of the incident.
- Considered confidential and are not shared with the client. (Nor is it acknowledged to the client that one was completed.)
- Not placed nor mentioned in the client's health care record. However, a description of the incident should be documented factually in the client's record.
- Include an objective description of the incident and actions taken to safeguard the client, as well as assessment and treatment of any injuries sustained.
- Forwarded to the risk management department or officer (varies by facility), possibly after being reviewed by the nurse manager.
- Provide data for performance improvement studies regarding the incidence of client injuries and care-related errors. **Qa**

When completing an incident report, include:

- Client's name and hospital number (or visitor's name and address if visitor injury), along with the date, time, and location of the incident
- Factual description of the incident and injuries incurred, avoiding assumptions as to the incident's cause
- Names of witnesses to the incident and client or witness comments regarding the incident
- Corrective actions that were taken, including notification of the provider and referrals
- Name and dose of any medication or identification number of any equipment involved in the incident

Disaster planning and emergency response

A **disaster** is an event that can cause serious damage, destruction, injuries, and death. In many situations, a hospital can manage the event with the support of local resources.

A **mass casualty incident (MCI)** is a catastrophic event that overwhelms local resources. Multiple resources (federal and state) are necessary to handle the crisis.

Emergency operating plan

Each facility must have an emergency operating plan (EOP). An essential component of the plan is the provision of training of all personnel regarding each component of the EOP. Nurses should understand their responsibilities in the EOP.

- Facilities accredited by the Joint Commission must have an EOP and are mandated to test the plan at least twice a year. **Qs**
- The EOP should interface with local, state, and federal resources.

Internal and external emergencies

Disasters that health care facilities face include internal and external emergencies.

Internal emergencies occur within a facility and include loss of electric power or potable (drinkable) water, and severe damage or casualties related to fire, weather (tornado, hurricane), explosion, or terrorist act. Readiness includes safety and hazardous materials protocols, and infection control policies and practices.

External emergencies affect a facility indirectly and include weather (tornado, hurricane), volcanic eruptions, earthquakes, pandemic flu, chemical plant explosions, industrial accidents, building collapses, major transportation accidents, and terrorist acts (including biological and chemical warfare). Readiness includes a plan for participation in community-wide emergencies and disasters.

Disaster response agencies

Different agencies, governmental and nongovernmental, are responsible for different levels of disaster response. Agencies that have a role in disaster response include the Federal Emergency Management Agency (FEMA), CDC, U.S. Department of Homeland Security (DHS), American Red Cross, Office of Emergency Management (OEM), and the public health system.

To receive assistance with an MCI, a state must request assistance. Federal programs include the National Incident Management System, National Domestic Preparedness Organization, and Strategic National Stockpile.

Emergency designations

Health care facilities have color code designations for emergencies. These vary between institutions, but some examples are:

- Code Red: fire
- Code Pink: newborn/infant/child abduction
- Code Orange: chemical spill
- Code Blue: medical emergency
- Code Gray: tornado
- Code Black: bomb threat

In addition, some hospitals use plain language descriptions for significant alerts, such as violent situations or evacuations (example “Facility Alert: active shooter, main lobby.”)

Nurses should be familiar with procedures and policies that outline proper measures to take when one of these emergencies are called.

NURSING ROLE IN DISASTER PLANNING AND EMERGENCY RESPONSE

EMERGENCY RESPONSE PLANS

- Health care institutions use a planning committee to develop emergency preparedness plans. The committee reviews information regarding the potential for various types of natural and man-made emergencies based on the characteristics of the community. The committee should also determine what resources are necessary to meet potential emergencies and include this information in the plan.
- The Hospital Incident Command System (HICS) for disaster management offers a clear structure for disaster management at the facility level. **QEBP**
- Nurses and other members of the health care team should be involved in the development of an EOP for such emergencies. Criteria under which the EOP are activated should be clear. Roles for each employee should be outlined and administrative control determined. A designated area for the area command center should be established, as well as a person to serve as the incident control manager/commander.
- Other key roles in the EOP include a provider to manage client numbers and resources (medical command physician), an individual to prioritize treatment (triage officer) and a media liaison (community relations/public information officer).
- The nurse should create an action plan for personal family needs.

MASS CASUALTY TRIAGE **QTC**

Principles of mass casualty triage should be followed in health care institutions involved in a mass casualty event.

- These differ from the principles of triage typically followed during provision of day-to-day services in an emergency or urgent care setting. **(5.2)**
- During mass casualty events, casualties are separated related to their potential for survival, and treatment is allocated accordingly. This type of triage is based on doing the greatest good for the greatest number of people.
- Nurses can find this situation very stressful because clients who are not expected to survive are cared for last.

DISCHARGE/RELOCATION OF CLIENTS

During an emergency such as a fire or a mass casualty event, nurses help make decisions regarding discharging clients or relocating them so their beds can be used for clients who have higher priority needs.

Nurses can use the following criteria when identifying which clients are stable enough to discharge.

- First, discharge or relocate ambulatory clients requiring minimal care.
- Next, make arrangement for continuation of care for clients who require some assistance, which could be provided in the home or tertiary care facility.
- Do not discharge or relocate clients who are unstable or require continuing nursing care and assessment unless they are in imminent danger.

TYPES OF EMERGENCIES

Fire

If a nurse discovers a fire that threatens the safety of a client, the nurse should use the RACE (Rescue, Alarm, Contain, Extinguish) mnemonic to guide the order of actions.

R: Rescue

Rescue the client and other individuals from the area.

A: Alarm

- Pull the fire alarm, which will activate the EMS response system.
- Systems that could increase fire spread are automatically shut down with activation of the alarm.

C: Confine

- Once the room or area is clear, close the door leading to the area where the fire is located as well as the fire doors in order to contain the fire.
- Keep fire doors closed as much as possible when moving from area to area within the facility to avoid the spread of smoke and fire.

E: Extinguish

- Attempt to extinguish small fires by using a single fire extinguisher, smothering it with a blanket, or dousing it with water (except with an electrical or grease fire).
- Complete evacuation of the area should occur if the fire cannot be extinguished.
- Attempts at extinguishing the fire should only be made when the employee has been properly trained in the safe and proper use of a fire extinguisher and when only one extinguisher is needed.

Severe thunderstorm/tornado

- Draw shades, and close drapes to protect against shattering glass.
- Lower all beds to the lowest position, and move beds away from the windows.
- Place blankets over all clients who are confined to beds.
- Close all doors.
- Relocate ambulatory clients into the hallways (away from windows) or other secure location designated by the facility.
- Do not use elevators.
- Turn on the severe weather channel to monitor severe weather warnings.

Biological incidents

- Be alert to indications of a possible bioterrorism attack because early detection and management is key. Often, the manifestations are similar to other illnesses. **(5.3)**
- Be alert for the appearance of a disease that does not normally occur at a specific time or place, has atypical manifestations, or occurs in a specific community or people group.
- In most instances, infection from biological agents is not spread from one client to another. Management of the incident includes recognition of the occurrence, directing personnel in the proper use of personal protective equipment, and, in some situations, decontamination and isolation.
- Use appropriate isolation measures
- Transport or move client only if needed for treatment and care.
- Take measures to protect self and others.
- Recognize indications of infection/poisoning and identify appropriate treatment interventions.

Chemical incidents

- Can occur as result of an accident or due to a purposeful action such as terrorism.
- Take measures to protect self and avoid contact.
- Assess and intervene to maintain airway, breathing, and circulation. Administer first aid as needed.
- Remove the offending chemical by undressing the client and removing all identifiable particulate matter. Provide immediate and prolonged irrigations of contaminated areas. Irrigate skin with running water, except for dry chemicals, such as lye or white phosphorus. In the case of exposure to a dry chemical, brush the agent off of clothing and skin.
- Gather a specific history of the injury, if possible (name and concentration of the chemical, duration of exposure).
- Know which facilities are open to exposed clients and which are open only to unexposed clients.
- Follow the facility's emergency response plans (personal protection measures, handling and disposal of wastes, use of space and equipment, reporting).

Hazardous material incidents

- Take measures to protect self and avoid contact.
- Approach the scene with caution.
- Identify the hazardous material with available resources (emergency response guidebook, poison control centers).
- Know the location of the Safety Data Sheet (SDS) manual.
- Try to contain the material in one place prior to the arrival of the hazardous materials team.
- Decontaminate affected individuals as much as possible at or as close as possible to the scene.
 - Don gloves, gown, mask, and shoe covers to protect self from contamination.
 - Carefully and slowly remove contaminated clothing so that deposited material does not become airborne.
 - With few exceptions, water is the universal antidote. For biological hazardous materials, wash skin with copious amounts of water and antibacterial soap.
 - Place contaminated materials into large plastic bags, and seal them.

Radiological incidents

- Amount of exposure is related to duration of exposure, distance from source, and amount of shielding.
- The facility where victims are treated should activate interventions to prevent contamination of treatment areas (floors, furniture, air vents, and ducts should be covered; radiation-contaminated waste should be disposed of according to procedural guidelines).
- Wear water-resistant gowns, double-glove, and fully cover bodies with caps, booties, masks, and goggles.
- Wear radiation or dosimetry badges to monitor the amount of radiation exposure.
- Survey clients initially with a radiation meter to determine amount of contamination.
- Decontamination with soap and water and disposable towels should occur prior to the client entering the facility. Water runoff will be contaminated and should be contained.
- After decontamination, resurvey clients for residual contamination, and continue irrigation of the skin until the client is free of all contamination.

Bomb threat

- If a bomb like device is located, do not touch it. Clear the area, and isolate the device as much as possible by closing doors, for example.
- Notify the appropriate authorities and personnel (police, administrator, director of nursing).
- Cooperate with police and others: Assist to conduct search as needed, provide copies of floor plans, have master keys available, and watch for and isolate suspicious objects such as packages and boxes.
- Keep elevators available for authorities.
- Remain calm and alert and try not to alarm clients.

When a phone call is received

- Extend the conversation as long as possible.
- Listen for distinguishing background noises (music, voices, traffic, airplanes).
- Note distinguishing voice characteristics of the caller.
- Ask where and when the bomb is set to explode.
- Note whether the caller is familiar with the physical arrangement of the facility.

5.2 Categories of triage during mass casualty

Emergent (CLASS I)

Highest priority is given to clients who have life-threatening injuries but also have a high possibility of survival once they are stabilized.

Urgent (CLASS II)

Second-highest priority is given to clients who have major injuries that are not yet life-threatening and usually can wait 45 to 60 min for treatment.

Nonurgent (CLASS III)

The next highest priority is given to clients who have minor injuries that are not life-threatening and do not need immediate attention.

Expectant (CLASS IV)

The lowest priority is given to clients who are not expected to live and will be allowed to die naturally. Comfort measures can be provided, but restorative care will not.

Security plans

- All facilities should have security plans in place that include preventive, protective, and response measures designed for identified security needs.
- Security issues faced by health care facilities include admission of potentially dangerous individuals, vandalism, infant abduction, and information theft.
- The International Association for Healthcare Security & Safety (IAHSS) provides recommendations for the development of security plans.

NURSING ROLE IN SECURITY PLANS

Nurses should be prepared to take immediate action when breaches in security occur. Time is of the essence in preventing a breach in security. **Qs**

SECURITY MEASURES

- An identification system that identifies employees, volunteers, physicians, students, and regularly scheduled contract services staff as authorized personnel of the facility
- Electronic security systems in high-risk areas (the maternal newborn unit to prevent infant abductions, the emergency department to prevent unauthorized entrance)
 - Key code access into and out of high-risk areas
 - Wrist bands that electronically link parents and their infant
 - Alarms integrated with closed-circuit television cameras

5.3 Biological incidents and their treatment and prevention

Inhalational anthrax

MANIFESTATIONS

- Fever
- Cough
- Shortness of breath
- Muscle aches
- Mild chest pain
- Meningitis
- Shock

PREVENTION: Anthrax vaccine for high-risk; ciprofloxacin & doxycycline IV/PO

TREATMENT: Includes one or two additional antibiotics such as vancomycin, penicillin and anthrax antitoxin

Cutaneous anthrax

MANIFESTATIONS

- Starts as a lesion that can be itchy
- Develops into a vesicular lesion that later becomes necrotic with the formation of black eschar
- Fever, chills

PREVENTION: Anthrax vaccine for high-risk

TREATMENT: Ciprofloxacin, doxycycline

Botulism

MANIFESTATIONS

- Difficulty swallowing
- Double vision
- Slurred speech
- Descending progressive weakness
- Nausea, vomiting, abdominal cramps
- Difficulty breathing

PREVENTION/TREATMENT

- Airway management
- Antitoxin
- Elimination of toxin

Viral hemorrhagic fevers

Examples: Ebola, yellow fever

MANIFESTATIONS

- Sore throat
- Headache
- High temperature
- Nausea, vomiting, diarrhea
- Internal and external bleeding
- Shock

PREVENTION: vaccination available for yellow fever, Argentine hemorrhagic fever; barrier protection from infected person, isolation precautions specific to disease

TREATMENT: no cure, supportive care only; minimize invasive procedures

Plague

MANIFESTATIONS

- Forms can occur separately or in combination
- Pneumonic: fever, headache, weakness, pneumonia with shortness of breath, chest pain, cough, and bloody or watery sputum
- Bubonic: swollen, tender lymph glands, fever, headache, chills, and weakness
- Septicemic: fever, chills, prostration, abdominal pain, shock, disseminated intravascular coagulation, gangrene of nose and digits

PREVENTION: Contact precautions until decontaminated; droplet precautions till 72 hr after antibiotics

TREATMENT: Streptomycin/gentamicin or tetracycline/doxycycline

Smallpox

MANIFESTATIONS

- High fever
- Fatigue
- Severe headache
- Rash
- Chills
- Vomiting
- Delirium

PREVENTION: vaccine; can vaccinate within 3 days of exposure; contact and airborne precautions

TREATMENT: supportive care (prevent dehydration, provide skin care, medications for pain and fever); antibiotics for secondary infections

Tularemia

MANIFESTATIONS

- Sudden fever, chills, headache, diarrhea, muscle aches, joint pain, dry cough, progressive weakness
- If airborne, life-threatening pneumonia and systemic infection

PREVENTION: Vaccine under review by the FDA

TREATMENT: Streptomycin or gentamicin are drugs of choice; in mass causality, use doxycycline or ciprofloxacin

Application Exercises

1. A nurse discovers that a client was administered an antihypertensive medication in error. Identify the appropriate sequence of steps that the nurse should take using the following actions.
 - A. Call the provider.
 - B. Check vital signs.
 - C. Notify the risk manager.
 - D. Complete an incident report.
 - E. Instruct the client to remain in bed until further notice.
2. A nurse manager is explaining the use of incident reports to a group of nurses in an orientation program. Which of the following information should the nurse manager include? (Select all that apply.)
 - A. A description of the incident should be documented in the client's health care record.
 - B. The client should sign as a witness on the incident report.
 - C. Incident reports include a description of the incident and actions taken.
 - D. A copy of the incident report should be placed in the client's health care record.
 - E. The risk management department investigates the incident.
3. A nurse is discussing disaster planning with the board members of a hospital. Which of the following individuals should the nurse expect to request extra supplies and staffing for the facility?
 - A. Incident commander
 - B. Medical command physician
 - C. Triage officer
 - D. Media liaison
4. A community experiences an outbreak of meningitis, and hospital beds are urgently needed. Which of the following clients should the nurse recommend for discharge?
 - A. A client newly admitted with angina and a history of myocardial infarction 1 year ago
 - B. A client who has type 2 diabetes mellitus and was admitted for rotator cuff surgery
 - C. A client admitted the day before with pneumonia and dehydration
 - D. A client who has a fractured hip and is scheduled for total hip replacement the next day
5. A nurse on a sixth-floor medical-surgical unit is advised that a severe weather alert code has been activated. Which of the following actions should the nurse take? (Select all that apply.)
 - A. Open window shades or drapes to provide better visibility of the external environment.
 - B. Move beds of nonambulatory clients away from windows.
 - C. Relocate ambulatory clients into the hallways.
 - D. Use the elevators to move clients to lower levels.
 - E. Turn the radio on for severe weather warnings.

PRACTICE Active Learning Scenario

A nurse serving on a disaster preparedness committee is reviewing information about smallpox. Use the ATI Active Learning Template: System Disorder to complete this item.

EXPECTED FINDINGS: List at least three manifestations.

THERAPEUTIC PROCEDURES: List at least two treatment measures.

Application Exercises Key

1. Correct order

B. The first action the nurse should take using the nursing process is to monitor the client for hypotension by checking vital signs.

E. Next, the nurse should instruct the client to remain in bed to prevent a fall due to the risk of hypotension.

A. Then the nurse should notify the provider, who may prescribe a medication to treat hypotension.

D. Next, the nurse should complete an incident report that is thorough, objective, and accurate.

C. The last step the nurse should take is to report the incident to the risk manager.

N NCLEX® Connection: Safety and Infection Control, Reporting of Incident/Event/Irregular Occurrence Variance

2. A. **CORRECT:** The nurse should document a factual description of the event in the client's health care record.

B. The nurse should not inform the client or individual involved that an incident report has been filed. Incident reports are for facility quality assurance.

C. **CORRECT:** In addition to providing an accurate description of the event, the nurse also should document the actions taken following the event.

D. The nurse should not place the incident report in the client's health care record in order to shield it from discovery in the event of a lawsuit.

E. **CORRECT:** The nurse should expect a risk manager to investigate all incidents as part of the agency's quality assurance program.

N NCLEX® Connection: Safety and Infection Control, Reporting of Incident/Event/Irregular Occurrence Variance

3. A. The nurse should expect the incident commander to manage the incident and key leaders within the facility.

B. **CORRECT:** The nurse should expect the medical command physician to oversee use of resources such as equipment and personnel.

C. The nurse should expect the triage officer to prioritize the treatment of incoming clients

D. The nurse should expect the media liaison to communicate with members of the media and press on behalf of the facility.

N NCLEX® Connection: Safety and Infection Control, Emergency Response Plan

4. A. The nurse should recognize that a client who has angina is at risk for a cardiac event. The nurse should not recommend this client for discharge because the client is unstable.

B. **CORRECT:** The nurse should identify that this client is stable and his condition can be managed at home with surgery rescheduled. The nurse can safely recommend this client for discharge.

C. The nurse should recognize a client who has dehydration and active infection requires ongoing nursing care. The nurse should not recommend this client for discharge because the client is unstable.

D. The nurse should recognize that a client who has hip fracture is unstable, and at risk for further damage to her hip. The nurse should not recommend this client for discharge because the client is unstable.

N NCLEX® Connection: Safety and Infection Control, Emergency Response Plan

5. A. The nurse should close the window shades and drapes to protect clients from shattering glass.

B. **CORRECT:** The nurse should move the beds of nonambulatory clients away from windows to protect clients from shattering glass.

C. **CORRECT:** The nurse should relocate ambulatory clients into the hallway to protect the clients from shattering glass.

D. The nurse should instruct others that it is unsafe to use the elevator.

E. **CORRECT:** The nurse should use the radio to monitor the activity of the storm.

N NCLEX® Connection: Safety and Infection Control, Emergency Response Plan

PRACTICE Answer

Using ATI Active Learning Template: System Disorder

EXPECTED FINDINGS

- High fever
- Fatigue
- Severe headache
- Rash
- Chills
- Vomiting
- Delirium

N NCLEX® Connection: Safety and Infection Control, Emergency Response Plan

THERAPEUTIC PROCEDURES

- Prevent dehydration.
- Provide skin care.
- Administer medications for pain and fever.
- Provide vaccination if within 3 days of exposure.
- Implement contact and airborne precautions.
- Administer antibiotics for secondary infections.