Anticoagulants
1. Withhold for SBP <90, HR >100, + orthostatic BP/HR readings, altered level of consciousness (covert bleeding or fluid volume deficit)
2. Withhold for platelet count <100,000, or if PTT > 2.5 times that of baseline, or if INR > 3 to 3.5 times that of baseline.
3. Withhold for signs of overt (obvious) bleeding
4. Trend H/H, if trending low, check #1-3, and withhold until you speak with the provider.
5. Place patient on bleeding and fall precautions
6. Consider withholding prior to procedure/surgery, speak with provider prior to administration.
   Warfarin antidote: vitamin K

Diuretics
1. Withhold for SBP <90, HR >100 or + orthostatic BP/HR (dehydration or fluid volume deficit)
2. Check electrolytes before administration, if K+, Mg+, Ca+ are low, withhold med until you speak with the provider.
3. Consider time of administration (avoid evenings)
4. Place patient on fall precautions

Patient Safety
(adults in the acute care setting)
1. check allergies
2. lab values
3. medication antidotes (if any)

Mental Health
1. Withhold stimulants for SBP <90 or >140. Withhold antipsychotics for SBP <90.
2. Withhold any mental health med for any of the following: temp > 101, irregular HR, seizures/shivering, ALOC (signs of serotonin syndrome), blurred vision, dyspnea, slurred speech, jaundice, dysuria, change in coordination (signs of extrapyramidal side effects).
3. Withhold if new onset of sadness for no reason
4. Withhold if new or worsening anxiety, mania, agitation, Insomnia, flat affect.
5. Trend glucose, WBC level, LFTs. Withhold if values are abnormal without reason (withhold antipsychotic if ↓WBC).

Antihypertensives
1. Withhold for SBP <90, HR <60, and/or + orthostatic BP/HR (lack of vasomotor tone/perfusion).
2. Place patient on fall precautions.

Beta Blockers
(include only #1, 2, & 3)
3. Withhold for wheezing.

ACEI/ARBs
(include only #1, 2, 4)
2. Place patient on fall precautions.

Anti-Ulcer Agents
4. Withhold for ↑BUN, ↑creatinine, ↑K+

Narcotics
1. Withhold for RR <10, or SBP <90.
2. Withhold for altered level of consciousness.
3. Assess pain scale before and after administration.
4. Place patient on fall and aspiration precautions
5. Opioid antidote: naloxone

Anti-Infectives
1. Administer if ordered for perioperative prophylaxis, if not:
2. Check culture report – know what your patient has and check that med is effective against that microorganism (prevent superbugs and formation of resistant organisms.)
3. Check temperature at least every four hours and if temp is >101, withhold med and ask provider if cultures should be redrawn (possible development of drug resistant organism.)
4. Instruct patient to use incentive spirometer q1 hour, 10 times, while awake.
5. Withhold for new onset of dyspnea, wheezing, rash and/or tendonitis (quinolones only).
6. If patient experiences diarrhea, ask provider if stool culture is needed (detection of hospital-acquired clostridium difficile.)
7. Inquire: probiotic use

2. AHRQ.gov, (2014), “Reducing and Preventing Adverse Drug Events To Decrease Hospital Costs”

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Patient Safety

Antidiabetics
1. Withhold and obtain bedside glucose reading if altered level of consciousness, nausea, vomiting, blurred vision. Call provider.
2. Know most recent blood glucose before administration.
3. Prior to administration, food tray or snack must be physically available and near by
4. Patient must eat 50% or greater of meal tray prior to administration

Fall Precautions
1. Ensure bed is locked and bed alarm is on.
2. Check activity orders.
3. All belongings are in close proximity to the patient.
4. Call light within reach and is operational.
5. Patient has been instructed, by you, to ring call light anytime when they want to get out of bed.
6. Check + orthostatic BP/HR prior to ambulation: measure patient blood pressure and pulse rate, first in the supine, then in the sitting, and finally in the standing position. A significant change in both of these vital signs signifies hypovolemia or dehydration. A positive test result occurs if the patient becomes dizzy or loses consciousness, or if the pulse rate increases by 20 or more beats per minute and the systolic blood pressure drops by 20 mm Hg within 3 min of the patient's arising from the supine to the sitting position or from the sitting to the standing position (Taber's Medical Dictionary, 2017).
7. Prior to getting patient OOB, evaluate patient's ability to ambulate by performing a MAT Test, click this link: How to perform a MAT Test
8. Side rails up X3 (4 only if ordered)
9. Door and curtain to remain open
10. Perform room check q30 minutes or as deemed necessary.
11. Assist with every ambulation.

Bleeding Precautions
1. Patients should avoid any head, chest, or abdominal trauma, to avoid any falls, to avoid sharp objects such as razor, scissors, and nail clippers. Patients may carefully use an electric razor.
2. Instruct patient to blow nose gently and avoid forceful blowing of the nose.
3. Do not take rectal temperature.
4. Instruct patients to not strain for bowel movements.
5. Consider using stool softeners or laxatives if patients are straining during bowel movements.
6. Do not use any rectal suppositories or enemas.
7. Avoid tight clothing such as girdles and tight undergarments or pants.
8. Assess for s/s of an internal bleeding: abdominal pain, black, tarry or bright red stool, coffee ground emesis, coughing up blood, unusual dark purple large bruising, & bloody urine. Check for + orthostatic BP/HR.
9. Click this link: Bleeding Precautions

References: