# Pediatric Blood and Marrow Transplant Program

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<td>DOCUMENT TITLE:</td>
<td>Pediatric RNs Orientation and Training for the Inpatient Unit</td>
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## Document Information

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PBMT-GEN-006
PEDIATRIC RNs ORIENTATION AND TRAINING
FOR THE INPATIENT UNIT

1 PURPOSE
1.1 To outline the procedure for the orientation and training on the inpatient pediatric blood and marrow transplant (PBMT) unit. To describe the orientation procedure and content for all registered nurses (RNs) on the unit.

2 INTRODUCTION
2.1 The inpatient nursing team on the pediatric blood and marrow transplant unit consists of registered nurses, nursing care assistants and health unit coordinators. All registered nurses are required to complete a comprehensive orientation to both the hospital and the unit. A trained Pediatric Clinical Nurse Educator along with unit Clinical Team Lead supervises the nurse’s hospital orientation. Each orientee will have a small group (3-4) of trained preceptors (registered nurse) to guide their weekly orientation. The Clinical Team Lead supervises the PBMT inpatient orientation period.

2.2 Orientation
2.2.1 The orientation period for new graduate RNs is 12 weeks. Included is one week of Hospital Based Orientation and 11 weeks of Unit Based Orientation.
2.2.2 The orientation period for an experienced RN is 8 weeks. Included is one week of Hospital Based Orientation and 7 weeks of Unit Based Orientation.
2.2.3 Each nurse is supervised by a preceptor who is responsible for overseeing all care delivered during each shift.

2.3 Orientation, longitudinal training, and annual training will include (but is not limited to) the following skills, which will routinely be practiced over the course of caring for the PBMT patient:
2.3.1 Patient Care for the hematology/oncology patient including overview of the cellular therapy process
2.3.2 Administration of preparative regimens
2.3.3 Administration of blood products, cellular therapy products and other supportive therapies including the use of growth factors
2.3.4 Care interventions to manage complications related to cellular therapy such as:
   2.3.4.1 Cytokine release syndrome (CRS)
   2.3.4.2 Tumor lysis syndrome (TLS)
   2.3.4.3 Cardiac dysfunction
   2.3.4.4 Respiratory distress
2.3.4.5 Neurologic toxicity
2.3.4.6 Macrophage activation syndrome (MAS)
2.3.4.7 Renal failure
2.3.4.8 Hepatic failure
2.3.4.9 Disseminated intravascular coagulation (DIC)
2.3.4.10 Anaphylaxis
2.3.4.11 Neutropenic fever
2.3.4.12 Infectious processes
2.3.4.13 Non-infectious processes
2.3.4.14 Mucositis
2.3.4.15 Nausea/vomiting
2.3.4.16 Pain management

2.3.5 Recognition of cellular therapy complications and emergencies, including the need for rapid notification of the transplant team and/or escalation of care

2.3.6 Palliative care/end of life care

3 SCOPE AND RESPONSIBILITIES

3.1 Interdisciplinary: Requires a preceptor and will include medical center orientation.

3.2 Preceptor Responsibilities:

3.2.1 Appropriately identifies educational opportunities for the learner.
3.2.2 Ensures continual evaluation of the learner’s progress.
3.2.3 Provides ongoing assessment of the learner’s level of knowledge learning needs and willingness to learn.
3.2.4 Identifies of any obstacles to learning.
3.2.5 Provides timely feedback to the nurse manager regarding each orientee’s progress.
3.2.6 Creates and maintains a supportive non-threatening environment for the learner.
3.2.7 Assists the learner in developing organization and priority setting skills.
3.2.8 Encourages the learner to become self-directed by assisting him/her in setting goals and objectives.
3.2.9 Assists the learner with completion of the Clinical Based Orientation (CBO) learning module.

3.3 Preceptor Training Requirements:

3.3.1 Must be a nurse on the inpatient unit for at least 18 months.
3.3.2 Must not be in disciplinary action for performance.
3.3.3 Must attend the preceptor workshop.

4 DEFINITIONS/ACRONYMS
4.1 CRS Cytokine Release Syndrome
4.2 DIC Disseminated intravascular coagulation
4.3 MAC Macrophage activation syndrome
4.4 PBMT Pediatric Blood and Marrow Transplant
4.5 RN Registered Nurse
4.6 TLS Tumor Lysis Syndrome

5 MATERIALS
5.1 N/A

6 EQUIPMENT
6.1 N/A

7 SAFETY
7.1 N/A

8 PROCEDURE
NOTE: Every new employee will complete Medical Center Orientation: 5 days
(8 hours per day)

New Graduate Track
8.1 Orientation for New Employee Week1
  8.1.1 Duke Medicine New Employee Orientation
  8.1.2 Nursing and Patient Care Services Orientation
  8.1.3 PBMTU Required Modules
8.2 DUHS Weekly Orientation Map – Week 2 New Graduate Nurse PBMTU
  8.2.1 Week 2 Milestone: Establish unit routines and identify unit resources
8.3 DUHS Weekly Orientation Map – Week 3 New Graduate Nurse PBMTU
  8.3.1 Week 3 Milestone: Demonstrates safe administration practices for
      routine medications and basic patient assessment skills utilizing correct
      documentation
8.4 DUHS Weekly Orientation Map – Week 4 New Graduate Nurse PBMTU
  8.4.1 Week 4 Milestone: Demonstrates ability to manage care for high
      volume, low risk patients.
8.5 DUHS Weekly Orientation Map – Week 5 New Graduate Nurse PBMTU
8.5.1 Week 5 Milestone: Demonstrates routine patient documentation
including establishing a plan of care and patient education planning.

8.6 DUHS Weekly Orientation Map – Week 6 New Graduate Nurse PBMTU
8.6.1 Week 6 Milestone: Demonstrates ability to communicate patient status
within the patient care team

8.7 DUHS Weekly Orientation Map – Week 7 New Graduate Nurse PBMTU
8.7.1 Week 7 Milestone: Demonstrates management of a low risk patient
assignment including identifying abnormal assessment findings and
intervening appropriately.

8.8 DUHS Weekly Orientation Map – Week 8 New Graduate Nurse PBMTU
8.8.1 Week 8 Milestone: Demonstrates patient-family centered care while
coordinating care and prioritizing needs.

8.9 DUHS Weekly Orientation Map – Week 9 New Graduate Nurse PBMTU
8.9.1 Week 9 Milestone: Demonstrates ability to care for a full ICU patient
assignment.

8.10 DUHS Weekly Orientation Map – Week 10 New Graduate Nurse PBMTU
8.10.1 Week 10 Milestone: Demonstrates ability to care for a full ICU patient
including care of a complex patient.

8.11 DUHS Weekly Orientation Map – Week 11 New Graduate Nurse PBMTU
8.11.1 Week 11 Milestone: Integrates basic patient population specialty needs
into patient care.

8.12 DUHS Weekly Orientation Map – Week 12 New Graduate Nurse PBMTU
8.12.1 Week 12 Milestone: Demonstrates appropriate clinical reasoning
required for consistent patient care for the unit specific specialty patient
population.

8.13 DUHS Weekly Orientation Feedback Tool – Week 4 New Graduate Pediatric
BMT Care Nurse
8.13.1 Week 4 Milestone: Demonstrates ability to organize and prioritize
cadre for a routine patient assignment.
8.13.2 Progress Evaluation

8.14 DUHS Weekly Orientation Feedback Tool – Week 5 New Graduate Pediatric
BMT Care Nurse
8.14.1 Week 5 Milestone: Demonstrates routine patient documentation
including establishing a plan of care and patient education planning.
8.14.2 Progress Evaluation
8.15 DUHS Weekly Orientation Feedback Tool – Week 6 New Graduate Pediatric BMT Care Nurse
   8.15.1 Week 6 Milestone: Demonstrates ability to communicate patient status within the patient care team.
   8.15.2 Progress Evaluation

8.16 DUHS Weekly Orientation Feedback Tool – Week 7 New Graduate Pediatric BMT Care Nurse
   8.16.1 Week 7 Milestone: Demonstrates management of a low risk patient assignment including identifying abnormal assessment findings and intervening appropriately.
   8.16.2 Progress Evaluation

8.17 DUHS Weekly Orientation Feedback Tool – Week 8 New Graduate Pediatric BMT Care Nurse
   8.17.1 Week 8 Milestone: Demonstrates patient-family centered care while coordinating care and prioritizing needs.
   8.17.2 Progress Evaluation

8.18 DUHS Weekly Orientation Feedback Tool – Week 9 New Graduate Pediatric BMT Care Nurse
   8.18.1 Week 9 Milestone: Demonstrates ability to care for a full PBMT patient assignment
   8.18.2 Progress Evaluation

8.19 DUHS Weekly Orientation Feedback Tool – Week 10 New Graduate Pediatric BMT Care Nurse
   8.19.1 Week 10 Milestone: Demonstrates ability to care for a full PBMT patient assignment including care of complex patient.
   8.19.2 Progress Evaluation

8.20 DUHS Weekly Orientation Feedback Tool – Week 11 New Graduate Pediatric BMT Care Nurse
   8.20.1 Week 11 Milestone: Integrates basic patient population specialty needs into patient care.
   8.20.2 Progress Evaluation

8.21 DUHS Weekly Orientation Feedback Tool – Week 12 New Graduate Pediatric BMT Care Nurse
   8.21.1 Week 12 Milestone: Demonstrates appropriate clinical reasoning required for consistent patient care of the unit specific specialty patient.
   8.21.2 Progress Evaluation
Experienced RN Track

8.22 Orientation for Experience RN New to PBMTU Week 1
  8.22.1 Duke Medicine New Employee Orientation
  8.22.2 Nursing and Patient Care Services Orientation
  8.22.3 PBMTU Required Modules

8.23 DUHS Weekly Orientation Map – Week 2 Experience RN New to PBMTU
  8.23.1 Week 2 Milestone: Establish unit routines and identify unit resources. Demonstrates safe medication administration practices for routine medications and basic patient assessment skills utilizing correct documentation.

8.24 DUHS Weekly Orientation Map – Week 3 Experience RN New to PBMTU
  8.24.1 Week 3 Milestone: Demonstrates ability to manage care for high volume, low risk patients. Demonstrates routine patient documentation including establishing a plan of care and patient education planning.

8.25 DUHS Weekly Orientation Map – Week 4 Experience RN New to PBMTU
  8.25.1 Week 4 Milestone: Demonstrates ability to communicate patient status within the patient care team.

8.26 DUHS Weekly Orientation Map – Week 5 Experience RN New to PBMTU
  8.26.1 Week 5 Milestone: Demonstrates management of a low risk patient assignment including identifying abnormal assessment findings and intervening appropriately.

8.27 DUHS Weekly Orientation Map – Week 6 Experience RN New to PBMTU
  8.27.1 Week 6 Milestone: Demonstrates patient-family centered care while coordinating care and prioritizing needs. Demonstrates ability to care for a full PBMT patient assignment.

8.28 DUHS Weekly Orientation Map – Week 7 Experience RN New to PBMTU
  8.28.1 Week 7 Milestone: Demonstrates ability to care for a full PBMT patient assignment including care of a complex patient.

8.29 DUHS Weekly Orientation Map – Week 8 Experience RN New to PBMTU
  8.29.1 Week 8 Milestone: Demonstrates appropriate clinical reasoning required for consistent patient care for the unit specific specialty patient population.

8.30 DUHS Weekly Orientation Feedback Tool – Week 3 Experienced RN New to Pediatric BMT Care Nurse
  8.30.1 Week 3 Milestone: Demonstrates routine patient documentation including establishing a plan of care and patient education planning. Demonstrates ability to organize and prioritize care for a routine patient assignment.

8.30.2 Progress Evaluation
8.31 DUHS Weekly Feedback Tool – Week 4 Experienced RN New to Pediatric BMT Care Nurse
8.31.1 Week 4 Milestone: Demonstrates ability to communicate patient status within the patient care team.

8.32 DUHS Weekly Feedback Tool – Week 5 Experienced RN New to Pediatric BMT Care Nurse
8.32.1 Week 5 Milestone: Demonstrates management of a low risk patient assignment including identifying abnormal assessment findings and intervening appropriately.

8.33 DUHS Weekly Feedback Tool – Week 6 Experienced RN New to Pediatric BMT Care Nurse
8.33.1 Week 6 Milestone: Demonstrates patient-family centered care while coordinating care and prioritizing needs. Demonstrates ability to care for a full PBMT patient assignment

8.34 DUHS Weekly Feedback Tool – Week 7 Experienced RN New to Pediatric BMT Care Nurse
8.34.1 Week 7 Milestone: Demonstrates ability to care for a full PBMT patient assignment including care of complex patient.

8.35 DUHS Weekly Feedback Tool – Week 8 Experienced RN New to Pediatric BMT Care Nurse
8.35.1 Week 8 Milestone: Demonstrates ability to care for a full PBMT patient assignment including care of complex patient. Demonstrates appropriate clinical reasoning required for consistent patient care for the unit specific specialty patient.

8.36 See end of document for additional related training tools:
- PBMTU Required Modules
- Orientation Classes – Unit Based
- Orientation Classes – Hospital Based
- Inpatient Skills Day

9 RELATED DOCUMENTS
9.1 N/A

10 REFERENCES
10.1 N/A
11 REVISION HISTORY

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<th>Description of Change(s)</th>
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<td>Sally McCollum</td>
<td>- Document renamed to remove “5200” for longevity of document</td>
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<td>- Acronyms defined throughout.</td>
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<td>- Formatting updated to current procedural format (added revision history, and other section headers).</td>
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<td>- Updated training topics in section 2.</td>
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<td>- Moved sections to align with appropriate header</td>
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PBMTU Required Modules

Complete prior to providing patient care:

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<td>Philips Monitor-Alarms</td>
<td>CEPD40</td>
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Complete by the end of precepted orientation:

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<td>☐ CEPD302 - DUHS Orientation Nursing &amp; Patient Care Services Part 1: Duke Standards, Codes of Conduct and Compliance</td>
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<td>☐ CEPD303 - DUHS Orientation Nursing &amp; Patient Care Services Part 2: Basics of Patient Safety</td>
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<td>☐ CEPD304 - DUHS Orientation Nursing &amp; Patient Care Services Part 3: Infection Prevention &amp; Control</td>
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<td>☐ Keeping Duke Safe Training for Faculty and Staff Non-Supervisory Roles</td>
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<td>☐ RL6 Solutions – Safety Reporting System (SRS) Reporter Training</td>
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<td>☐ DUH POCT- Fingerstick and Heelstick Procedure</td>
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<td>☐ DUH POCT– NOVA Stat Strip Glucose</td>
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<td>☐ ServiceHub Interpreter Request System – Requester Training</td>
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Orientation Classes- Unit Based

Unit based classes that are completed throughout orientation by any new graduate RN to the inpatient unit.

1. Unit Orientation (2-4hrs)
   1.1 Completing required on-line training
   1.2 Completing required POCT training
   1.3 Simple orientation to the schedules, unit and unit routines

2. Pediatric Cord Day 1 (8hrs)
   2.1 PowerPoint review of entire PBMTU team and nursing routines
   2.2 Hands on review/practice with Central Venous Access Device’s (with mannequins) and Infusaport Access
   2.3 Review of Chemotherapy and Common Conditioning medications, Hands on practice with chemotherapy set-up
   2.4 Hands on practice with complete and partial line changes
   2.5 Review of Code positions – Hands on practice with respiratory equipment and code-cart
   2.6 Review of Common Labs
   2.7 Blood Product Education
   2.8 Review of PCA usage and safety

3. PBMT Core Day 2 (8 hrs)
   3.1 PowerPoint review of common Metabolic Disease seen on the inpatient unit
   3.2 PowerPoint review of Graft vs. Host Disease and PBMT patients
   3.3 Review of common medications administered on the inpatient unit
   3.4 Review of skin toxicities and skin care for PBMT patients
   3.5 PowerPoint review of VOD (SOS)
   3.6 Education regarding common complications post BMT
   3.7 Review of Quality of Life/End of Life care
   3.8 Discuss/review orientation and how orientation progressing
Orientation Classes – Hospital Based

Hospital based classes that are completed throughout orientation and the first 24 months of hire

1. Pediatric Basic Core Day 1
2. Pediatric Basic Core Day 2
3. PBMTU Core Day 1
4. PBMTU Core Day 2
5. Nurse Residency Classes
## Inpatient Skills Day

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<td>Skin / GI Care</td>
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<td>Blood Product Administration/Transplants/Granulocytes</td>
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<td>Respiratory/Crisis/Code Situation</td>
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<td>Documentation / Medication Calculation/BOPP</td>
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<td>FALLS/Restraints/SPHM</td>
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CVAD care/Infusaport

- Proper technique for dressing change
- Proper technique for neutropenic/non-neutropenic cap change
- Proper sterile technique for infusaport access (2 person)
- Proper technique for teaching parents lab draws
- Verbalize how long to scrub the hub and to let alcohol dry
- Verbalizes appropriate flushing for
  - PIV
  - PICC
  - Different weight categories for CVL
  - Infusaport
  - Pheresis Catheter
- Verbalizes appropriate actions to take for Hickman line break
- Verbalizes appropriate actions to take for tubing line break
- Verbalizes when TPA is needed
- Demonstrate/Verbalize
  - Proper administration of TPA
  - When to check for blood return
  - What happens if there is no blood return (after administering TPA)
Medication Calculations/Pumps/Guardrails

- Verbalizes the 5 rights of medication administration
- Accurately calculates drip rate prescribed by MD
- Verbalizes programming of Alaris Infusion Pump for:
  - Syringe Medication and flush
  - Secondary Bag medication without back priming
  - Secondary Bag medication with back priming
- Verbalizes programming/monitoring of Alaris PCA related to
  - Double check system
  - Change in patient settings
  - Change in medication concentration
  - Change in type of medication
  - Patient monitoring
- Verbalize how to place medications in Guardrails

DOCUMENTATION

BOPP

- Admission
- Billing
- Charting
- Printing labs
- Closing the encounter

Moderate Sedation

- Review Hospital Policy related to
  - Monitoring Procedure
  - Medication Administration
  - Documentation on flowsheet
- Verbalize how to check if a physician is certified for Moderate Sedation

FACT

- Website search
- Protocol search
Documentation

General Charting
☐ Plan of Care/Education
☐ Pain documentation including:
  • Appropriate pain and RASS score q2-4hrs with descriptors of pain
  • Follow-up within 1hr for any pain > 3
  • Documentation of PCA/NCA numbers Q4hrs
☐ Falls Assessment Q shift
☐ BMAT Assessment Q shift
☐ LDA Care & Maintenance Bundle Q Shift
☐ Safety checks Q2hrs

BMT Admission
☐ Release signed and held inpatient unit Admission orders, not treatment plan orders
☐ “Sign and Release”-ing in treatment plan
  • MD to sign and release first “MD – okay to treat” (you need to see green check mark with little yellow arrow)
    ▪ Do NOT sign and release Nurse okay to treat until you see that yellow arrow
  • Then you sign and release “nurse – okay to treat” (that is the only thing you release in the treatment plan)
    ▪ Pharmacist to then release ENTIRE treatment plan
☐ Complete all sections of the Admission Navigator
☐ Start Plan of Care/Education
☐ Write an admission note
☐ Provide appropriate medication sheets

BMT Discharge
☐ Care Plans – mark as “Not Completed/Adequate for Discharge” or “Met/Completed”
☐ Education: resolve education points
☐ Discharge Navigator – Patient Belongings returned
☐ Complete the Day for a patient on a current treatment plan
☐ Discharge note

OSP Admission
☐ Review “Guidelines for accepting Off-Service Patients”
☐ Complete all sections of the Admission Navigator
☐ Start Plan of Care/Education
☐ Write an admission note
☐ Review “Welcome to the Pediatric Blood and Marrow Transplant Unit”

OSP Discharge
☐ Print AVS, review with Caregiver and have Caregiver sign
☐ Ensure that Caregiver has any prescriptions needed (if it is a controlled substance MD must sign script that is printed on the inpatient unit before giving to the caregiver)
Education: resolve education points
Discharge Navigator – Patient Belongings returned
Complete the Day if applicable

Skin / GI Care
- Verbalizes appropriate Braden scale for patient age
- Verbalizes when to start Pressure Ulcer (Prevention) Plan of Care
- Verbalize how often to write a Pressure Ulcer Note
- Verbalize/Demonstrate knowledge of NG/ND/G-tubes related to:
  - Demonstrate proper type and placement of NG tube
  - Demonstrate how and when to check for placement of NG/ND tube
  - G-tube site
  - Troubleshooting a g-tube that has dislodged
  - Administration of continuous/bolus tube feedings
  - Proper storage of tube feedings
- Identify other issues that affect skin condition
- Verbalizes appropriate cleaning techniques and creams to be used for skin breakdown
- Verbalizes appropriate dressings to use for skin breakdown
- Verbalizes when it is appropriate to order a new bed if skin breakdown is evident

Blood Product Administration
- Verbalizes ordering process
- Verbalizes proper procedure for:
  - Double check of blood products
  - Vital signs
  - Infusion rates
  - EPIC documentation
  - Reactions to blood product (identify signs and symptoms of reactions)
  - Disposal of blood products
- Verbalizes when tubing should be changed and maximum length of time blood product may infuse
- Review how to infuse PRBC’s with multiple “mini” bags and platelet drips

Transplants
- Identifies where unit protocol is located
- States appropriate emergency medications needed and preparation of medications
- Identifies all personnel who should be notified and present on the inpatient unit for the procedure
- Verbalizes proper procedure for double check method
- Verbalizes proper infusion set-up for transplant administration and for flushing the transplant bag
- Verbalizes vital signs protocol
- Review EPIC documentation
- Review post-transplant paperwork to be faxed to Stem Cell Lab
- State signs and symptoms of a reaction to the transplant
- Verbalizes common acute side effects of transplant
Granulocytes

☐ States the purpose of granulocyte infusions
☐ Identifies where unit protocol is located
☐ Verbalizes appropriate pre-medications and emergency medications
☐ Verbalizes
  • Granulocyte double check
  • Proper technique for drawing up granulocytes
  • Proper procedure for administration of granulocytes (including time of administration)
  • Difference between ARC granulocytes vs. caregiver donation
  • Vital signs protocol
  • Signs and symptoms of a reaction
☐ Verbalizes care of the granulocyte donor including:
  • Obtaining MD orders to admit donor as a BOPP patient each day
  • Administration of GCSF shots
  • Flushing of donors apheresis catheter occurs on days of apheresis by apheresis RN
  • Dressing change prn

Respiratory/Crisis/Code Situation

☐ Verbalizes the role of each position during a Code or Crisis
  • Charge RN
  • Code Cart 1 RN
  • Code Cart 2 RN
  • Runner #1
  • Runner #2
  • Hall Monitor
  • High Acuity RN
☐ Verbalizes how to call a Code or Rapid Response
☐ Demonstrate/Verbalize oxygen set – up and maximum O2 support for:
  • Blow by
  • Nasal Cannula
  • Aerosal Mask
  • Partial Rebreather
  • Ambu Bag
☐ Practice drawing up medications from the code-cart
☐ Verbalizes which emergency medications/equipment are NOT in the code cart
☐ Verbalizes how to open the 2 doors (anteroom doors) leading on to the unit
Restraints
☐ Review Hospital Policy related to
  • Types of restraints
  • Monitoring Procedure
  • Documentation
  • Order renewal

FALLS
☐ Review Hospital Policy
☐ Review q shift documentation
☐ Review precautions for patient’s identified as being at risk for FALLS
☐ Review POC related to FALLS

Safe Patient Handling
☐ Review q shift documentation (BMAT)
☐ Verbalizes the appropriate lift to use for different patient scenarios
☐ Demonstrate how to operate appropriate lifts
☐ Verbalize which bed is appropriate for each patient
☐ Demonstrate proper body mechanics and equipment for moving patients

Chemotherapy
☐ Verbalizes appropriate PPE to be worn, preparation of chemotherapy and disposal of PPE
☐ Verbalizes double check related to
  • Correct order
  • Correct administration rate
  • Blood return
☐ Demonstrates/Verbalizes how to
  • Prime chemotherapy (syringe/bag)
  • Calculate infusion rate (IV bolus/continuous)
  • Administer IV push chemotherapy
☐ Verbalizes appropriate procedure for blood return check with continuous chemotherapy
☐ Verbalizes when tubing and caps need to be changed

Busulfan
☐ Verbalizes
  • Correct procedure for priming chemo line for first dose then may backprime for additional doses
  • Knowledge of first dose levels for Busulfan (correct level form)
  • Use of Keppra (bolus/standing dose; blood levels prior to Busulfan)
  • NPO guidelines for PO Busulfan
  • Correct PPE for PO administration
**CTX**
- Verbalizes
  - Change in MIVF and rates 10hrs before CTX
  - The use of Mesna prior to administration
  - Appropriate labs/tests to be done (BMP and Specific Gravity/Urine Blood)
  - Need to decrease MIVF
  - Monitoring protocol for CTX

**Carboplatin/Etopside**
- Verbalizes
  - Appropriate blood return techniques and frequency
  - Procedure for changing continuous chemotherapy bags/lines
  - Understanding of set up for continuous chemo including filter sets

**Methotrexate**
- Verbalizes
  - Proper administration procedure.
  - Need for MD order prior to administration
  - Assessment prior to administering MTX (mouth/LFT’s)
  - Usage of Leucovorin

**Thiotepa**
- Verbalizes
  - Procedure for infusing Thiotepa
  - Appropriate PPE for staff, parents, patient and other caregivers.
  - Thiotepa protocol in regards to baths, lotions, dressings

**Fludarabine/Melphalan**
- Verbalizes:
  - Procedure for infusion

**ATG**
- Verbalizes:
  - MD notification
  - Typical emergency medications and equipment
  - ATG setup (including burette and filter)
  - Pre medications
  - Monitoring protocol/VS for ATG
  - Flushing of ATG
  - Rabbit ATG vs. Horse ATG
Safe Disposal Guidelines

☐ Verbalizes:

- All hazardous medications should be disposed of in a puncture proof hazardous waste container.
- Unused medications should be returned to the pharmacy by the pharmacy tech.
- Gloves and gowns should be disposed of into a puncture proof hazardous waste container. GOWNS CANNOT BE REUSED!
- Bedpans, urinals, and emesis basins can be reused as long as they are washed thoroughly.
# Signature Manifest

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**Revision:** 05  
**Title:** Pediatric RNs Orientation and Training for the Inpatient Unit

All dates and times are in Eastern Time.

### PBMT-GEN-006 Pediatric RNs Orientation and Training for the Inpatient Unit

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