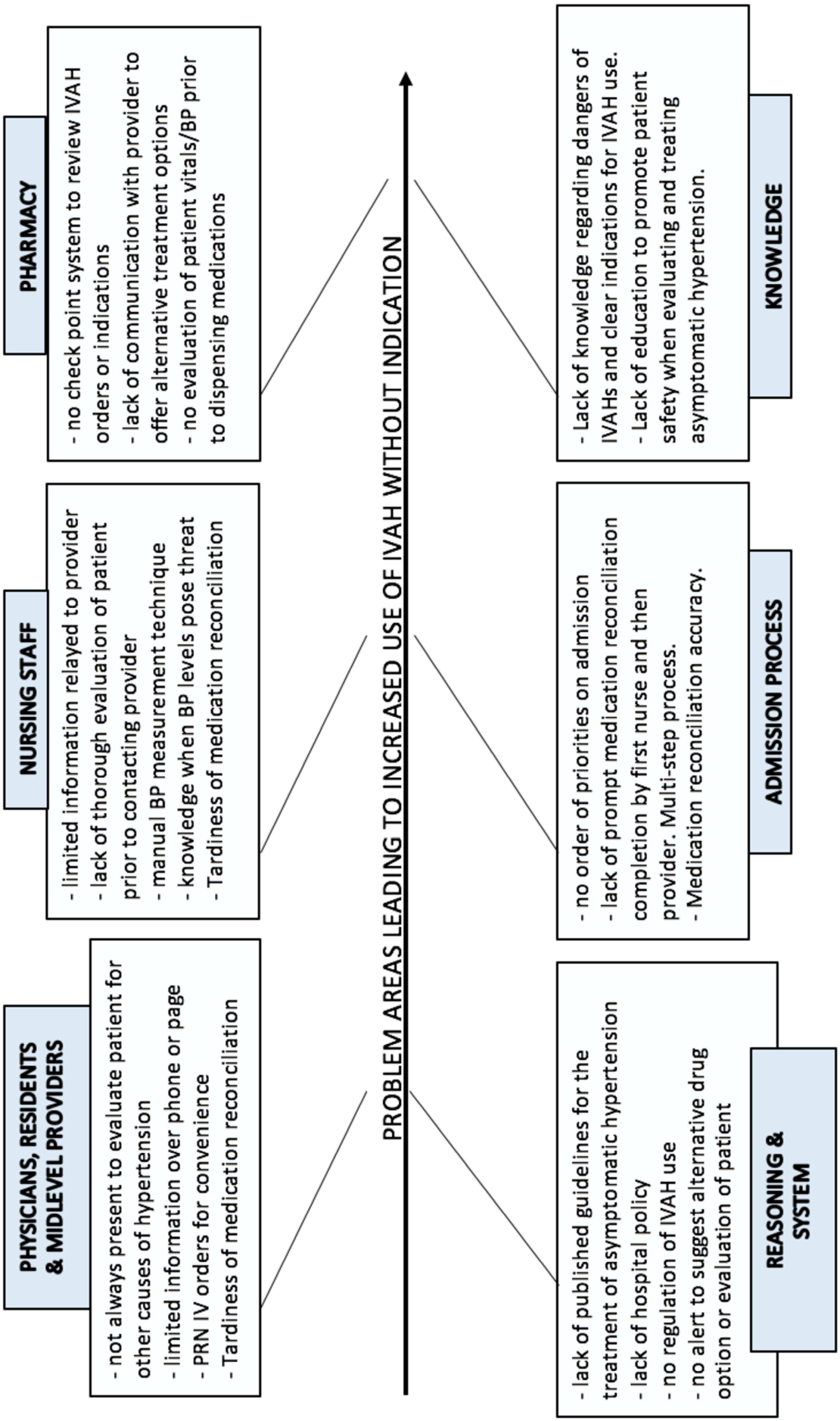
PHYSICIANS, RESIDENTS & MIDLEVEL PROVIDERS
- not always present to evaluate patient for other causes of hypertension
- limited information over phone or page
- PRN IV orders for convenience
- Tardiness of medication reconciliation
NURSING STAFF
- limited information relayed to provider
- lack of thorough evaluation of patient prior to contacting provider
- manual BP measurement technique
- knowledge when BP levels pose threat
- Tardiness of medication reconciliation
PHARMACY
- no check point system to review IVAH orders or indications
- lack of communication with provider to offer alternative treatment options
- no evaluation of patient vitals/BP prior to dispensing medications
PROBLEM AREAS LEADING TO INCREASED USE OF IVAH WITHOUT INDICATION
REASONING & SYSTEM
- lack of published guidelines for the treatment of asymptomatic hypertension
- lack of hospital policy
- no regulation of IVAH use
- no alert to suggest alternative drug option or evaluation of patient
ADMISSION PROCESS
- no order of priorities on admission
- lack of prompt medication reconciliation completion by first nurse and then provider. Multi-step process.
- Medication reconciliation accuracy.
KNOWLEDGE
- Lack of knowledge regarding dangers of IVAHs and clear indications for IVAH use.
- Lack of education to promote patient safety when evaluating and treating asymptomatic hypertension.