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ICP Consultant Connection

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Body Composition and Wounds

by Susan M Cleveland BSN, RN, WCC, CDP - reprinted from *The Director* Summer 2015

Sarcopenia, from the Greek meaning "poverty of flesh", is the degenerative loss of skeletal muscle mass and strength associated with aging. Cachexia, on the other hand, is loss of weight and muscle mass caused by disease. It is a complex metabolic syndrome associated with underlying illness. Starvation typically is thought to result from a lack of access to food whether due to financial constraints or other food availability issues.

Often all weight loss has been lumped into a single category but this is not a complete picture. Wound healing can be helped or hindered by the resident's nutritional status. Since the cause of poor nutrition in the elderly is multifaceted reflecting physical and psychosocial changes, our assessment must include a thorough knowledge of their poor nutritional status.

Malnutrition is defined as inadequate intake of protein and / or energy over prolonged periods of time resulting in loss of fat stores and/or muscle wasting. Physical signs of malnutrition include:

- Thin wasted appearance
- Thin to normal appearance with peripheral edema, ascites, or anasarca (extreme generalized edema)
- Severe muscle wasting
- Edema of lower extremities
- Sparse, thin, dry hair
- Dry, thin skin
- Obvious bony prominences
- Temporal wasting
- Lowered body temperature
- Lowered blood pressure
- Some muscle wasting with retention of some body fat
- Lowered heart rate
- Changes in hair and nail appearance
- Dyspigmentation of hair and skin
- Delayed wound healing

Malnutrition can be masked by the presence of excess body fat. The scale doesn't know the difference between a pound of fat and a pound of muscle. At this point it comes down to discovering "body composition" –the different components of the body making up total body weight or relative portions of fat, bone, and muscle mass.

Measurements of body composition can be obtained by different methods. Low-tech methods the one most familiar to general population is skin fold measurements, easy to obtain in any clinical or non-clinical setting. High-tech methods include magnetic resonance imaging (MRI), computed tomography (CT) and multicomponent models that are expensive, limited in availability and tedious limiting them to research and clinical studies.

Body composition is important for different reasons to different portions of the population. Residents with chronic wounds should be concerned with body composition. Humans need a certain amount of essential fat for body function; however, excessive fat has been linked to many diseases. As clinicians, we should be aware; regardless of weight many are losing lean mass. When a resident has a non-healing wound despite optimal care, consider composition issues and the effect lean body mass loss and sarcopenia.

Effective treatments often require more than one approach. Periodic monitoring and trial of different options for weight management should be employed until the right combination is discovered to work for the individual resident.

Contents

Long-Term Care Advise ERR™

The articles on these two pages are summarized from a newsletter published by the Institute for Safe Medication Practices (ISMP). The ISMP Long-Term Care Advise-ERR is a medication safety newsletter designed specifically to meet the needs of administrators, nursing directors, and nurses who transcribe medication orders, administer medications, monitor the effects of medications on residents, and/or supervise those who carry out these important tasks. The content also applies to consultant pharmacists, pharmacy providers, respiratory therapists, and medication technicians that work in long-term care settings. The newsletter is currently provided free to those employed by long-term care facilities.

Complete the subscription form at https://tinyurl.com/icp-ismp-sub to subscribe. ISMP encourages one person from each long-term care facility to subscribe. This subscriber may redistribute the newsletter to all interested staff who are employed by the long-term care facility or members of the medical staff who practice at the long-term care facility.

The importance of using the MAR/eMAR when administering medications

Long-Term Care Advise ERR November 2015

The medication administration record (MAR) or electronic medication administration record (eMAR) is a vital tool to use when administering medications. Yet, ISMP repeatedly receive reports of errors during medication administration in which the failure to verify the drug using the MAR, eMAR, or medication order was a root cause of the error. For example, in one case, the nurse administered milk of magnesia (MOM) to a resident with chronic kidney disease stage IV (CKD IV) despite the lack of an order for this drug and a comment in the eMAR that stated, "No MOM due to CKD IV." Since most residents in the long-term care (LTC) facility had been prescribed MOM as needed, the nurse assumed the resident had an order for the drug, as well. Even though the eMAR note, "No MOM due to CKD IV," could be misunderstood, the nurse said she did not look at the eMAR prior to administering the medication. Fortunately, no harm resulted.

In another example, a resident received propranolol 40 mg instead of the ordered pantoprazole 40 mg for 6 days. The order was entered correctly into the MAR by the LTC facility staff, but the pharmacy had dispensed the wrong medication with a similar name. Again, the medication was not checked against the MAR or order when it was received or when the doses were administered, resulting in the administration of the wrong drug for 6 days. The error was not discovered until the resident complained of lethargy and stomach pain.

To prevent these types of errors from occurring, make it a routine practice to always check the MAR/eMAR and medication order when checking in medications received from the pharmacy, and to take the MAR/eMAR to the resident's bedside when administering each dose to verify the resident and drug with the MAR/eMAR.

2016 National Patient Safety Goals for Long-Term Care

Long-Term Care Advise ERR November 2015

The Joint Commission (TJC) recently released its 2016 National Patient Safety Goals (NPSG) for Long- Term Care (LTC) facilities. While Joint Commission-accredited facilities are expected to comply with the safety measures starting January 1, 2016, we encourage all LTC facilities (even if not accredited by TJC) to adhere to these best practices designed to improve patient/resident safety. Check out the 2016 NPSGs, including easy-to-read versions of the chapters at: www.ismp.org/sc?id=638.

Avandia, not Coumadin

Long-Term Care Advise ERR January 2016

Last month, the US Food and Drug Administration (FDA) notified health professionals about its decision to remove the prescribing and dispensing restrictions for rosiglitazone-containing drugs, including AVANDIA (rosiglitazone), the combination product AVANDAMET (rosiglitazone and metformin), and generics (www.ismp.org/sc?id=1648). This brings to mind one of the most commonly reported serious drug name mix-ups in the past—confusing handwritten Avandia orders for COUMADIN(warfarin) and vice versa (Figure 1). As early as 1999, ISMP received the first report of a pharmacy technician who misread a prescription for Avandia 4 mg and entered Coumadin 4 mg into the computer. A nurse and a pharmacist both reviewed the order and saw Coumadin without hesitation. With both drugs available in 4 mg tablet strengths, the likelihood of residents experiencing a potentially dangerous mix-up increases dramatically. Whether or not there is an increase in prescribers adding Avandia to oral regimens for residents with type 2 diabetes as a result of the removal of these FDA restrictions, the potential for drug name mix-ups with handwritten prescriptions for Avandia and Coumadin should be considered. Fortunately, as more long-term care (LTC) facilities adopt electronic order entry, confusing otherwise dissimilar drug names when handwritten, as with Avandia and Coumadin, should not happen.

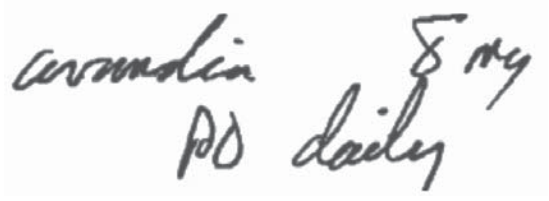

Figure 1. This order for Avandia 8 mg daily was misread as Coumadin 8 mg daily.

Could this happen at your facility?

Long-Term Care Advise ERR January 2016

A used oxymetazoline nasal spray was inadvertently placed back in storage with unused oxymetazoline nasal sprays for house stock. The used product was almost administered to the wrong person. The error was identified when the cap was opened and blood residue was seen on the tip of the bottle. It appears that the used spray had been initially opened by twisting off the cap but leaving the tamperresistant seal in place, then recapping it after use. A nurse or aide then restocked it in the medication room, thinking the product was unused and unopened. There is only about a millimeter of tamper-resistant seal that covers the space between the cap and the bottle. Once compromised, the entire seal should be removed, but in this case, most of it was allowed to remain.

The organization's medication error committee believes this incident and future incidents could be prevented by improving the product's tamper-resistant seal and how it is placed on containers during the packaging process, so the organization sent a letter to Major Pharmaceuticals, this product's manufacturer. ISMP has received similar reports involving ointments and other products where blood-borne pathogens might be transmitted because a used container was mistaken as an unopened container.

Part of the safety seal was removed, but it mostly remains intact on the cap.

ISMP would appreciate hearing about additional suggestions you might have to avoid potentially dangerous accidental product reuse. In the meantime, remind staff to completely remove the safety seal when the product is used, and to suspect a potential problem if the seal is very loose fitting over the cap, which may happen if only the bottom portion has been removed. We would also like to know what kinds of checks are made when products are returned to unit stock or the pharmacy. Please email us at: ismpinfo@ismp.org.

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ICP is committed to exceeding our customers' and employees' expectations through quality health-care service, continuous education, and effective communication.

Nurses ranked most trustworthy profession

Nurses have been voted the most honest and ethical profession for the 14th year straight in a December 2015 Gallup poll, earning 17 percentage points above any other profession.

The Gallup poll asks the question: "Please tell me how you would rate the honesty and ethical standards of people in these different fields — very high, high, average, low or very low?" Of those surveyed, 85% rated nurses very high or high. Only 1% of respondents rated nurses as low or very low.

The annual survey has been performed since 1990 and is intended to gauge public trust in various professions. Each time since nurses were added in 1999, they have topped the list - except for in 2011, when firefighters claimed the top spot post-9/11.

Pharmacists and medical doctors finished second and third in the rankings. Lobbyists, members of Congress, telemarketers, and car salespeople scored the lowest out of the 21 professions ranked.