

REDUCE THE NUMBER OF TIMES FOR DIRECT CONTACT — REDUCE PPE USE, REDUCE CONTAMINATION RISK

#1 Pre-Triage Assessment



“We just can’t get this close anymore!”

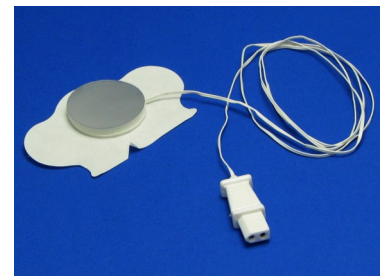
“ We don’t have enough PPE and need to Restrict, Reduce, and Reuse, medical distancing is a needed right now”
ED Nurse, Kaiser Fontana

How do we pre-triage from a distance?

Rather than using a hand held intermittent monitor that requires close proximity to the suspect patient and increases contamination risk, why not use a disposable skin temperature sensor or tympanic temperature sensor? These sensors are highly accurate and provide 3 feet of lead wire that is attached to a 10 foot cable, so the patient’s temperature can be read from

more than 10ft away. Pre-Triage will need to be equipped with a portable patient monitor that has a temperature channel and 10 foot interconnect cable. The other end of the cable will be 10 feet away from the nurse and have the receptacle (connector) where the mating connector from the disposable temp sensor is plugged. Patient’s waiting in a queue for assessment by the COVID-19 triage team can grab their own sterile package disposable temperature sensor from a dispensing box and place it under their arm (skin) or in their ear (tympanic)

so it has a chance to equilibrate to body temperature why they are in the queue. When it is their turn to have their vital signs checked, the patient grabs the end of the reusable cable and connects their temperature sensor to it. On the other side, it is already plugged into the patient monitor and from a distance the pre-triage nurse can read their temperature and ask appropriate assessment questions. In this situation, hand sanitizer or gloves will need to be available in the pre-triage patient area right next to where the patient connects to the cable to provide patient protection from touching the cable connection. By being 10 feet away, pre-triage clinicians will not have their PPE contaminated and will not need to change PPE between assessments. In addition, the risk of direct contamination (patient to healthcare provider and vice versa) is reduced. This same principal can also be applied to Pulse Oximetry with 10 ft. cables. This strategy was learned from our healthcare counterparts in Korea and it works! Visit www.starboardmedical.com to learn more.



[400-SK Skin Temperature Sensor](#)



[400-TY Tympanic Temperature Sensor](#)



[C400MP-M Connecting Cable](#)

#2 ICU Temperature Monitoring



Use continuous patient monitoring for temperature and other vital signs rather than intermittent checks and read the monitor screen from the nurses station or from a distance.

Monitor temperature continuously rather than intermittently!

Reduce the number of direct patient contacts and need to change PPE by not entering the patient room for monitoring that can be done remotely. Rather than intermittent temperature monitoring, why not use a continuous electronic temperature probe and plug it into the multi-parameter patient monitor? The reading is more accurate and it reduces the patient contact intervals thereby reducing the risk of direct contamination and subsequent cross contamination from the intermittent temperature device and/or healthcare provider. Skin, tympanic, and general purpose (nasal/rectal) temperature sensors are ideal for continuous temperature monitoring in the ICU's and other units with rooms equipped with patient monitors. Transport monitors can also be placed in unequipped rooms to allow for continuous monitoring.

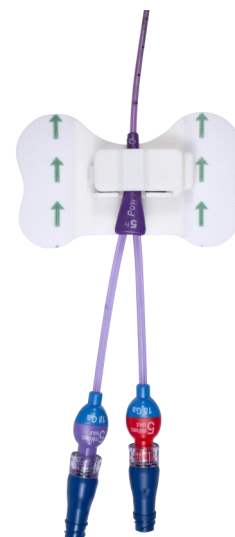


[4009-ER General Purpose](#)

#3 IV Pumps Outside the Room



Longer IV Tubing can lead to more inadvertent snags and tugs on the catheter. Strong catheter securement is a must for these patients!



[Clik-FIX™ Catheter Securement](#)

Reduce unnecessary contamination risk and PPE use, put the pumps outside.

Notorious for alarming and needing to be reset, IV pumps can really cause more direct patient contacts than necessary, thereby, increasing PPE use and contamination risk. Some hospitals have found that placing the IV Pumps outside the room and utilizing longer IV tubing helps. A problem that is encountered with this method is the IV site and catheter aren't checked as often and catheters can easily dislodge or move when longer IV tubing is used. There are more opportunities for tubing to get caught on things and potentially pull/tug on the catheter. If you're putting this practice into place, it is best to utilize a securement device that is known for its proven ability to stabilize and secure. One such catheter securement device, is Clik-FIX™ Catheter Securement. It has been shown to secure catheters better than leading securement devices.

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