
Introduction to Lippincott Procedures

Working together to implement Lippincott
Procedures for practice, information and education



Introducing Lippincott Procedures

- Always current, updated four times a year (a growing cyclic update)
- Peer-to-peer synoptic language, not a text book, using an applied, clinically informed approach
- Based on content of the global leader in online nursing Procedures – practice driven, guided by EBP...



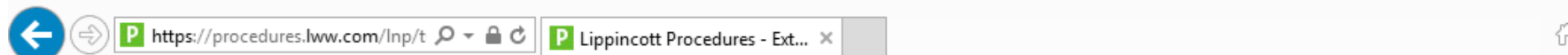
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Lippincott Procedures is your web-based, go-to source for step-by-step, point-of-care procedural guidance to help your clinicians save time and provide safer, more effective care.

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Helena Klijn, HK01 ([Logout](#))

Select a Discipline (drag and drop to reorder)

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Nursing



All Nursing



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A B C D E F G H I J K L M N O P Q R S T U V W X Y Z



12-lead electrocardiogram (ECG)

12-lead electrocardiogram (ECG) interpretation (Advanced practice)

12-lead electrocardiogram (ECG), ambulatory care

12-lead electrocardiogram (ECG), pediatric

15-lead electrocardiogram (ECG)

18-lead electrocardiogram (ECG)

2-hour timed urine specimen collection, pediatric

24-hour timed urine specimen collection using a pediatric urine collection bag, pediatric female

24-hour timed urine specimen collection using a pediatric urine collection bag, pediatric male

24-hour timed urine specimen collection, pediatric

Abdominal binder application

Abdominal girth measurement

Abdominal girth measurement, neonatal

Abduction response, pediatric

Accidental exposure to blood or body fluids, OR

Active hallucinations patient care

Acute dystonic reaction assessment and care

Searching and Results

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Traumatic abrasion wound care, ambulatory care

Traumatic abrasion wound care, AU

Traumatic amputation wound care, AU

Traumatic bite wound care, ambulatory care

Traumatic laceration wound care, AU

Traumatic puncture wound care, ambulatory care

Traumatic puncture wound care, AU

Emergency

Home Care

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12-lead electrocardiogram (ECG)

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Traumatic abrasion wound care, ambulatory care

✉

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Procedure

Skills Checklists

Quick Lists

✓ Introduction

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✓ Documentation

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✓ Related Patient Teaching

Handouts

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✓ Additional References

(View and Print Selected)

Traumatic abrasion wound care, ambulatory care

Revised: February 21, 2020

■ Introduction

In a traumatic abrasion, contact with a hard object, such as the road, floor, or carpet, scrapes the skin and results in loss of the epidermis and partial loss of the dermis of the skin. These partial-thickness wounds are typically shallow, red, painful, and highly exudative and may contain debris from the abrasion-producing event.^[1] Occasionally, abrasions are full-thickness, involving the complete epidermis and dermis; these wounds may require debridement and skin grafting or flap coverage.^[2] Abrasions can occur on any part of the body, but they usually affect bony areas, such as the hands, forearms, elbows, knees, and chin. They're typically more painful than lacerations because they involve a larger area of skin and expose more nerve endings. If they involve the head or neck, they may appear worse than they are because of the increased blood supply in these areas.^[2] A patient doesn't typically seek medical treatment for an isolated traumatic abrasion. In most cases, they're associated with other traumatic injuries.

The first priority when caring for a patient with a traumatic wound is to assess circulation, airway, and breathing.^[3] If circulation, airway, or breathing is compromised, the priority interventions are to initiate emergency treatment and arrange for transfer to an acute care setting. If the patient's condition is

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A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

[12-lead electrocardiogram \(ECG\)](#)[12-lead electrocardiogram \(ECG\) interpretation \(Advanced practice\)](#)[12-lead electrocardiogram \(ECG\), pediatric](#)[15-lead electrocardiogram \(ECG\)](#)[18-lead electrocardiogram \(ECG\)](#)[Aquapheresis](#)[Arterial and venous sheath removal, pediatric](#)[Arterial catheter insertion \(Advanced practice\)](#)[Arterial line blood gas sampling, pediatric](#)[Arterial pressure closed monitoring system blood sampling, pediatric](#)[Arterial pressure monitoring, pediatric](#)[Arterial pressure open monitoring system blood sampling](#)[Arterial pressure open monitoring system blood sampling, pediatric](#)[Atrial electrogram](#)[Atrial electrogram, pediatric](#)[Atrial overdrive pacing](#)[Atrial overdrive pacing, pediatric](#)

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Arterial catheter removal, AU

ProcedureSkills ChecklistsQuick ListsImages

☒ Introduction☒ Equipment☒ Implementation☒ Special Considerations☒ Patient Teaching☒ Complications☒ Documentation☒ References☒ Additional References
(View and Print Selected)

Arterial catheter removal, AU

Introduction

Arterial catheters provide direct arterial pressure monitoring. Such monitoring permits continuous measurement of systolic, diastolic, and mean arterial pressures and allows arterial blood sampling. Because direct measurement reflects systemic vascular resistance as well as blood flow, it's generally more accurate than indirect, non-invasive blood pressure measurement methods (such as palpation and auscultation), which reflect blood flow only.

Direct monitoring is indicated when the patient's condition requires highly accurate or frequent blood pressure measurement—for example, in patients with low cardiac output and high systemic vascular resistance. It's used for patients who are receiving titrated doses of vasoactive drugs and can be useful for those who require frequent blood sampling. It's also useful for hospitalised patients who are obese or have severe oedema—conditions that can make indirect measurement hard to perform.

Arterial catheter removal should occur as soon as possible to decrease the risk of complications, such as thrombosis and infection.^[1] Guidelines advise avoiding routine removal and replacement.^[2] Some facilities don't permit nurses to remove arterial catheters, so nurses should ensure that they are permitted to perform this procedure before doing so.

Equipment

- Gloves
- Sterile 10 cm × 10 cm gauze pads

Additional Procedure Resources

Eardrop instillation

Procedure Skills Checklists ☒ Quick Lists Images Videos

Eardrop instillation

Objective: To administer eardrops in a safe manner according to the standard of care.

- ☐ Avoid distractions and interruptions when preparing and administering the medication.
- ☐ Verify the practitioner's order.
- ☐ Gather and prepare the medication and the equipment.
- ☐ Compare the medication label to the order in the patient's medical record.
- ☐ Check the patient's medical record for an allergy or a contraindication to the prescribed medication. If an allergy or contraindication is present, don't administer the medication; instead, notify the practitioner.

Eardrop instillation, AU

Procedure Skills Checklists ☒ Quick Lists Images ☒ Videos

Straightening the ...

Straightening the ear canal in an adult



Eardrop instillation

Procedure Skills Checklists ☒ Quick Lists Images Videos ☒

Positioning the pa...

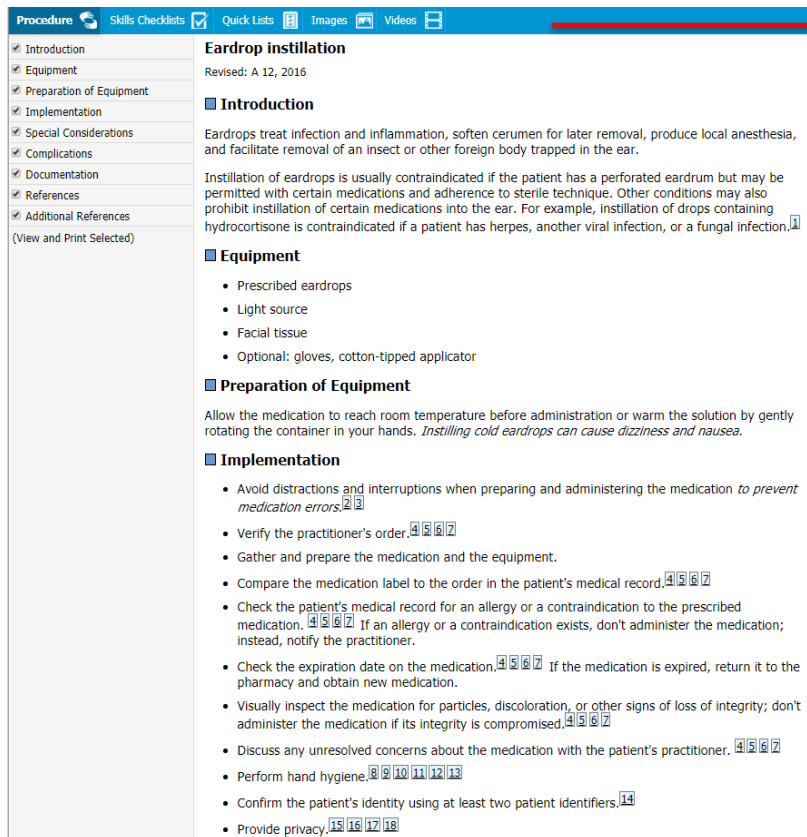
Straightening the ...

Instilling the ear...

Positioning the patient

Play Now

Skills Checklist and Quicklist



The screenshot shows the 'Skills Checklists' tab selected in the top navigation bar. A red arrow points from this tab to the 'Quick Lists' tab. The main content area displays the 'Eardrop instillation' checklist. The left sidebar contains a list of checklist items with checkboxes: Introduction, Equipment, Preparation of Equipment, Implementation, Special Considerations, Complications, Documentation, References, and Additional References. The main content area is divided into sections: Introduction, Equipment, Preparation of Equipment, and Implementation. The 'Implementation' section is currently expanded, showing a list of steps for administering eardrops.

Eardrop instillation
Revised: A 12, 2016

Introduction
Eardrops treat infection and inflammation, soften cerumen for later removal, produce local anesthesia, and facilitate removal of an insect or other foreign body trapped in the ear.

Instillation of eardrops is usually contraindicated if the patient has a perforated eardrum but may be permitted with certain medications and adherence to sterile technique. Other conditions may also prohibit instillation of certain medications into the ear. For example, instillation of drops containing hydrocortisone is contraindicated if a patient has herpes, another viral infection, or a fungal infection.¹

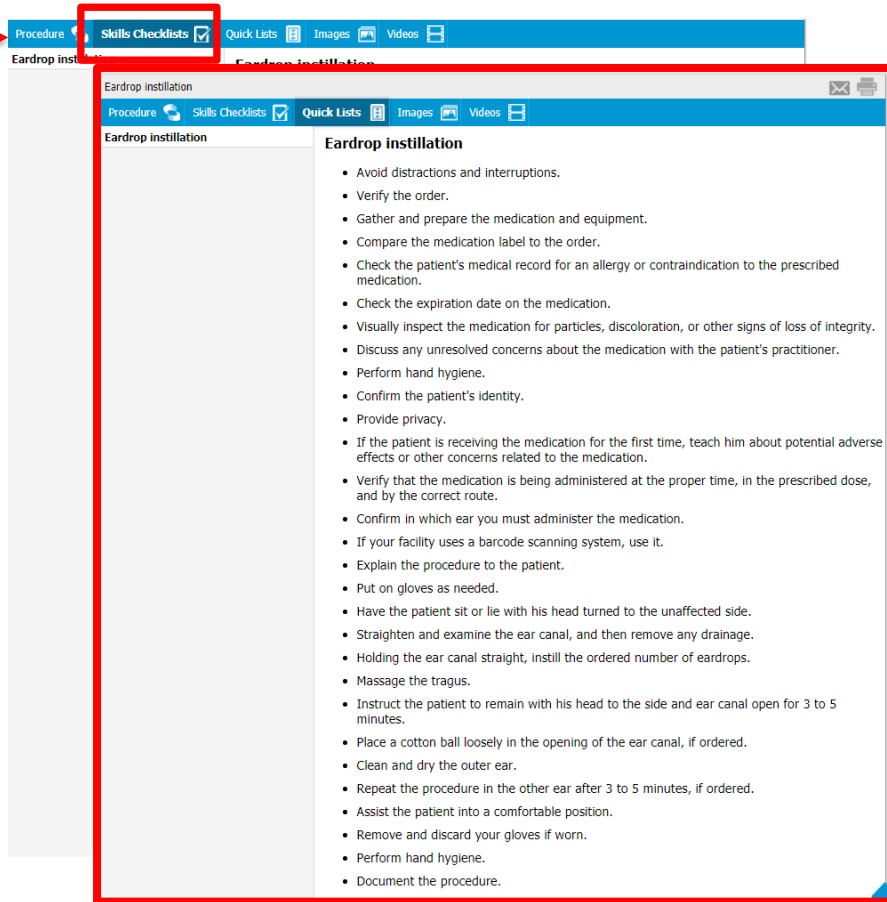
Equipment

- Prescribed eardrops
- Light source
- Facial tissue
- Optional: gloves, cotton-tipped applicator

Preparation of Equipment
Allow the medication to reach room temperature before administration or warm the solution by gently rotating the container in your hands. *Instilling cold eardrops can cause dizziness and nausea.*

Implementation

- Avoid distractions and interruptions when preparing and administering the medication to prevent medication errors.^{4 5 6 7}
- Verify the practitioner's order.^{4 5 6 7}
- Gather and prepare the medication and the equipment.
- Compare the medication label to the order in the patient's medical record.^{4 5 6 7}
- Check the patient's medical record for an allergy or a contraindication to the prescribed medication.^{4 5 6 7} If an allergy or a contraindication exists, don't administer the medication; instead, notify the practitioner.
- Check the expiration date on the medication.^{4 5 6 7} If the medication is expired, return it to the pharmacy and obtain new medication.
- Visually inspect the medication for particles, discoloration, or other signs of loss of integrity; don't administer the medication if its integrity is compromised.^{4 5 6 7}
- Discuss any unresolved concerns about the medication with the patient's practitioner.^{4 5 6 7}
- Perform hand hygiene.^{8 9 10 11 12 13}
- Confirm the patient's identity using at least two patient identifiers.¹⁴
- Provide privacy.^{15 16 17 18}



The screenshot shows the 'Quick Lists' tab selected in the top navigation bar. The main content area displays the 'Eardrop instillation' quick list. The left sidebar contains a list of checklist items with checkboxes: Introduction, Equipment, Preparation of Equipment, Implementation, Special Considerations, Complications, Documentation, References, and Additional References. The main content area is divided into sections: Introduction, Equipment, Preparation of Equipment, and Implementation. The 'Implementation' section is currently expanded, showing a list of steps for administering eardrops.

Eardrop instillation

- Avoid distractions and interruptions.
- Verify the order.
- Gather and prepare the medication and equipment.
- Compare the medication label to the order.
- Check the patient's medical record for an allergy or contraindication to the prescribed medication.
- Check the expiration date on the medication.
- Visually inspect the medication for particles, discoloration, or other signs of loss of integrity.
- Discuss any unresolved concerns about the medication with the patient's practitioner.
- Perform hand hygiene.
- Confirm the patient's identity.
- Provide privacy.
- If the patient is receiving the medication for the first time, teach him about potential adverse effects or other concerns related to the medication.
- Verify that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.
- Confirm in which ear you must administer the medication.
- If your facility uses a barcode scanning system, use it.
- Explain the procedure to the patient.
- Put on gloves as needed.
- Have the patient sit or lie with his head turned to the unaffected side.
- Straighten and examine the ear canal, and then remove any drainage.
- Holding the ear canal straight, instill the ordered number of eardrops.
- Massage the tragus.
- Instruct the patient to remain with his head to the side and ear canal open for 3 to 5 minutes.
- Place a cotton ball loosely in the opening of the ear canal, if ordered.
- Clean and dry the outer ear.
- Repeat the procedure in the other ear after 3 to 5 minutes, if ordered.
- Assist the patient into a comfortable position.
- Remove and discard your gloves if worn.
- Perform hand hygiene.
- Document the procedure.

Images

Procedure Skills Checklists Quick Lists Images Videos

Introduction
Equipment
Preparation of Equipment
Implementation
Special Considerations
Complications
Documentation
References
Additional References
(View and Print Selected)

Eardrop instillation

Revised: A 12, 2016

Introduction

Eardrops treat infection and inflammation, soften cerumen for later removal, produce local anesthesia, and facilitate removal of an insect or other foreign body trapped in the ear.

Instillation of eardrops is usually contraindicated if the patient has a perforated eardrum but may be permitted with certain medications and adherence to sterile technique. Other conditions may also prohibit instillation of certain medications into the ear. For example, instillation of drops containing hydrocortisone is contraindicated if a patient has herpes, another viral infection, or a fungal infection.¹

Equipment

- Prescribed eardrops
- Light source
- Facial tissue
- Optional: gloves, cotton-tipped applicator

Preparation of Equipment

Allow the medication to reach room temperature before administration or warm the solution by gently rotating the container in your hands. *Instilling cold eardrops can cause dizziness and nausea.*

Implementation

- Avoid distractions and interruptions when preparing and administering the medication to prevent medication errors.^{2,3}
- Verify the practitioner's order.^{4,5,6,7}
- Gather and prepare the medication and the equipment.
- Compare the medication label to the order in the patient's medical record.^{4,5,6,7}
- Check the patient's medical record for an allergy or a contraindication to the prescribed medication.^{4,5,6,7} If an allergy or a contraindication exists, don't administer the medication; instead, notify the practitioner.
- Check the expiration date on the medication.^{4,5,6,7} If the medication is expired, return it to the pharmacy and obtain new medication.
- Visually inspect the medication for particles, discoloration, or other signs of loss of integrity; don't administer the medication if its integrity is compromised.^{4,5,6,7}
- Discuss any unresolved concerns about the medication with the patient's practitioner.^{4,5,6,7}
- Perform hand hygiene.^{8,9,10,11,12,13}
- Confirm the patient's identity using at least two patient identifiers.¹⁴
- Provide privacy.^{15,16,17,18}

Eardrop instillation, AU

Procedure Skills Checklists Quick Lists Images Videos

Straightening the ...

Straightening the ear canal in an adult



3/14/2018 Lippincott Procedures - Images for: Antiebolism stocking application, knee-length, AU

Continue to pull up the stocking



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Eardrop instillation, AU

Procedure Skills Checklists Quick Lists Images Videos

- Introduction
- Equipment
- Preparation of Equipment
- Implementation
- Special Considerations
- Patient Teaching
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- Documentation
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- Additional References

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Eardrop instillation, AU

Introduced: March 02, 2018

Introduction

Eardrops treat infection and inflammation, soften cerumen for later removal, produce local anaesthesia, and facilitate removal of an insect or other foreign body trapped in the ear. Instillation of eardrops is usually contraindicated if the patient has a perforated eardrum but may be permitted with certain medications and adherence to sterile no-touch technique. Other conditions may also prohibit instillation of certain medications into the ear. For example, instillation of drops containing hydrocortisone is contraindicated if a patient has herpes, another viral infection, or a fungal infection.^[1]

Equipment

- Prescribed eardrops
- Light source
- Facial tissue
- Optional: gloves, cotton-tipped applicator, cotton balls, ear irrigation

Preparation of Equipment

Allow the ear medication to reach room temperature before administration, or warm the solution by gently rotating the container in your hands. *Instilling cold eardrops can cause dizziness and nausea.*

Implementation

- Avoid distractions and interruptions when preparing and administering the medication to prevent

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Eardrop instillation, AU

Procedure Skills Checklists Quick Lists Images Videos

Positioning the pa...
Straightening the ...
Instilling the ear...

Positioning the patient

Play Now

Procedure Video

0:03 / 0:08

- ☒ Introduction
- ☒ Equipment
- ☒ Preparation of Equipment
- ☒ Implementation
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- ☒ Patient Teaching
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- ☒ References
- ☒ Additional References

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If you're using an enema solution contained within a disposable squeeze bottle, no preparation is needed. Check expiration date to ensure the solution is still appropriate to use. If a product is expired, looks defective or its integrity looks compromised, remove it from patient use, label as expired or defective, and report the expiration or defect as directed by your facility.

■ Implementation

- Avoid distractions and interruptions when preparing and administering an enema *to prevent errors.*^[5]^[6]
- Verify the practitioner's order on the patient's medication record.^[7]
- If the enema is prescribed with medication, or if the enema order is , reconcile the enema solution and medication *to reduce the risk of errors, including omissions, duplications, dosing*

11. World Health Organization. (2009). "WHO guidelines on hand hygiene in health care: First global patient safety challenge, clean care is safer care" [Online]. Accessed July 2019 via the Web at http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf (Level IV)

- ☒ Introduction
- ☒ Equipment
- ☒ Preparation of Equipment
- ☒ Implementation
- ☒ Special Considerations
- ☒ Patient Teaching
- ☒ Complications
- ☒ Documentation
- ☒ References
- ☒ Additional References

(View and Print Selected)

- Confirm the ear in which the medication must be administered.
- If your facility uses barcode technology, scan your identification badge, the patient's identification bracelet, and the medication's barcode.
- Raise the patient's bed to waist level when providing patient care *to prevent carer back strain*.³
- Perform hand hygiene.^{5 6 7 8}
- Put on gloves as needed *to comply with standard precautions*.^{7 8}
- Have the patient sit or lie with the head turned to the unaffected side.

Procedure Video



anna) of the ear up and back. (See

hed to the unaffected side. Then
up and back (as shown below)



■ Additional References

- Safdar, N., et al. (2013). Arterial catheter-related bloodstream infections: Incidence, pathogenesis, risk factors and prevention. *Journal of Hospital Infection*, 85, 189–95.(Level II)
- Urden, L. D., et al. (2016). *Priorities in critical care nursing* (7th ed.). St. Louis, MO: Mosby.
- Campbell, J. *Arterial Lines; replacement*. The Joanna Briggs Institute EBP Database, JBI@Ovid.2017; JBI17413

Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

- Level I: Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)
- Level II: Evidence obtained from well-designed RCTs
- Level III: Evidence obtained from well-designed controlled trials without randomization
- Level IV: Evidence from well-designed case-control and cohort studies
- Level V: Evidence from systematic reviews of descriptive and qualitative studies
- Level VI: Evidence from single descriptive or qualitative studies

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Select Skills Checklists and/or Tests (Skills Checklists, Tests)

- ☐ 12- or 24-hour timed urine specimen collection
 - ☐ Skills Checklist: 12- or 24-hour timed urine specimen collection, indwelling urinary catheter specimen
 - ☐ Skills Checklist: 12- or 24-hour timed urine specimen collection, voided specimen
 - ☐ Test
- ☒ 12-lead electrocardiogram (ECG)
 - ☐ Skills Checklist
 - ☒ Test
- ☐ 12-lead electrocardiogram (ECG) interpretation (Advanced practice)
 - ☐ Skills Checklist
 - ☐ Test
- ☐ 12-lead electrocardiogram (ECG), ambulatory care
 - ☐ Skills Checklist
 - ☐ Test
- ☐ 12-lead electrocardiogram (ECG), Pediatric Year 2 student
 - ☐ Skills Checklist
 - ☐ Test
- ☐ 15-lead electrocardiogram (ECG)
 - ☐ Skills Checklist
 - ☐ Test
- ☐ 18-lead electrocardiogram (ECG)
 - ☐ Skills Checklist
 - ☐ Test
- ☐ 2-hour timed urine specimen collection, pediatric
 - ☐ Skills Checklist: 2-hour timed urine specimen collection, indwelling urinary catheter specimen, pediatric
 - ☐ Skills Checklist: 2-hour timed urine specimen collection, voided specimen, pediatric
 - ☐ Test
- ☐ 24-hour timed urine specimen collection using a pediatric urine collection bag

Lippincott Procedures

By Wolters Kluwer Health

This app is only available on the App Store for iOS devices.



This app is designed for both iPhone and iPad

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Version: 3.7.0

Size: 16.9 MB

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Seller: Wolters Kluwer Health, Inc.

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Infrequent/Mild Sexual Content and Nudity

Frequent/Intense

Medical/Treatment Information

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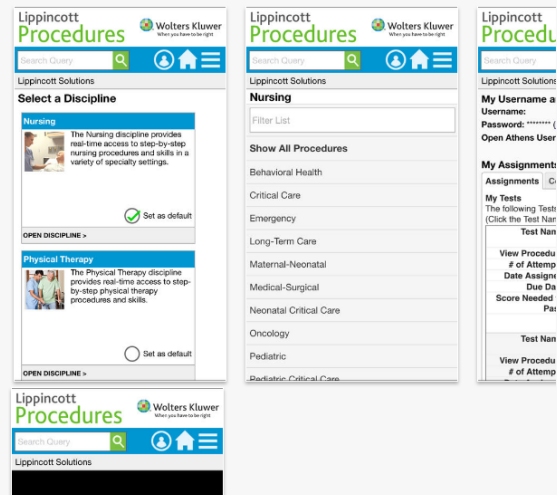
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What's New in Version 3.7.0

New linking between cross-referenced procedures enabled.

Screenshots



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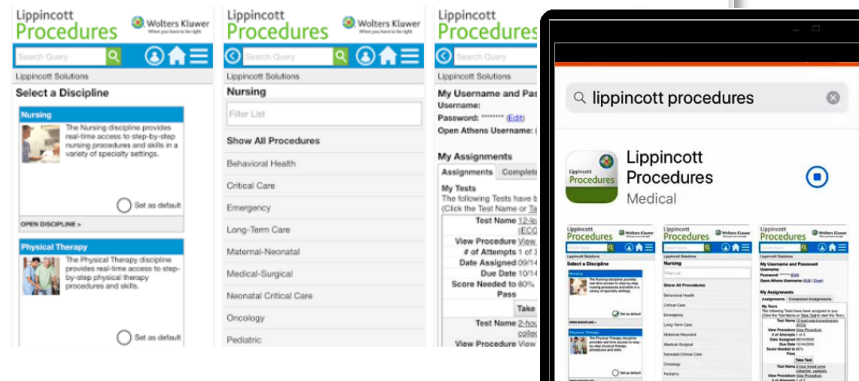
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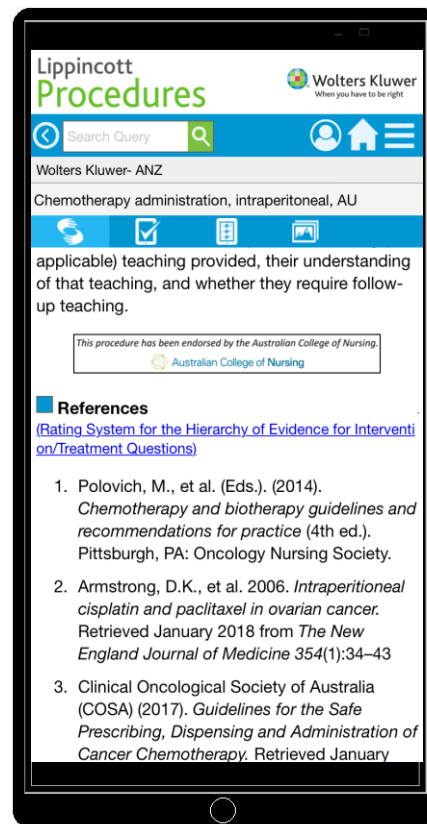
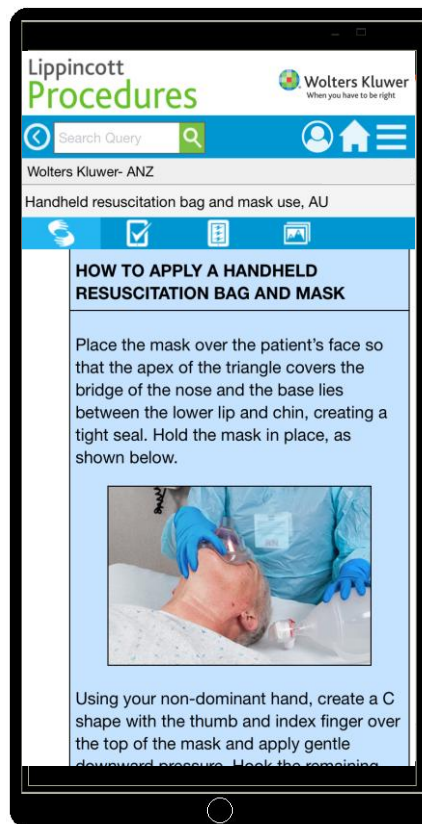
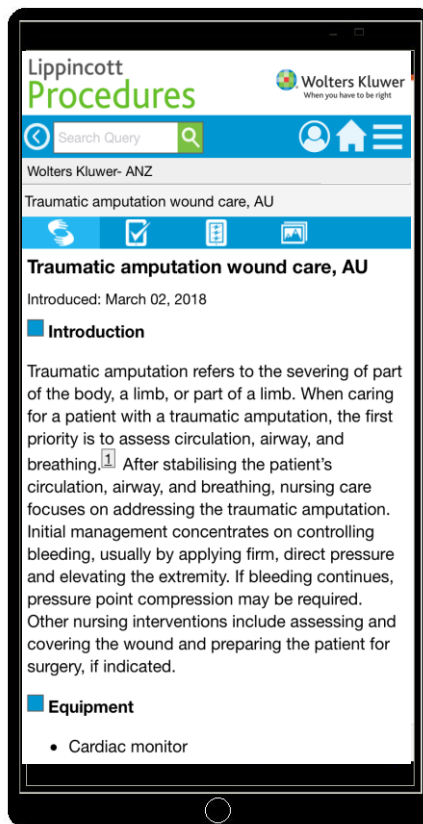
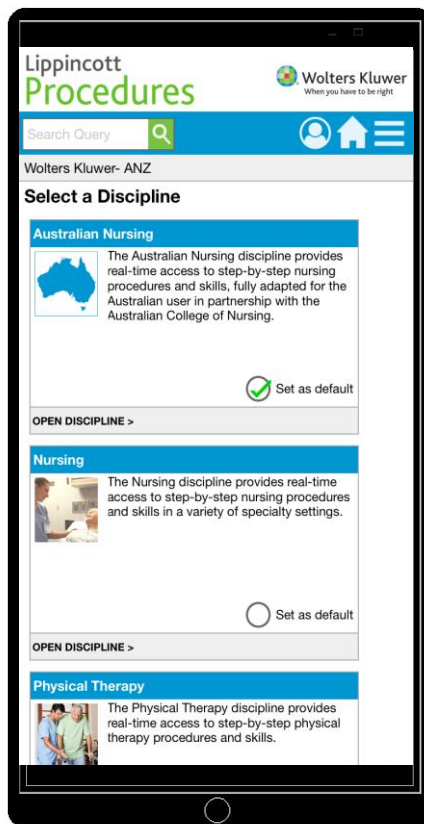
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Thank you