
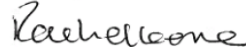



STANDARD OPERATING PROCEDURE FOR USE OF HOSPITAL ELECTRONIC TABLET DEVICES ON WARDS	
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Approved By Name: Tracey Wall Title: Chairperson of Nursing Quality Group	Signature Date: July 2016 
Authorised By Name: Rachel Kenna Title: Director of Nursing	Signature Date July 2016 
Author/s	Name: Marie Conlon, CNMIII, Quality Dept. Name: Noelle Gallery, CNF, OLCHC Name: Ciara Yeates, Quality Dept
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1.0 Introduction

A tablet is a mobile computer with a touchscreen display, circuitry, and battery in a single device. Tablets touchscreen display uses the recognition of finger or stylus gestures replacing the usage of the mouse and keyboard. They usually feature on-screen, pop-up virtual keyboards for typing. Tablets may have physical buttons for basic features such as speaker volume and power, and ports for network communications and battery charging. Tablets are typically larger than smartphones or personal digital assistants with screens 7 inches (18 cm) or larger, measured diagonally.

2.0 Definition of Standard Operating Procedure

The term '**Standard Operating Procedure**' is a way of carrying out a particular course of action and includes operations, investigations, pharmaceutical treatment, examinations and any other treatment carried out.


3.0 Applicable to

All clinical staff. This includes undergraduate and post graduate and qualified nursing staff who work in OLCHC.

Points to note

Do's

1. Ensure you are aware of OLCHC's guidance on security and confidentiality of patient information
2. Always adhere to the Data Protection Acts 1988 and 2003
3. Always adhere to the OLCHC guidance on Email / Internet / Intranet usage.
4. Always adhere to the OLCHC Policy on Social Media for nursing staff (2014) when using your tablet in the workplace.
5. Always use professional judgment when using a tablet in the workplace
6. Always decontaminate hands before and after tablet use
7. Ensure your tablet is decontaminated on a frequent basis using the appropriate disinfection wipe.

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Don'ts

8. Never give the tablet or charger to a patient or parent/guardian.
9. Never use the tablet to take photos of patients in the workplace, including photos of lesions or wounds, the hospital photographer will photograph patients for clinical purposes.
10. Never access Facetime, Facebook, Twitter, Instagram, Snapchat or any other social networking or social media sites during the working day.

Failure to adhere to this Policy could result in disciplinary action.

4.0 Responsibilities

Users


Each user is responsible for:

- Complying with the terms of this SOP and all other relevant OLCCHC policies, procedures, regulations and applicable legislation;
- Respecting and protecting the privacy and confidentiality of the information they process at all times;
- Complying with guidelines issued on behalf of the hospital and the Pharmacy Department
- Reporting all misuse and breaches of this policy to their line manager.

It is the responsibility of all staff to ensure the tablet is secure at all times. An assigned staff member is to ensure device is plugged in and charged at all times when not in use.

Pharmacy Department

The pharmacy department is responsible for ensuring all information on the tablets are kept up to date. This will require them to briefly return the tablets to the pharmacy department on a weekly basis to update both the OLCCHC formulary 'app' and the IV monographs folder. Please contact the Medicines Information pharmacist on 6796 for further information.

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5.0 Cleaning the Tablet Devices

The best method to disinfect the electronic tablet devices is with isopropanol alcohol wipes. Simply rubbing the screen for a few moments is enough to remove built-up fingerprints.

This is only in the case of a tablet device that has a screen protector.

In the event that the screen protector itself requires cleaning use the following steps:


- Peel the screen protector off of your device.
- Wash your hands in soapy water. Avoid using any hand wash containing harsh chemicals such as chlorine or bleach.
- Run the screen protector under water to rinse off the sticky side.
- Wash the sticky side of the screen protector gently with soapy water. Rinse and repeat -- it may take several tries to clean off all the dirt and smudges.
- Give the screen protector a final rinse.
- Let the screen protector air dry in an area void of dust or lint
- Why dry, reapply the screen protector by carefully aligning it with the tablet edges and smoothing into place. Wipe any air bubbles toward the edges with a smooth implement like a credit card

If a tablet device does not have a screen protector the best method to clean it is to rub with a lint-free microfiber cloth for a few moments. Never use paper towels or napkins to wipe off any kind of screen that does not have a screen protector. Paper is made of shredded wood, and the wood fibers can scratch the display, especially over several years of cleaning.

Never use a glass or window cleaning product on a tablet device screen that does not have a screen protector. Some device makers put coatings on the screens to help repel skin oil, and the solvents in cleaning products can strip these coatings off.

6.0 Background

The pharmacy department has for many years produced and maintained an OLCHC Hospital Formulary both in printed form and electronically via the hospital intranet. Over the last number of years an application or 'app' facilitating access to the hospital formulary from mobile devices, including tablets has also been developed. A decision has recently been made by the pharmacy department to cease printing of the hard copy formulary and to maximise access to the 'app' for all clinical staff in OLCHC. The provision of tablets, uploaded with both the formulary 'app' and a folder of IV monographs, to clinical areas will

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facilitate easy access to up to date medicines information. This will support safe medication practice for all staff in the clinical area.


OLCHC believe that information technology (IT) is now an integral part of healthcare and the use of handheld IT devices will increase in the coming years. This increase brings the added challenge of managing the introduction of such technology safely in the healthcare setting (or environment).

7.0 Purpose

This SOP outlines the procedure to be followed regarding the use of Electronic tablet devices throughout OLCHC including maintaining the security and safe functioning of the device. The tablet is the property of the Director of Nursing Office at all time and must not be shared with other wards or otherwise removed from the treatment room or medication trolley. The tablet is provided for nursing staff to check medicine doses and administration instructions via the OLCHC formulary app and IV monographs. Personal use such as accessing the internet or use of the camera is not permitted. The formulary app was developed by the Pharmacy Department to replace the hard copy of the formulary. Updates, dose amendments and additional information are continually added to the formulary app so the newest version must be downloaded by the Pharmacy Department.

7.1 Procedure for use in Treatment Room:


- (a) The tablet must be kept behind a locked treatment room door at all times.
- (b) All staff must be security conscious at all times to ensure the tablet is always present and charging in its stand and that parents or visitors do not enter the Treatment Room.
- (c) An assigned staff member is to ensure device is plugged in and charged at all times when not in use and to ensure the tablet is secure at all times as part of ward safety checks.
- (d) The tablet must be checked once per shift as part of ward safety checks to ensure it is present and fully charged.
- (e) The tablet must only be used for the purposes of checking the OLCHC Pharmacy app and IV monographs. Any unauthorised use of the tablet for personal use is prohibited.
- (f) The tablet must not be removed from its stand.

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7.2 Procedure for use on medication trolley:

- (a) The door to the medication trolley must be kept closed & locked at all times. Only staff who have been issued with the key may open the trolley.
- (b) All staff must be security conscious at all times to ensure the tablet is always present and parents or visitors do not have any access to the medication trolley
- (c) The tablet must be placed on charge by assigned staff member to ensure there is full charge at the end of each shift
- (d) The tablet must only be used for the purposes of checking the OLCHC Pharmacy app and IV monographs. Any unauthorised use of the tablet for personal use is prohibited.

8.0 To access OLCHC Formulary


- Press home button (bottom of screen)
- Swipe screen to unlock
- Click OLCHC Formulary app on home screen
- Press 'Dosages'
- Select the name of drug you want to check, this will give you all the information that is currently available in the formulary.
- Press the back arrow  on the bottom right of the tablet to return to the previous page.
- Press home button (the button at the bottom of the tablet) to return to main screen when you need to.

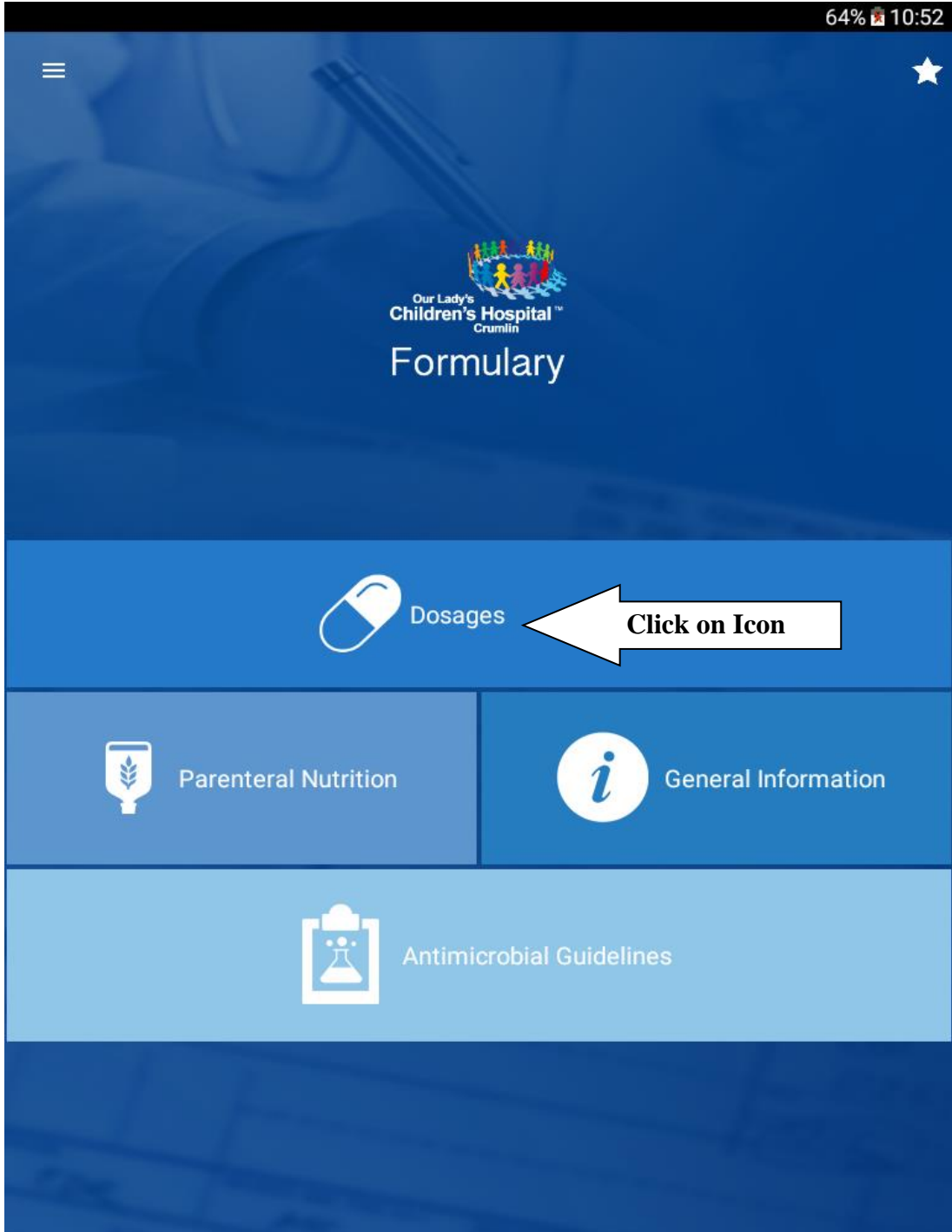
9.0 To access OLCHC IV Sheets


- To access IV sheets – Press 'OLCHC IV Monographs' on the home screen, then scroll down to access the IV sheet you require.
- Once in the IV sheet information of the drug you require, if you need to return to the IV drug index, press the back arrow (←) at the top left of the screen.
- Press home button (the button at the bottom of the tablet) to return to main screen when you need to.

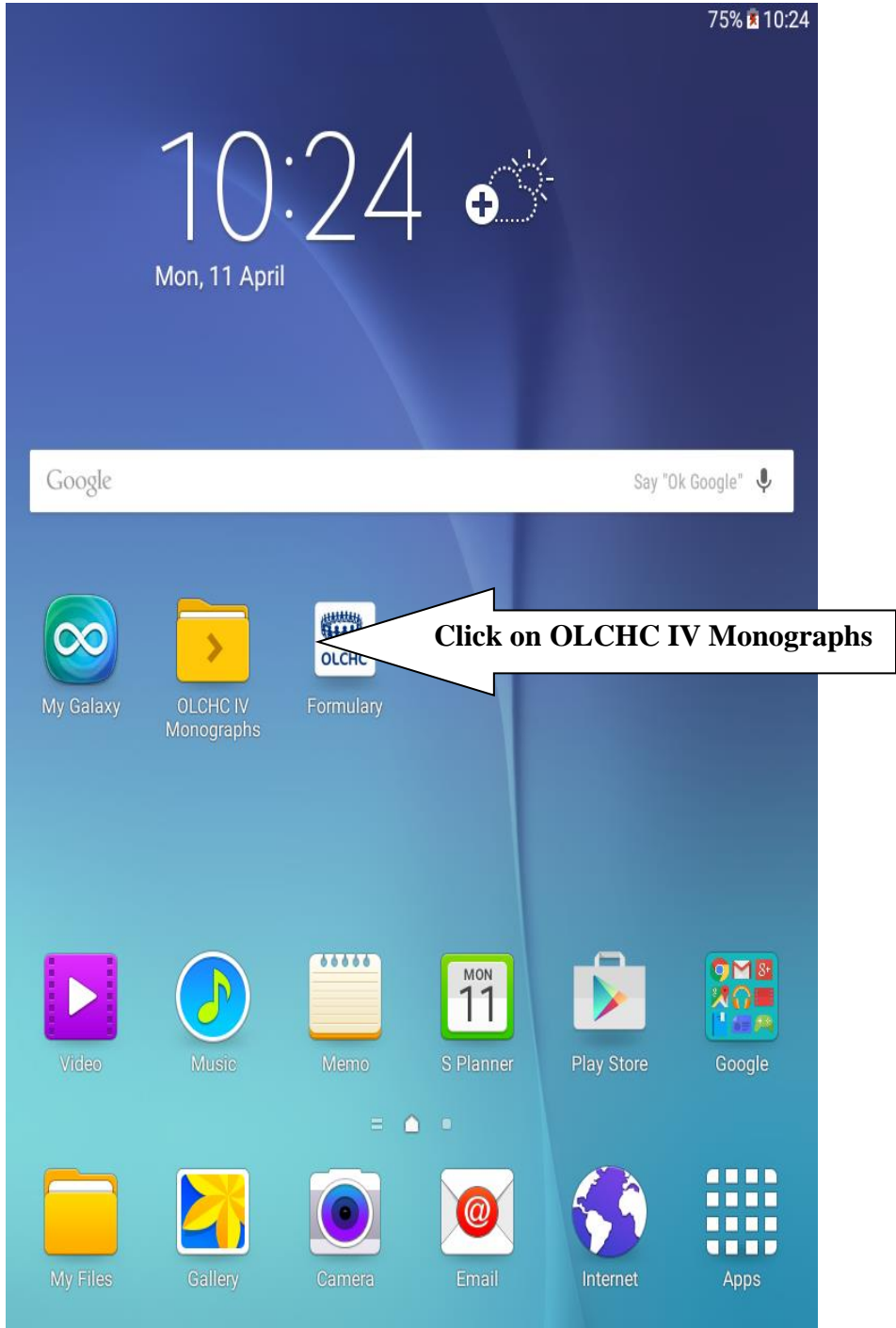
10.0 Screenshot Instructions for Formulary



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Click on OLCHC IV Monographs

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Device storage > **OLCHC IV Monographs**

-  Abatacept.pdf
-  Acetazolamide.pdf
-  Acetylcysteine.pdf
-  Aciclovir_powder_Zovirax.pdf
-  Adenosine.pdf
-  Amikacin (Amikin).pdf
-  Aminophylline.pdf
-  Amiodarone.pdf
-  Amoxicillin.pdf
-  Amphotericin_Ambisome.pdf
-  Artesunate.pdf
-  Atropine.pdf
-  Aztreonam.pdf

Click on relevant IV monograph for PDF to open

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Pharmacy Department, Our Lady's Children's Hospital, Crumlin, D12

INSTRUCTIONS FOR INTRAVENOUS ADMINISTRATION OF ACICLOVIR (Zovirax®)

PRESENTATION: Aciclovir 250mg vial (powder for reconstitution)

USE: Aciclovir is an antiviral agent indicated for the treatment of Herpes Simplex, Herpes Zoster and Varicella Zoster infections and prophylaxis of Herpes Simplex.

DOSAGE: For obese patients calculate the dose based on the ideal body weight for height.

Neonates:
Herpes Simplex Infection:
 20mg/kg 8hrly IV infusion. Administer for 21 days if CNS involvement.

Infants, Older Children and Adults:

- Herpes Simplex Encephalitis (Treat CNS infection for 21 days)
 - 1- 3 month: 20mg/kg 8hrly IV infusion
 - >3mth - 12 years: 500mg/m² 8hrly OR 20mg/kg 8hrly IV infusion
 - >12 yrs: 10mg/kg 8hrly IV infusion
- Varicella Zoster Infection (normal immune status):
 - <3 month: 10mg/kg 8hrly IV infusion
 - >3mth - 12 years: 250mg/m² 8hrly IV infusion
 - >12 yrs: 5mg/kg 8hrly IV infusion
- Varicella Zoster Infection (if immunocompromised):
 - <3 month: 10-20mg/kg 8hrly IV infusion
 - >3mth - 12 years: 500mg/m² 8hrly IV infusion
 - >12 yrs: 10mg/kg 8hrly IV infusion


• For all other indications see current editions OLCHC Hospital Formulary and Prescribing Guide or BNF for children.

ADMINISTRATION DETAILS:

Drug Name	Route of Administration	Reconstitution	Compatible Infusion fluids	Final concentration for infusion	Notes
Aciclovir	<ul style="list-style-type: none"> IV infusion over at least 60 minutes - not for bolus injection. Via PERIPHERAL or CENTRAL line (central line preferred if available) 	Add 10mL Water for injections to 250mg vial to give a 25mg/mL solution. (displacement value is negligible). Dilute further.	<ul style="list-style-type: none"> Sodium Chloride 0.9%w/v Glucose 5% w/v Sodium chloride 0.9% w/v and Glucose 5% w/v 	NOT greater than 5mg/mL Discard the solution if it becomes cloudy or crystals appear before or during the infusion	<ul style="list-style-type: none"> Extravasation: has the potential to cause tissue damage due to its high pH (pH ~11) Avoid contact with eyes and unprotected skin highly discomforting to the eyes; may cause temporary redness and pain. Mildly discomforting or moderately irritating to skin.

NOTES:
Contraindications: Hypersensitivity to aciclovir or valaciclovir.
Precautions: specific care should be taken in all patients receiving aciclovir to ensure they are well hydrated. For obese patients, intravenous dose should be calculated on basis of ideal weight for height.
Renal impairment: The dosage of aciclovir for IV infusion must be adjusted in patients with impaired renal function in order to avoid accumulation - see current editions OLCHC Hospital Formulary and Prescribing Guide for further information. The risk of renal damage is increased with the concurrent use of other nephrotoxic drugs. Ensure adequate hydration.
Adverse Effects: severe local inflammatory reactions and phlebitis at the site of injection, fever, nausea, vomiting, and anaphylaxis. Reversible neurological reactions have been reported.
Sodium content: Each vial contains 26mg sodium (1.13mmol).

ACICLOVIR INJECTION MAY BE ADMINISTERED BY A DOCTOR OR, BY A REGISTERED NURSE WHO HAS UNDERGONE OLCHC IV ASSESSMENT					
This information sheet does not contain all information about aciclovir and should be read in conjunction with Zovirax® (aciclovir) Summary of Product Characteristics					
Reference: 1. BNF for Children 2013-14	1. Sanford Guide for antimicrobial Therapy 2013	Prepared by: M. O'Connor	Pharmacy Dept.	Version 2.0	Issue Date: Oct 2013
2. Zovirax® Summary of Product Characteristics.		Checked by: M. Howlett	Pharmacy Dept.	OLCHC	No. 004.10.12

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11.0 References

[OLCHC Email / Internet / Intranet Usage Policy 2013](#)

[OLCHC Policy for nursing staff on the use of Smart / Personal mobile phones for work purposes 2014](#)

[Policy on the use of Social Media for nursing staff and Healthcare assistants 2014](#)

[NMBI Guidance to Nurses and Midwives on Social Media and Social Networking 2013](#)

[Data Protection Acts 1988 and 2003](#)

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