


Duke University School of Nursing



Silver Star Medication Review Process: Influencing Practice in the Blood and Marrow Transplant Unit

Duke University Medical Center, Durham NC

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Duke University Medical Center Blood and Marrow Transplant Program

- Located in Durham, NC
- We perform around 300 blood & marrow transplants yearly
- Autologous and allogeneic
- Leukemia, Lymphoma, Myeloma
- ABMT patient population age 65+ is ~25%
- Three areas of care: inpatient unit, outpatient day hospital, long-term follow up clinic


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Supportive care during transplant may include




Nausea
management




Blood product
transfusion



Anti-infective
prophylaxis



Sleep aids

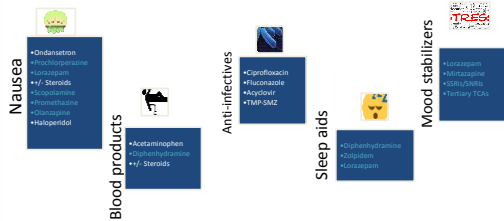


Mood
stabilizer

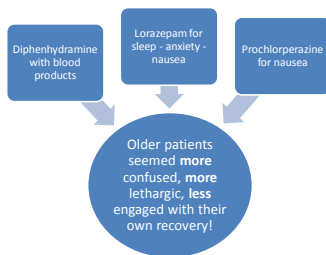
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Supportive care medications



One nurse observed...



A (Silver) Star Is Born

Silver Stars Medication Review Process (SSMRP) was initiated by ABMT bedside nurse Jeanne Verrecchio, BSN, RN



Method of the SSMRP

A team representing nursing, pharmacy, and leadership integrated the SSMRP in the ABMT unit. The process:

1. **Star is placed** on room assignment board and outside the room of patients 65 and older.
2. Patients & families receive **written information** regarding the purpose of the silver star.
3. At **change of shift safety rounds** oncoming nurses are notified of silver star patients.
4. At **bedside handoff** nurses review medications, with emphasis on PRN medications.
5. At **daily multidisciplinary rounds**, care nurse reviews medications with ABMT team to consider alternatives/dose adjustments.



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Did the SSMRP change anything?

Records of patients age 65 or older were reviewed over a four month period at three time points:

1. Pre-rollout
2. 6 months post rollout
3. 18 months post rollout. The following medication ordering patterns emerged:

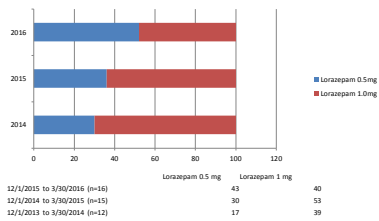


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Results

Lorazepam 0.5 mg was prescribed more frequently after rollout of SSMRP



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Lessons learned and next steps

1. Dedicated, seasoned champion can make all the difference.
2. Interdisciplinary buy-in is crucial.
3. Drift occurs and requires ongoing upkeep.

Next steps

1. In the coming months, patient outcomes (delirium episodes, length of stay) will be evaluated.
2. The SSMRP is being adapted for rollout in the day hospital; many patients are seen strictly as outpatients.
3. Nursing and medical director are revising ABMT blood transfusion protocol to reduce use of diphenhydramine.

Thank you
