

# Health Education Collaborative Newsletter

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## ***A message from the CEO***



***Bruce Greaves  
CEO/Director***

Welcome to issue 17

Another busy month of activity for HEC. We have undertaken a particularly important role of fit testing N95 masks for the Victorian Health Department Infection Prevention Control Advice and Response (IPCAR) team.

N95 respirator mask fit testing is a vital test performed to ensure health workers are safe and protected from airborne contaminants while working in infectious environments. Not all masks fit everyone properly as we all have different shaped faces and facial features. Sometimes an individual thinks a mask is well fitting when it is not fitting correctly at all. It only takes a few microns of contaminant to enter the mask for the wearer to become contaminated/infected. It is interesting to see the look on a participant face when they realised that several masks do not fit them at all! They are often quite concerned as this limit their mask options for safe use.

Our fit testing involves the application of the qualitative fit test method using the 3M FT-30 qualitative fit test apparatus. We use the bitter test solution as this is more sensitive than the bitter (some people do not perceive a sweet taste). Participants fit the N95 respirator mask being tested and perform a self-fit check prior to the test hood being placed in position. A sensitivity test is performed where a very dilute test solution is used. Once passing the sensitivity test staff are then subjected to a series of breathing and movement tests for several minutes after the application of the test solution via a nebuliser into the hood.

Any detection of bitter taste during these maneuvers indicates a failed test for that respirator mask and a refit retest is performed. If the retest is successful, participants are safe to use that mask type. If unsuccessful it is deemed inappropriate and unsafe for the participant to use that mask type. This process is repeated for several different mask types.



If you or your organisation would like to discuss or arrange N95 mask fit testing, please feel free to contact me on 0444 547036 or Marg Villella on 0419 939 458.

**Bruce Greaves CEO/Director**  
Health Education Collaborative

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## Clinical Update



**Margaret Villella**  
**Executive Director/  
Director of  
Education**

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## Clinical question with Marg

Answer for last month's question.

What are the normal values for PaO<sub>2</sub>, PaCO<sub>2</sub> and PH?

## Normal values

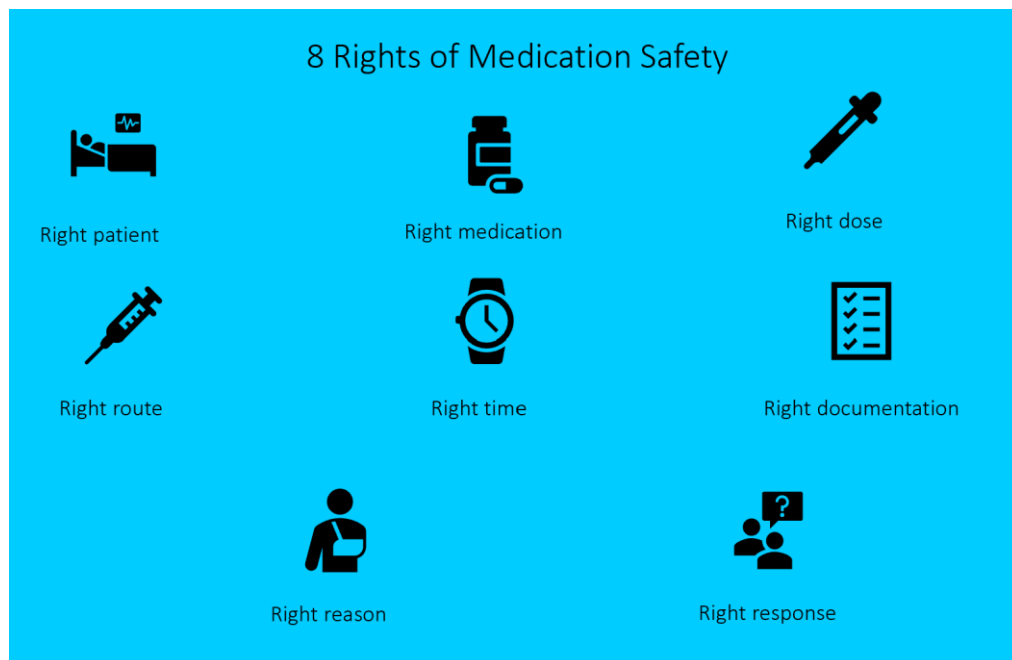
pH 7.35 – 7.45

PaCO<sub>2</sub> 35 – 45 mmHg

PaO<sub>2</sub> 80 – 100 mmHg

## This month's clinical question

As nurses, we administer many medications. It is important to remember the 8 rights of medication safety (some of us will remember only learning 5 R's when we trained). Even when we are in a hurry, it is important to remember all these steps.



1. Right patient: use two identifiers and ask the patient to identify themselves.
2. Right medication: check the order and the medication label or sheet of medications. Is this the correct medication and formulation?
3. Right dose: check the order and make sure the dose is correct. If a calculation is required, two nurses need to calculate the dose **INDEPENDENTLY!**
4. Right route: check the order and appropriateness of the route ordered. Confirm the patient can take the medication via the route ordered.
5. Right time: check the frequency of the ordered medication. Double check you are giving the ordered dose at the correct time and check when the last dose was administered.
6. Right documentation: administration should be documented after giving the ordered medication. You need to chart the time, route and any other specific information, for example the INR for the warfarin dose or pulse for digoxin.
7. Right reason: confirm the rationale for the ordered medication. What is the patient's history? Why are they taking this medication? Is the medication appropriate for the patient now?
8. Right response: make sure the medication led to the desired effect. For example, after administering an antihypertensive, did the patient's BP improve.

The extra R's are important. For example, I may need to administer a beta blocker (Metropol 50mg bd) to a patient. I run through my R's, it is the right patient, right medication, right dose, right route, right time,

however in this case the patient's pulse is 45bpm. This may not be the right scenario as the patient's pulse is low. We would need to communicate this with the prescribing physician as this may need to be withheld or reviewed. Of course, you would then need to investigate further into the bradycardia.

Not only is it imperative to remember the 8 R's, but it is also important to have a sound understanding of what we are administering. We should understand what the drug is for, the correct dose and any major interactions/contraindications.

Below are a few questions about some common medications we deliver. I will provide the answers next month.



## Common medication quiz

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- What class of drug is Irbesartan?
- What is the recommended dose of Irbesartan?
- What is class of drug is Atenolol?
- What is the recommended dose of Atenolol?
- What class of drug is Amlodipine?
- What is the recommend dose of Amlodipine?
- What is Atacand HTC?

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**Courses**

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11 JUNE 2021

# FRACTURE MANAGEMENT COURSE

Holmesglen Private Hospital  
490 South Road  
Moorabbin VIC 3189  
Time: 0845 - 1700  
Cost: \$525



**AOA**  
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**Please note: This is the ONLY Fracture Management Course endorsed by the Australian Orthopaedic Association.**

Please [click here](#) to register for this course.





JULY 2021

# FRACTURE MANAGEMENT COURSE

**SYDNEY COURSE  
ENROL FOR ONLINE COMPONENT  
NOW  
PRACTICAL DAY MID TO LATE JULY  
DATE AND VENUE TO BE  
ANNOUNCED SOON**



Health Education  
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ASSOCIATION

**Please note: This is the ONLY Fracture Management Course endorsed by the Australian Orthopaedic Association.**

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**Next Issue: June 2021**



**Contact us:**

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Web page: <http://www.healthec.com.au/>