



Core and Supplementary Contents in the Home Care Nursing Bag

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A unique characteristic of providing intermittent care in the home setting is the need for the clinician to bring their equipment and supplies with them to provide care or services. The term “nursing bag” is a generic term and includes several types of bags, such as hand-carried bags, bags with over-the-shoulder straps, rolling bags, fanny packs, and back packs (McGoldrick, 2014). Clinicians and managers often question “what supplies must be located inside the nursing bag?”

The items stored in the clinician’s possession during a home visit and located inside a nursing bag include core content and supplementary content, depending on the discipline. The core content that should be in the possession of all staff functioning in a clinical capacity during a home visit includes personnel protective equipment (PPE) and hand hygiene products and supplies. PPE should be stored inside the nursing bag as its use cannot always be anticipated and may be needed immediately, such as when cardiopulmonary resuscitation needs to be performed. Staff should not have to leave the home to return to their vehicle and obtain PPE during patient care activities. A *minimum* quantity of PPE includes:

1. One full gown (not just a plastic apron);
2. One set of eye protection, such as a face shield or goggles;
3. Several pairs of nonsterile gloves;
4. One face mask;
5. One N95 or higher respirator (if applicable); and
6. One resuscitation mask (if the clinician has a basic certificate



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in basic life support and is expected to perform cardiopulmonary resuscitation).

Hand hygiene products and supplies should minimally include an alcohol-based hand hygiene product, and soap and single-use hand drying material. Refer to “Hand Hygiene Products and Supplies: Who Needs What in the Home?” McGoldrick (2016) for additional clarifying information.

Discipline-specific supplementary items stored in the nursing bag are based on the frequency of use, package size, and patient population served. Supplementary content includes both single-use items (i.e., discarded after use) and reusable items (i.e., replaced back into the nursing bag after use). Examples of supplementary reusable items include patient assessment equipment (e.g., blood pressure cuff, stethoscope, pulse oximeter, thermometer, penlight). Examples of supplementary single-use items include cleaning and disinfectant products (e.g., disinfectant wipes [individual packet or canister], alcohol prep pads), supplies to clean a blood spill, paper measuring tape, alcohol-based towelette, biohazard bag,

sterile gloves, wound care dressing and ostomy supplies, eye wash cup, lab supplies, vinyl gait belt, adhesive remover, paper tape, surface barrier to be placed under the bag (if used), and venous access device flushes (if permitted by the state to be carried by staff), needleless connectors, disinfectant caps, extension tubing, and stabilization device (for a Foley catheter or nontunneled venous access device). Some single-use items, such as a Foley catheter insertion kit or an empty sharps container, are too bulky and need to be stored in the vehicle. Refer to the McGoldrick (2015) for best practices for storing medical supplies stored in a vehicle.

Because each patient visit is unique, it is difficult to predict what supplies may be needed. Just like the Boy Scouts, it’s important for the clinician going into the home to always be prepared because you never know what you’re walking into behind that front door.... 🏠

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The author declares no conflicts of interest.

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DOI:10.1097/NHH.0000000000000431

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