

Proper Sedation in the Intensive Care Unit

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INTRODUCTION

- Over or under sedation of mechanically ventilated patients in the Intensive Care Unit (ICU) can lead to increased length of stay (LOS), poorer outcomes and increased healthcare costs
- There are false perceptions about sedation that are causing registered nurses (RN's) to over or under sedate patients despite ICU sedation protocols in place.
- 78.7% of nurses reported changing sedation rates and administering boluses without a provider's order (Borkowska et al. 2018)
- Properly sedated patients will reduce the per capita costs of health care by reducing ICU LOS, amount of time patient is on a ventilator, hospital acquired pneumonia cases, unintended injury, cost of sedations used and mortality (Jackson et al., 2010)

Problem

Many patients in the ICU are not sedated according to the sedation goal ordered. This problem was identified by the medical team during rounds, and RN's shared some of their perceived barriers to sedating patients using the RASS for certain patients according to the order.

Aim

In the ICU at Monument Health, we will be working with a quality improvement team made up of one nurse practitioner, three RNs, and one critical care pharmacist to increase the number of patients sedated to their ordered RASS goal to 100% in 3 months.

Objectives

- Conduct a survey with 50% or more of the bedside nurses that will ask the RNs to identify their perceived barriers when titrating sedation as ordered
- APP will create a class on the most common barriers to sedation, and how to overcome these. APP will teach class to RNs.
- RN team will audit at least 75% of the charts after education is provided for patient's who have titratable sedation ordered, assessing whether the patient is sedated appropriately per the order
- QI team will analyze data collected

METHODS

Plan

- Collected baseline data by chart auditing 10 patients in a 24-hour period.
- Collected data on whether RASS goal order and RASS charted of ventilated matched

Do

- Surveyed nurses on perceived barriers
- Provided information needed for educational program
- Focus was on core nursing staff with travelers excluded
- Both New and experienced nurses interviewed

Study

- Survey results analyzed by reviewing interviews and identifying themes
- Successes and failures of survey were identified

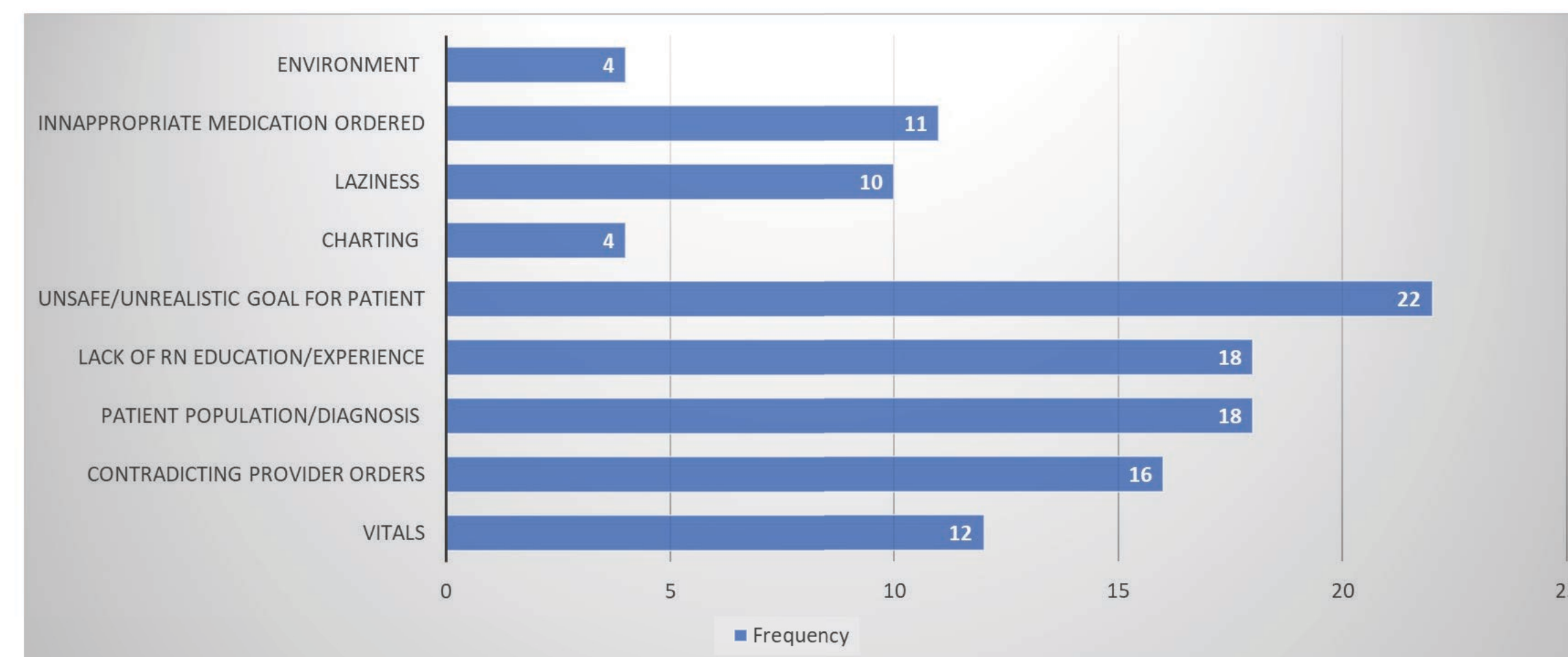
Act

- Will create an education plan in power point, and poster board form to address perceived barriers identified
- Provider training will be done to ensure deconflicting of orders and appropriate RASS orders for all ventilated patients
- Chart Review post education to assess for improvements

RESULTS

Unsafe/unrealistic goal is the most identified perceived barrier to appropriately sedating patients in the ICU

Perceived Barriers Identified (N= *115)



*Note: Some nurses provided only one barrier, while others identified multiple

How well are sedatives being titrated in the ICU at Monument Health?

Main points when collecting baseline data:

- No sedation titration took place to meet the patients RASS goal 69% of the time.
- Only 2/10 patient's were sedated per order for the full 24 hours
- 8/10 patient's sedation were not titrated appropriately in at least 1 hour of the 24-hour period baseline data was being collected

IMPLICATIONS FOR PRACTICE

- Barriers identified can be addressed to minimize the number of medication errors related to sedation in the ICU and increase number of patient's sedated to their ordered RASS goal to 100%
- Overcoming sedation barriers can eventually reduce ICU length of stay and incidents of delirium.
- Further Investigation needed to address why nurses feel as if the inappropriate RASS goal is being ordered for the patient. Is this legitimate unsafe/unrealistic goal for patient or is there education that can be provided to break down barrier
- Primary and consulting providers should be encouraged to communicate and deconflict sedation goals.
- Education can be created for the nurses on how to address issues, such as hypertension/hypotension/tachycardia without the use of sedation.
- Further investigation will be needed to see what charting mistakes are being identified

Strengths/Limitations

- Nurses volunteered to do the interview, and thus were willing to provide the information requested
- Only 115 registered nurses were interviewed, which may not represent the generalized views of the ICU as a whole
- Interviews were conducted within two months, and not all the registered nurses had the opportunity to be interviewed

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