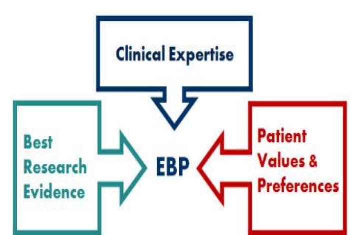

Evidence Based Practice:
Summary 2012 Edition

Penrose-St. Francis Health Services
Centura Health.

Editors: Deb Nussdorfer, Rochelle Salmore

Sacred Cow Contest - Answers and Winners

Cash Cow – The most expensive but cost-inefficient traditional practice being performed without supporting evidence.
Mad Cow – The craziest, most bizarre, outlandish, traditional practice being performed without evidence.
I Never Saw a Purple Cow – No one has ever read any evidence that supports this traditional practice or can explain why it is being done, yet it continues and would like to get rid of it.
Don't Have a Cow – Everyone would be upset to give up this traditional practice, even though there is no evidence for doing it.

Each answer was researched by members of the EBP/Research Council. The summaries are listed below, and more in-depth information AND references are available on your nursing unit.

Question	Submitter	Answer	Researcher
Cash Cow Winner Is there evidence to support putting patients in isolation who screen positive for MRSA nares	ICU EBP Council	Three studies conducted concluded that isolation did not reduce transmission rates when compared with standard precautions. Two of the studies were inconclusive with variable results. There was one study that concluded that isolation precautions are practical and effective for preventing transmission rates but was conducted within specific patient populations. The evidence appears inconclusive and substantial research is lacking.	Daniele Lakin RN
Mad Cow Winner Why do we do Nursing Orientation the same way we have done it for 50 years? Is there evidence to support effectiveness/efficiency of method?	Professional Practice Council	Complete literature review and summary provided to PSFHS work group assigned to evaluate nursing orientation. Over 25 articles reviewed and available upon request. An article from 1940 described orientation the same way we are currently doing it.	Deb Nussdorfer RN
I Never Saw a Purple Cow Winner Why do we wait for blood cultures to be done before we give Tylenol for a febrile patient?	Evelyn Angeles, RN, CVU	Surviving Sepsis Campaign showed that bacteremia is best detected by adequate volume and number of samples and aseptic technique. Fever can precede bacteremia by 1-2 hours and is not good predictor.	Stefanie Quirk RN
Don't Have a Cow Winner DON'T HAVE A COW Why are we still checking of bowel sounds in all 4 quadrants?	Olinda Spitzer RN, CNS	Bowel sounds should be part of the physical assessment on a <u>non-abdominal surgical</u> patient. After abdominal surgery, GI function returns to the different areas at different times. The small intestine returns to normal function between 4 and 24 hours, the stomach between two to four days, and the large intestine in three to seven days.	Olinda Spitzer RN

Question	Submitter	Answer	Researcher
Do COPD patients really stop breathing if we titrate their O2 above 2 liters? I know that they retain C02 but, can we titrate their oxygen to 4 liters without causing them to lose their "drive" to breathe?	Phyllis Burton, RN, CVU	If a patient with COPD requires high concentrations of oxygen to increase the PaO2 from 60-70% to 88%, then the patient should actually receive that in order to breathe comfortably and sustain life regardless of the PaC02 level. But, if patients chronically retain PaCO2, placing the patient on high concentrations of oxygen can be detrimental requiring ventilation. Therefore, oxygen therapy in COPD patients (PaCO2 retainers) must be used with care. No references were available listing specific liter flow.	Lynne Wahl RN
Is there any science of how the clinicians measure for placement of a NG or feeding tube?	UPC 9 via Kristen Waughtel RN	The formula ((NEX-50cm) /2)) + 50cm where NEX is the distance from the tip of the Nose to the Earlobe to the Xiphoid is more accurate than just NEX. This is not accurate for pediatrics. X-rays are still required for placement verification.	Velda Baker RN
Is there any science of the 72 hour DT to set in on a known patient who drinks? Or a patient who drinks will go into DT's? Is there any science behind giving a patient alcohol with meals to help prevent DT's?	PH 9 Nurses	The use of alcohol to prevent or treat alcohol withdrawal and DTs is not recommended. Alcohol has multiple toxicities, including pancreatitis, hepatitis, cardiomyopathy, gastritis, and bone marrow suppression. It also has a short half-life and requires monitoring of blood levels when used intravenously, and its use may make it appear to the patient with alcoholism who is beginning recovery that alcohol intake is being condoned. Alcohol treatment has not been shown in controlled trials to be effective in preventing seizures or DTs.	Pat Moyers RN
Why do we change EMS field IV's within 24 hours but hospital started lines are changed after 96 hours?	Heather Kuykendall, RN SFMC ED	The CDC (2011) recommends "when adherence to aseptic technique cannot be ensured (i.e. catheters inserted during a medical emergency), replace the catheter as soon as possible, i.e., within 48 hours" (p.28).	Daniele Lakin RN
Is there any evidence to support turning off tube feeds before laying a patient down?	Daniele Lakin, RN, ICU	Lying flat increases risk of aspiration. This must be balanced with the nutritional need. Frequent interruptions in feeding leads to inadequate nutrition. There is no indication to stop feedings during routine nursing care, only during prolonged procedures.	Velda Baker RN
Why do we only respond to call lights by walking to the room vs. calling from the desk?	Janine Brill RN, PH 7 and Erika Highstead RN, PH 5	The results of the investigation of the Vocera Communication System Nurse Call integration confirmed that the use of the integrated communications system reduced overall mean time for completing a patient request by 51% across all observations when controlling for observation type. The system enables the clinician to have more control in prioritizing and responding to requests according to the seriousness of the event. Very limited published data.	Deb Nussdorfer, RN

The Nursing EBP/Research Council promotes nursing research and use of evidence based practice to guide our nursing practices and improve outcomes within PSFHS. The council supports the dissemination of new knowledge through regional and national poster and podium presentations. Check the upcoming Nursing Annual Report for a list of presentations and nursing research.

Regularly read your professional nursing journal, free and online. Sign in MVW, References, Library, Webb Library. Questions or need some help? Call or email a council member and we will help! Interested in more? Contact a council co-chair!

Co-Chairs: Rochelle Salmore RN, Velda Baker RN and Stefanie Quirk RN. **Members:** Stefanie Quirk RN, Meghan Vesely RN, Virginia Davis RN, Lynne Wahl RN, Deb Nussdorfer RN, Audrey Simpson RN, Deb Kinney PhD, RN (UCCS), Candace Garko RN, Helen Graham RN, Anne Shepard RN, Kelli Saucerman RN, Olinda Spitzer RN, Daniele Lakin RN, Michelle Stevens RN, Julie Bergsten RN, Alison Goldberg RN, Lynn Flood RN, Karen Sublett RN.

Oxygen Tubing – remember to lightly tighten the tubing under the chin – softer tubing tightens and will rub the ears so use a light touch.