NK6-6 ICU EBP Council Education and Planning

**ICU Evidence-Based Practice Council**

Friday, April 6, 2012 @ 0800

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| **Present:** |  | Roni Ferrenberg, RN, ChairDaniele Lakin, RN, Vice ChairPatricia Morse, RNMuzette Atencio, RNLisa Larson, RNPenny Sharkey, RNRobin Tillman, RNKate Peterson, RN | Renee Mills, RNJennifer Robertson, RN, ICU Nurse ManagerDan Harmon, RNTonya Kurtz, RNOlinda Spitzer, RN, CNSStefanie Quirk, RN – St. FrancisGuest: Alka Patel, Respiratory TherapistRussell Lee, MD |
| **Absent** |  | Highlighted  |
| **Agenda Items** | Content |  | **Actions** | **follow-up** |
| Dr. Russell Lee | Will speak about sedation vacations and delirium | Dr. Lee | Dr. Lee spoke about expectations for sedation vacations and delirium assessment, as well as provided education on the processes. Currently nursing staff seems to be marking “not able to assess” on delrium assessments. Patients that are having changes in LOC and disorganized thinking when weaning from sedation are experiencing delirium. Sedation should be at a level where the patient easily wakens, can follow commands and move all extremities. RASS scale of -2 is acceptable and nursing may need additional training on how to assess RASS. Deliriu m increase mortality rate 3 fold. Many medications have an affect on LOC and can increase delirium, such as: benzodiazepines, propofol, narcotics, precedex and antipsychotic. An article found by Muzette stated that other medications, such as Pepcid can also affect neuro status. Opening blinds and ambulating patients (increasing activity) in the day will decrease delirium. There is currently not a policy on how weanings should take place. Centura is working on a ventilator bundle/protocol that will address approved sedation medications and possibly weaning. | All - Each staff member will find one article that is current and pertinent to sedation vacation and/or delirium for review at our next meeting. |
| Evidence on Sedation Vacations and Delirium | Discuss Dr. Lee’s presentation, our research findings and how we can work with respiratory to “get it done”. Any holes? | All | Alka patel from respiratory therapy discussed the need to be able to coordinate the sedation vacation/weaning protocol with respiratory. Currently, weanings are being done when patients are on sedation and nursing is not aware that the weaning has begun.  |  |
| PSFHS EBP Council |  | All | Will request Rochelle speak regarding EBP hospital-wide council and EBP. Review information to send to UPC on sedation vacation and delirium. Discuss topics for possible future meetings and speakers. Dr. Kinny?Work on a format to present to group for submission of information to UPC.Olinda will check with Lorna Prang, RN, Littleton to see if she can speak at our next meeting. She has successfully implemented no propofol, boluses only of fentanyl, versed and precedex at her facility. She has also lead the delirium intervention. Now would be a good time for staff to be re-educated on how to correctly assess delirium. If Lorna is unable to speak at our next meeting, Daniele will ask Rochelle to speak regarding hosptial wide EBP and how to get our evidence into practice | Olinda Spitzer |