Best Evidence Based Practices to Treat Intravenous Infiltration

Presenter(s):
Dustin Brown, Ashley Butler, Sonya Hardin, Edgar Marcano and Julie Stone

Abstract:
The purpose of our project is to identify the best nursing practice for intravenous infiltration management. Although intravenous infiltration is a common occurrence, extensive research on the subject is limited. We explored several medical journals, reviewed case studies and web-based articles in an effort to compile effective practices to improve patient outcomes. As nurses we are always looking for the safest and most efficient way to provide the best care for our patients. We depend on evidence based research to improve the nursing profession and help our patients reach their optimal level of health.

Faculty Mentor(s):
Dr. Sheri Noviello, Department of Nursing

Best Wound Care Practices for Pressure Ulcers to Improve Patient Outcomes

Presenter(s):
Crystal Arrington, Clarika Bogges, Latoya Ferreira, Amanda Kimble, Jennifer Mullins and Vanessa Nelson

Abstract:
During this presentation we will discuss the best wound care practices for pressure ulcers for improved patient outcomes. During our research, we gather several references which are listed in the presentation. We will be discussing nutrition, debridement, dressing changes, and infection control in order to show the best wound care practices. First, we will discuss nutrition and its importance in wound healing. Then, we will explain the importance of infection control and treatment to improve the healing of pressure ulcers. Another issue in our presentation will be the removal of necrotic tissue using enzymatic, biological, mechanical, surgical or autolytic debridement to enhance the growth of healthy tissue. Lastly, we will discuss our findings on the importance of appropriate dressings for the wound’s characteristics.

Faculty Mentor(s):
Dr. Sheri Noviello, Department of Nursing
Identifying Elderly at Risk for Falls

Presenter(s):
Mercy Emetulu, Tabitha Rhodes, Rachel Sengstackle, Ashley Smith and Mary Wright

Abstract:
The purpose of this guideline is to help identify elderly patients at risk for falls.

Faculty Mentor(s):
Dr. Sheri Noviello, Department of Nursing
Initiation and Implementation of a Rapid Response Team

Presenter(s):
Krystal Carter, Ashley Collier, Dara Davies, Catherine Merritt and Miranda Yesbick

Abstract:
Purpose: The purpose of this presentation is to decrease the inpatient mortality rate with the implementation of a rapid response team to enhance patient safety and improve the healthcare environment. A PICO question which stands for patient or population, intervention, comparison, and outcome was formulated to inquire about our research topic. Our PICO question asked for an inpatient setting, will the implementation of a rapid response team, as opposed to waiting to initiate a Code Blue, decrease the hospital mortality rate. An evidence based practice approach was taken when researching for articles related to rapid response team initiation and implementation. We utilized randomized controlled trials (RCTs) and clinical pilot studies to gather information regarding implementing a rapid response team and the outcome of the implementation.

Faculty Mentor(s):
Dr. Sheri Noviello, Department of Nursing
Injury to Patients by the use of Restraints or Seclusion

Presenter(s):
Katasha Grice, Kimberly Hollis, Necha Jackson, Sherry Ramsey, India Thomas

Abstract:
In this presentation we will be discussing injuries due to the use of restraints. While researching, we gathered information that patients who were restrained exhibited mental and physical complications such as liver injury, increased incident for pressure sores as well as more incidents of bladder and bowel complications. These physical injuries have also contributed to increased length of hospitalization. In order to decrease the length of stay in the hospital and improve patient safety, we suggested that restraints be used only in the most severe circumstances where nurses fear for their own safety as well as the safety of patients. Some alternatives to restraint use could be educating staff members and establishing crisis response teams. Another alternative could be creating a comfort room for patients to express feelings within acceptable boundaries. In conclusion, alternative interventions should be practiced to reduce the use of restraints since the reduction in the use of restraints will improve patient safety and their outcomes.

Faculty Mentor(s):
Dr. Sheri Noviello, Department of Nursing
Nurse Practice Guidelines to Reduce Medication Errors Associated with Working Long Hours or Overtime

Presenter(s):
Jennifer Berber

Abstract:
Medication errors are a problem not only affecting the nursing population, but patients as well. Sometimes a medication error can cause no harm, but many times it can be harmful to the patient and devastating for the nurse. This is why it is vital for practice guidelines to be implemented to help nurses decrease the number of medications error.

Upon analyzing four separate journal articles, it became evident that working long hours or overtime increased the number of medication errors. The results of the articles found that the risk for making medication errors increases when working more than 8.5 hours and is three times more likely to occur when working over 12.5 hours. These are compelling statistics which indicate that overtime should be discouraged in the workplace. Other suggestions included working no more than forty hours a week and not to work more than three 12-hour shifts in a row.

Practice guidelines to decrease medication errors also include ways to prevent this occurrence. One way is to practice good sleep hygiene which includes sleeping a minimum of six to ten hours a night. Frequent breaks throughout the work shift and performing the seven rights of medication administration are also included in the guidelines. Another important guideline to prevent medication errors is to have better communication between the nurse and the physician. Any questionable orders, verbal orders or phone orders should be clarified and repeated to ensure accuracy.

The final part of the practice guidelines includes steps on what to do after making a medication error. Examine the patient and notify the physician remain two of the top priorities a nurse should perform. Hospitals should also have programs to assist nurses after making medication errors due to the loss of self-esteem and an increase in self-doubt.

In conclusion, practice guidelines to reduce medication errors associated with working long hours or overtime should be implemented. Patient safety is always the number one priority in any health care setting. If nurses adhere to these guidelines it will help decrease medication errors and any possible harmful consequences that may ensue.

Faculty Mentor(s):
Dr. June Goyne, Department of Nursing
Pressure Wound Treatment

Presenter(s):
Ashley Bloechle, Beth Borom, Erica Cone, Erika Gaddis, Lindsay Hawkins, Brina Janssen, Elizabeth Taylor

Abstract:
Question: In the adult patient with a stage 2 to 4 pressure wound, is the wound vacuum more effective in decreasing the size and severity of the wound compared to hydrocolloid dressing?
We compiled several peer reviewed articles that revealed the best wound and skin care methods based off of their completed studies. The population for these articles were adults over the age of 21 years who had a variety of pressure wounds. These studies compared the use of hydrocolloid dressings versus the use of Vacuum Assisted Closure therapy. The results concluded that stage 1 to stage 2 pressure wounds healed more rapidly with the use of hydrocolloid dressings. In stage 2 to stage 4 pressure wounds, Vacuum Assisted Closure therapy was the most effective in size reduction and complete healing. Prevention of pressure wounds is the overall key. Therefore, immobilized patients should be turned often, allowing the pressure to be reduced and for blood flow to be restored.

Faculty Mentor(s):
Dr. Sheri Noviello, Department of Nursing
Suicide Prevention

Presenter(s):
Shannon Albert, Stacey Carroll, Lauren Cochran, Lora Smith, Curtis Smith, Misty Whittington

Abstract:
Early suicide risk detection protocols are vital in addressing the growing issue of suicide in America. Many hospitals currently do not implement any detection protocols resulting in many early signs being missed. By implementing a program at hospitals to educate nurses and physicians on how to detect suicide risk factors, patient outcomes will improve and suicide attempts can be prevented. By analyzing numerous screening tools currently in place across the country, the best methods have been interpreted and provided. The research provided outlines the most effective screening protocols along with how to implement them in a hospital setting. In conclusion, when these screening protocols are implemented a decline in suicide attempts is noted along with a decrease in repeat suicide attempts.

Faculty Mentor(s):
Dr. Sheri Noviello, Department of Nursing
Thromboembolism Risk Assessment

**Presenter(s):**
Rebecca Baddley, Shannon Dunaway, Julie Everette, Brenda Irlbeck, Tracy Kilcrease, Kim Webb and Marci Wilson

**Abstract:**
Venous thromboembolism is a very prominent disease in the United States but it is also a preventable disease. A thromboembolism, also known as a blood clot, can occur due to many factors. Modern science has come a long way in the prevention and management of the condition. We plan to present to the Columbus State University students and faculty, the known risk factors and signs and symptoms along with general information. We will have a poster presentation as well as a handout that will outline these for our audience. We made in effort to list the risk factors that would be more prevalent in college aged students.

**Faculty Mentor(s):**
Dr. Sheri Noviello, Department of Nursing