

NURSES SHARING CLINICAL KNOWLEDGE AND EXPERTISE: EMPOWERING NURSES TO BECOME CERTIFIED IN THEIR SPECIALTY

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Background: Due to the increased complexity of postoperative patients, certification in these areas of expertise would empower clinical nurses to utilize the standards put forth by their professional organizations.

Objectives: To encourage perioperative clinical nurses to become certified. To implement a plan that would improve patient care and nurse satisfaction. **Implementation:** Plan a meeting between CPAN certified nurses and nurses in the PACU/APU. Implementation of a CPAN/CAPA review class. The instructors developed and provided didactic presentations and interactive discussions for the certification candidates.

Practice: PACU/APU clinical nurses' knowledge would be increased as well as their confidence in caring for their patient population resulting in the improvement of patient care.

Outcomes: The collaborative process facilitates the interest of clinical nurses to attend a review class and take the CPAN/CAPA exam. As a result of becoming certified, clinical nurses will confidently and safely meet the needs of the patients according to ASPAN standards.

Implications: The development of review class will stimulate nurses to become certified in their specialty, thereby improving the quality of post-operative patient care and increasing staff development and progression in nursing education.

MUCOSAL ATOMIZATION DEVICE/MAD® FOR ADMINISTRATION OF INTRANASAL MIDAZOLAM FOR PEDIATRIC PATIENTS PREOPERATIVELY

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Background: The admitting RN used the injectable liquid of Midazolam to administer droplets via syringe into nostrils. This technique induced unpleasant reactions including: gagging, retching, vomiting, nasal burning & bleeding, hysteria, and withdrawal. The ASPAN conference brought knowledge of the MAD®. A collaborative approach of evidenced based research ensued, with approval by anesthesia for a product trial. **Objectives:** 1.) Investigate an atomizer for administration of intranasal medications. 2.) Improve the method of pre-sedation with intranasal Midazolam for children. 3.) Decrease unpleasant side effects of intranasal instillation. 4.) Implement standard protocol for safe/efficient administration of intranasal medications. **Process:** A 3 + month trial was conducted by staff RNs, using an evaluation tool to rate technique, side effects, reactions, and acceptability of the MAD®. **Outcome:** The study results were presented to the Nurse Practice Council and Pharmacy & Therapeutics Committee. The data was favorable; a nursing protocol was formulated for the Nurse Practice Manual. The investigation, research and trial of the MAD® provided an opportunity to advance nursing impact on practice, and improve quality of care, through the provision of a safe, effective, and less caustic method of administration of intranasal Midazolam.

NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them. I have focused on Goal I:

1. Goal 13 "Encourage patient's active involvement in their own care as a patient safety strategy".

Goal 13 helps the patient to be involved in their own care. Tell each patient and their family how to report their complaints about safety. Encourage their active involvement in their own care.

The National Patient Safety Goals promote improvements in patient safety. The Goals attack problematic areas in health care and offer solutions. These Goals are used system wide at North Hawaii Community Hospital. These Goals hope to prevent sentinel events.

MEETING NEW INFECTION CONTROL DEMANDS FROM OLD STRUCTURAL CHALLENGES

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Our PACU, constructed more than fifty years ago, has only three sinks to serve the needs of the majority of 26 patient beds. Although infection control is multifactorial, hand hygiene is the #1 way to prevent infection in the PACU.

To meet the challenge, the Infection Control (IC) Liaison Nurses educated the Staff regarding infection control practices, including indications, and the proper way of performing hand hygiene. The IC nurses perform monthly audits to measure compliance.

Antiseptic gels were made available at strategic places in the PACU. Dispensers were put up on the walls by each door to the Unit, at each patient's bedside, close to the Pyxis medication and supply machine, by the sinks and at central sites—all the supporting pillars within the PACU. Physicians, nurses, and paramedical staff were encouraged in the use of antiseptic gels. Some developed slogans such as, "Did you remember to gel?", "Gel is my friend," or "I'm gelling", as they smilingly squirted the gelatinous substance into their hands.

Even if patients stay in the PACU for only a brief period of time, this hand hygiene initiative is a significant contribution in decreasing infection control rate.