Decreasing Parental Worry Prior to Sedation Induction: A QI Project in the Day Medicine Unit

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Background: A review of literature supports providing parents/caregivers with accurate and concise information about the induction of sedation to relieve or reduce worry. Reducing parental worry can improve outcomes for children following sedated procedures and is associated with increased satisfaction scores for families as a whole.

The purpose of this quality improvement project was to assess the effectiveness of standardized scripting on the sedation induction process in Day Medicine and the association to decreasing parental worry. Our current workflow for the delivery of information is inconsistent.

Methodology: The Day Medicine nurses received education on identifying and assessing parental worry and standardized scripting. Nursing staff were given a pre/post test to assess their knowledge in these areas.

Seven core nurses were trained in the standardized scripting to discuss the sedation/induction process with parents/caregivers. Patient inclusion was only patients receiving deep sedation. Upon arrival parents received an education sheet about sedation induction and scripting was utilized.

Core nurses completed a survey to assess the usefulness of the standardized scripting and the impact on parental worry.

Analysis: All information was de-identified and collected. Survey results were analyzed for trends concerning the effectiveness of standardized scripting and sedation induction workflow. Data supported the effectiveness of the scripting tool and proved beneficial for parents. Our patient satisfaction scores for explanation of procedure and concern for parental worry increased. The median score for RN ease of use was 4.0 ± 1.01. The median score for decreasing parental worry was 5.0 ± 0.4. (1= Not at all to 5 Very Easy/Useful)

Implications/Conclusions: Future plans will be to implement our standardized script unit wide and to include perspectives on worry related to sedation induction from parents/caregivers.

References:


