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Pediatric Emergence Delirium Assessment: Current Practice and Perceived Barriers

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PEDiatric EMERGEncy DELLIRIUM ASSESSMENT: CURRENT Practice AND PERCEIVED BARRIERS

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ABSTRACT

Background: Current literature addresses the complexity of identifying pediatric emergenCe delirium (PED), but does not address barriers to PED assessment and documentation. By identifying these barriers, further research can be conducted regarding prevention and treatment of PED.

Objectives: This study aimed to: 1) describe the current PED assessment and documentation practices among post anesthesia care unit (PACU) registered nurses and anesthesia providers at UIHSS; 2) describe the perceived barriers to PED assessment and documentation; and 3) develop an evidence based educational program to aid in the implementation of a validated PED assessment tool.

Method: A descriptive, cross-sectional online survey design was used to survey a convenience sample of 133 perioperative care providers consisting of anesthesia providers (anesthesiology attending, anesthesiology residents, and certified registered nurse anesthetists) and PACU registered nurses at UIHSS. Questions associated with perceived barriers to PED assessment and documentation practices at UIHSS were answered using a 5-point Likert-type response scale, with 1= strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree.

Results: The study received 40 responses during the data collection period for a response rate of 30.0%. Study results revealed current PED assessment and documentation practices at UIHSS to be inconsistent and varied. Of statistical significance (p=0.036), was the perceived barrier of “limited time” in the distribution of mean scores based on “how often do you care for pediatric patients.” Preferred learning methods varied, however a majority of participants (n=10) preferred a multimodal approach.

Conclusion: The results of this study revealed the barriers to PED assessment and documentation at UIHSS, as well as the preferred learning methods of the participants. These results will help facilitate the creation of an evidence based, three-phase educational approach to change of practice at UIHSS.

RESULTS

Data imported into Integrated Business Solutions (IBM) SPSS Statistics version 23.0 and analyzed using descriptive and non parametric statistics

40 responses of the 130 available participants

Demographics:

- Role: 40.0% PACU registered nurses (n=16), 27.5% anesthesia attending (n=11), 22.5% anesthesia residents (n=9), and 10.0% CRNAs (n=4)
- Years practiced: ≥6 out of role: 52.5% of participants practiced ≥ 5 years (n=21), 22.5% of participants practiced 6-10 years (n=9), 12.5% of participants practiced 11-20 years (n=5), and 12.5% of participants practiced greater than 20 years (n=5)
- Experience caring for pediatric patients: 40.0% reported rarely caring for pediatric patients (n=16), 35.0% reported regularly caring for pediatric patients (n=14), and 25.0% reported occasionally caring for pediatric patients (n=10)

Current PED Assessment and Documentation Practice:

- 21 participants stated they report PED while 19 did not
- Majority (n=36) report PED with a subjective scale
- Mixed responses when asked their reporting and documentation practice of PED

Perceived Barriers:

- Non parametric t-test results not used because data highly skewed to the left
- Therefore, median was the best method of analysis for data

Future PED Assessment and Documentation Practice:

- Majority of participants (n=31) thought that PED should be documented in the PACU record (n=18), 25.0% in the anesthesia record (n=10) and the remaining participants chose other methods
- Results from the educational preference (shown below) helped facilitate in creation of an educational plan to implement the PAED scale

Ongoing Research:

- Evaluate compliance using PAED scale
- Incorporate the PAED scale into the EMR
- Chart auditing to facilitate future research projects looking at the use of Desmopressin in the prevention of PED

CONCLUSION

- Perioperative care providers found lack of an available assessment scale, limited knowledge, and limited time to be barriers to PED assessment and documentation
- Results support the need for implementation and standardized use of a validated PED assessment scale at UIHSS

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REFERENCES