

Medicine Hat Regional Hospital

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BACKGROUND

Clinical Network™

- 10 beds
- 7 internist who each cover call for 24 hours for entire site plus they see their own patients between 0800-1700 during the week
- 4 RNs per shift
- No dedicated allied health, shared within the hospital

AIM

We hope to decrease the number of days where patients experience delirium in the ICU by ensuring each ventilated patient has a daily goal RASS documented.

Delirium Bundle your aim supports:

B: Both Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT)

Discuss and document targeted level of sedation at least once per day

Set daily targeted level of sedation for each patient at least once per day

Establish and utilize a pain and sedation management guideline and/or protocol

CHANGE IDEAS

- Keep ventilated patient's RASS between -2 and 2.
- Roll out unit specific exclusion criteria for mobility.
- Discuss RASS and Target RASS everyday during rounds
- Discuss mobility daily at rounds

RESULTS

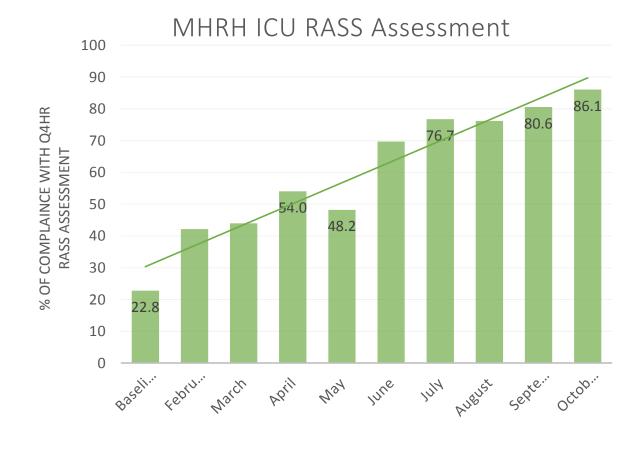
a unit specific sedation

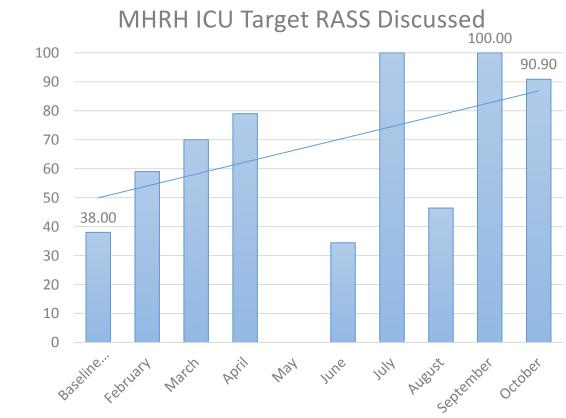
2017.

RASS Target We developed and rolled out fentaNYL IV infusion [Titrate between 1000 mcg/100 mL 50 and 200 mcg/hr 50 and 200 mcg/hr 50 and 200 mcg/hr management guideline for NS (10 mcg/mL) ventilated patients in August Initiate slow (For use in continuous infusion of continuous infusion of ventilated patients 18 years and 5-10 mcg/kg/min oil, egg lecithin (max 50 mcg/kg/min) every 30 minutes every 30 minutes every 30 minutes as needed as needed as needed (only in alcohol (only in alcohol (only in alcohol withdraw or propofe withdraw or propofol withdraw or propofo

MEASUREABLE GOALS

- We would like to have the unit specific sedation management guideline used on ventilated patients 100% of the time by February 2018.
- We would like to have daily documented RASS scores on all ventilated patients.





LESSONS LEARNED

- We realized that asking for daily documented RASS scores on patient's is not realistic. Instead we need to start by having daily RASS scores discussed and documented on vented patient's.
- We have developed a new ventilator sedation protocol and at the tops of each column it asks for the daily RASS. We have been utilizing the new protocol and are hoping to discuss in greater depth at our next ICU committee meeting.
- We need to do some further education with RRT's and internists around keeping the patients RASS between -2 and 2
- We changed the delirium icon in i -rounds board to a mandatory field, in which staff couldn't save the data unless they filled each section out. Now nurses are documenting daily RASS and goal RASS scores.

NEXT STEPS

- Now that we have a new sedation protocol we would like to see it used 100% of the time on ventilated patients with a daily documented RASS goal.
- Next we would like to work on SAT, and SBT.
- We need to do some education with the RRT's and RN's on SAT.