

CACCN

Guardian Scholarship

The Baxter Corporation Award for Excellence Application

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The theme for Dynamics 2008 25th Anniversary Conference is Critical Care Advocacy. Critical care nurses play a major role in patient safety each time they advocate on the patient's behalf. Despite frequent setbacks, reluctance for positive change and lack of cooperation from some of the multi disciplinary team members, I think it is imperative critical care nurses maintain their focus and resolve to make changes in their clinical practice and the practice in their units and organizations. This type of advocacy demands unwavering persistence in order to be successful.

I have been a critical care staff nurse at Toronto Western Hospital since 1983. Several patients suffer serious complications following subarachnoid hemorrhage primarily due to cerebral vasospasm. The greatest occurrence of vasospasm develops between 5-12 days post hemorrhage. Education of physicians and nurses in a unit with a high turnover of health care professionals proves challenging. Physicians in our unit complete fellowships from various national and international centers. Maintaining consistency and homogeneity in the care of post operative neurosurgical patients for example has been challenging. To ensure proper education in the area of post operative subarachnoid hemorrhage, and continuity of care, it was obvious to me developing pre-printed admission doctor's orders was

necessary in decreasing the incidence of complications in this group of neurosurgical patients. I thought the doctor's orders would also decrease the amount of time nurses spend tracking down physicians for routine orders. These missed orders were also a safety issue for patients if, for example, their thromboembolism prophylaxis medications, electrolyte replacement and sedation for ventilated patients were not ordered.

In 2003, after discussions with ICU Medical Directors, the nurse educator, nurse manager, PCC and pharmacist, I started coordinating the development of the pre-printed 'Medical Surgical/Neurosurgical Intensive Care Unit Doctor's Orders.'

Pre-printed orders were collected and reviewed from Trillium Health Centre, St. Michael's Hospital TNICU, and TGH MSICU. I coordinated meetings with neurosurgeons, pharmacists, dietitians, intensivists, the nurse educator, physiotherapists, a speech language pathologist, nurse manager, a social worker and respiratory therapists. Several drafts were developed and reviewed. Attachments were sent out by email to staff neurosurgeons and intensivists and other members of the multidisciplinary team for their final approval. Once approved, the orders were edited by the forms analyst in the printing department. This process was time consuming and lasted months because it involved close scrutiny from the pharmacy specialist. The preprinted orders were then presented to the Pharmacy and Therapeutics Committee. I attended a meeting to answer any questions regarding each category of doctor's orders. The orders were approved eventually and sent to the Nursing Committee. Finally the preprinted orders were approved by the Medical Advisory Committee. After feedback was received, the final copy of preprinted orders

arrived in our unit in September 2005. The orders worked well after the physicians and nurses developed comfort with them.

In 2007, electronic Medication Order Entry was initiated in our MSNSICU. I attended a meeting with the informatics specialists and advocated for the preprinted orders and explained their benefits to patient care. These orders have now been used on-line for one year and appear to be working well. The medication orders have been built by the Nursing Informatics Department.