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Ready-Set-Go! A Clinical Practice Guideline that Promotes Safe Care of the Sedated Patient Before, During and After Transport

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Ready-Set-Go!

A Cinical Practice Guideline that Promotes Safe Care of the Sedated Patient Before, During and After Transport

Kimberly Martin, RN, CNRN and Jennifer Houp, RN, CNRN

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Abstract and Objectives

Abstract

Patients receiving continuous intravenous sedation for tests performed off of the critical care unit experience heightened risks during the procedure itself and intra-hospital transfer. Several professional organizations, including the Society of Critical Care Medicine, recommend protocols to address safety of these patients. This poster details an interprofessional clinical practice guideline for care of critical patients receiving continuous intravenous sedation during testing. The purpose of this guideline is to facilitate a safe and comparable level of pre-, intra- and post-procedure care. To illustrate guideline content, the poster incorporates case studies in which instability and deterioration were prevented through protocol adherence. Take home learnings include risk reduction strategies to enhance a culture of safety for sedated patients in any patient care setting.

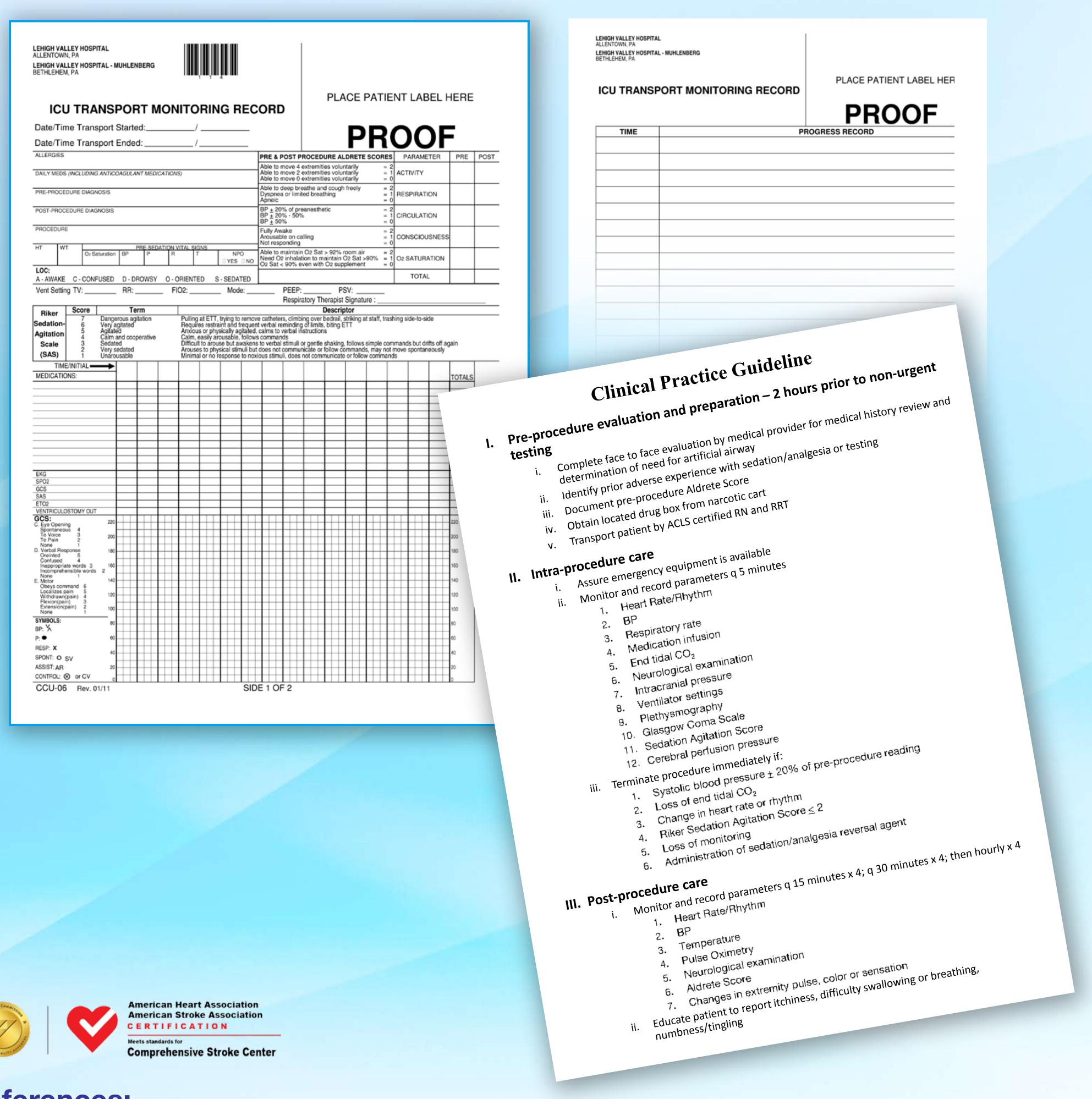
Objectives

- Discuss the evidence and best practice standards for the patient receiving continuous intravenous sedation for tests performed off of the critical care unit.
- Detail a clinical practice guideline for sedated patients that focuses on pre-procedure assessment and intra-procedure and post-procedure monitoring.
- Relate case studies in which instability and deterioration were prevented through protocol adherence.

Evidence Summary

- Adverse events occur in up to 70% of transports
- Recommendations
 - Conduct pre-transport assessment
 - Identify monitoring guidelines
 - Assure proper functioning of equipment
 - Develop Clinical Practice Guideline for transporting critical, sedated patients

Transport Form



References:

- 1. Day, D. (2010). Keeping patients safe during intrahospital transport. Critical Care Nurse, 30(4), 18-32.
- 2. Droogh, J., Smit, M., Hut, J., Ligtenberg, J., Ziijlstra, J. (2012). Inter-hospital transport of critically ill patients; expect surprises. Critical Care, 16(1), 1186-1191.
- 3. Voigt, L., Pastores, S., Thaler, H., Halpern, N. (2009). Intrahospital transport of critically ill patients: outcomes, timing, and patterns. *J Intens Care Med*, 24(2), 108-115.

Disclosure Information:

The presenters have nothing to disclose.

Case Studies

#1 - 71 yo male with SAH scheduled for MRI

Artificial airway completed in ICU pre-procedure

BP decreased due to sedation

Vasoactive medication administered and patient stabilized in ICU prior to transport

#2 - 50 yo female with history of sleep apnea requires interventional radiology procedure to coil an aneurysm

Face to face evaluation by provider discovered clubbing of fingers and report of loud snoring during sleep

ABG result revealed elevated CO, levels

Artificial airway placed non-emergently in ICU

Vasoactive medication begun in ICU to maintain SBP 120-140

Substantial sedation for anxiety able to be given during procedure due to pre-procedure intubation and vasoactive drugs

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