Caring for Agitated Patients Using Nurse Managed Protocol

Valeria S. Mease BSN, RN
Lehigh Valley Health Network, valeria_s.mease@lvhn.org

Jessica N. Pisano BSN, RN
Lehigh Valley Health Network, jessica_n.pisano@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Nursing Commons

Published In/Presented At
Caring for Agitated Patients Using Nurse Managed Protocol

Valeria Mease, BSN, RN & Jessica Pisano, BSN, RN
Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND
A growing concern:
- Pharmacological interventions are overly utilized during the care of agitated patients (Livingston, 2014.)
  Change needed:
- Implement & prioritize alternative interventions during the care of agitated patients

METHODS
- Survey 5CP nurses’ knowledge before implementing agitation nursing protocol.
- Educate nurses on agitation in older adults and the use of alternative interventions to decrease behaviors
- Implement nurse driven protocol for assessing and relieving agitated behaviors
- Survey 5CP nurses’ perspective on effectiveness of protocol

RESULTS
- Education increased RN’s perception of specific agitated behaviors
- Pre Edu: RNs perceived agitation through vocalizations; least likely through change in gait
- Post Edu: RN’s perception of agitation through change in gait improved
- Pre Implementation: RNs perceived decreasing environmental stimuli as his/her most utilized intervention for agitated patients
- Post Implementation: RNs perceived decrease in use of CNS meds and need for 1:1 orders, RNs reported increase in repositioning, comfort measures, and providing activities for agitated patients

EVIDENCE
- Patients > 65 y.o. are at increased risk for discomfort or agitation during medical illness and care (Pelletier, 2007).
- Agitation may go unnoticed, misdiagnosed, mistreated (Pelletier, 2007).
- Psychotropic/CNS medications should be used less due to effects on body systems (Livingston, 2014).
- Physical and psychological needs may be unmet due to inappropriate assessment (Achterberg, 2013).

Proper assessment = Appropriate treatment = Improved quality of care

REFERENCES

© 2016 Lehigh Valley Health Network