HIGH RISK PROTOCOL: PREVENTING RESPIRATORY COMPLICATIONS

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Background Information/Problem Identification: Deaths related to over-sedation and respiratory compromise have been documented. No clear guidelines identify the patients at highest risk for these complications. Literature review and expert consultations were conducted. The hospital’s sentinel and near miss events were studied. A “huddle” with the bedside team was performed after emergent naloxone administration. A High Risk Identification Tool was developed and is used to support communication at each patient handoff. A High Risk Protocol was developed and implemented. Outcome measurements include emergent naloxone use and occurrence of over-sedation respiratory events.

Objectives: Prevent death from over-sedation and respiratory compromise in patients receiving sedation, anesthesia, or opioids.

Implementation: The following protocol was implemented after risk identified: (a) hourly observation, (b) positioning for adequate air exchange, (c) patient controlled analgesia (PCA) monitoring hourly for first four hours, (d) exhaled carbon dioxide monitoring (ETCO2) with respiratory therapist consult, and (e) appropriate nursing assignments based on acuity and patient’s geographical placement on nursing unit. The protocol was tested on the orthopedic unit.

Statement of Successful Practice: No deaths or sentinel events from over-sedation related compromise have occurred since protocol implementation. The use of naloxone has decreased by 87% on the Orthopedic Unit (pilot unit) since implementation of protocol. The protocol has been implemented house wide.

Implications for Advancing the Practice of Perianesthesia Nursing: Identification of the high risk patient combined with integration of ETCO2 monitoring in a structured protocol, is valuable in preventing respiratory complications during and after sedation, anesthesia, or opioid pain management.