DON’T WAIT FOR A WEIGHT
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Background Information: Accurate patient weights prior to surgical start time give providers information needed to order proper dosages of medications, such as antimicrobials and anesthetics, in addition to contrast dye injections during perioperative procedures. A literature review supported the potential negative impact that improperly dosed medications and dyes could have on the perioperative patient, due to inaccurate weights being used. Baseline data collected during the first quarter of 2015 revealed an average of 48 of the 1230 inpatients per month did not have a documented weight within 24 hours of surgery. Of note, all same day admissions from Surgical Admissions Unit had a weight documented prior to surgical start time. Statistics were collected of all medical, surgical and ICU inpatient units on both campuses sending patients to the Operating Rooms from January 1st, 2015 through May 31, 2016. An informal poll was conducted with a cross section of bedside nurses, to determine awareness of pre-op weight requirement, as well as barriers to complete the weight in the required time frame. Barriers included access to scales, patient condition, and lack of education for nursing staff.

Objectives of Project: To improve the number of inpatients having a documented weight within 24 hours of their surgical start time by 25%.

Process of Implementation: Strategies implemented included the revision of the current pre-op checklist to include a weight requirement, a pre-operative task added to both the RN and PCT Patient Activity List (PAL) which included links to the form for height and weight, and the addition of most recent weight including date and time to the patient banner bar. Updates were included in the mandatory monthly education assigned all nurses in the staff education plan. Re-education by unit SDS groups was provided to all inpatient units.

Statement of Successful Practice: Concluding data as of May 31, 2016 demonstrated a 77% improvement in compliance with documentation of required weight for inpatients within 24 hours of surgery, with current monthly average of 11 patients not weighed before surgery.

Implications for Advancing the Practice of Perianesthesia Nursing: Accurate patient weights prior to surgical start time improve patient safety by giving providers the information necessary to order/prescribe antimicrobials, administer anesthetics and dye injections.