Proposed Change in Practice

- At Seattle Children’s, RN callers contact caregivers 2 days before surgery to give pre-op instructions.
- Medication administration questions were forwarded to an anesthesiology clinic ARNP or the charge anesthesiologist.
- It was determined that developing a medication administration guideline would enable RN callers to give most of the medication instructions, increasing their efficiency and autonomy.

Implementing Strategies

- Stakeholders met to discuss guideline development.
- One pre-anesthesia ARNP and the lead RN caller developed the guideline.
- Every effort was made to include the most commonly taken outpatient pediatric medications.
- Medications were categorized as “should not be given”, “could be given cautiously” and “may be given”.
- Medications were further categorized by body system, generic and trade names.
- A disclaimer was included stating the guideline was not an all inclusive list.
- Guideline approval was obtained from institution representatives (nursing, pharmacy, anesthesia, surgery).
- Guideline education was provided to the RN callers.

Evaluation Results

- 94% (n = 17) felt the guideline was clearly written.
- 56% (n = 10) felt that the number of extra phone calls had decreased.
- 94% (n = 17) felt caregivers were receptive to having RN callers give medication instructions.
- 22% (n = 4) expressed concern that not all medications were included in the guideline.
- 11% (n = 2) expressed the need for more training.

Conclusions

- The use of the medication administration guideline improves RN caller efficiency and autonomy.
- RNs callers are working within the full scope of their licensure.
- Clear and consistent instructions are provided to caregivers.
- Additional training for the RN callers was provided on 2-9-17.