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Background/Aim

- Background Information:** Patient feedback from post-op calls indicated that patients are not only dissatisfied with the manner in which they are given regional anesthesia instructions, but are also unsure when to call the regional providers following discharge. A survey of the Pre-op/PACU nursing staff indicated a lack of consistency with patient education and a gap in knowledge regarding regional anesthesia. Current practice involved no patient education preoperatively and inconsistent discharge education from the PACU.
- Objectives of Project:** The objectives of this project involved standardizing patient education before and after surgery, and standardizing how nurses are trained regarding these patients.

Plan/Do

Setting:

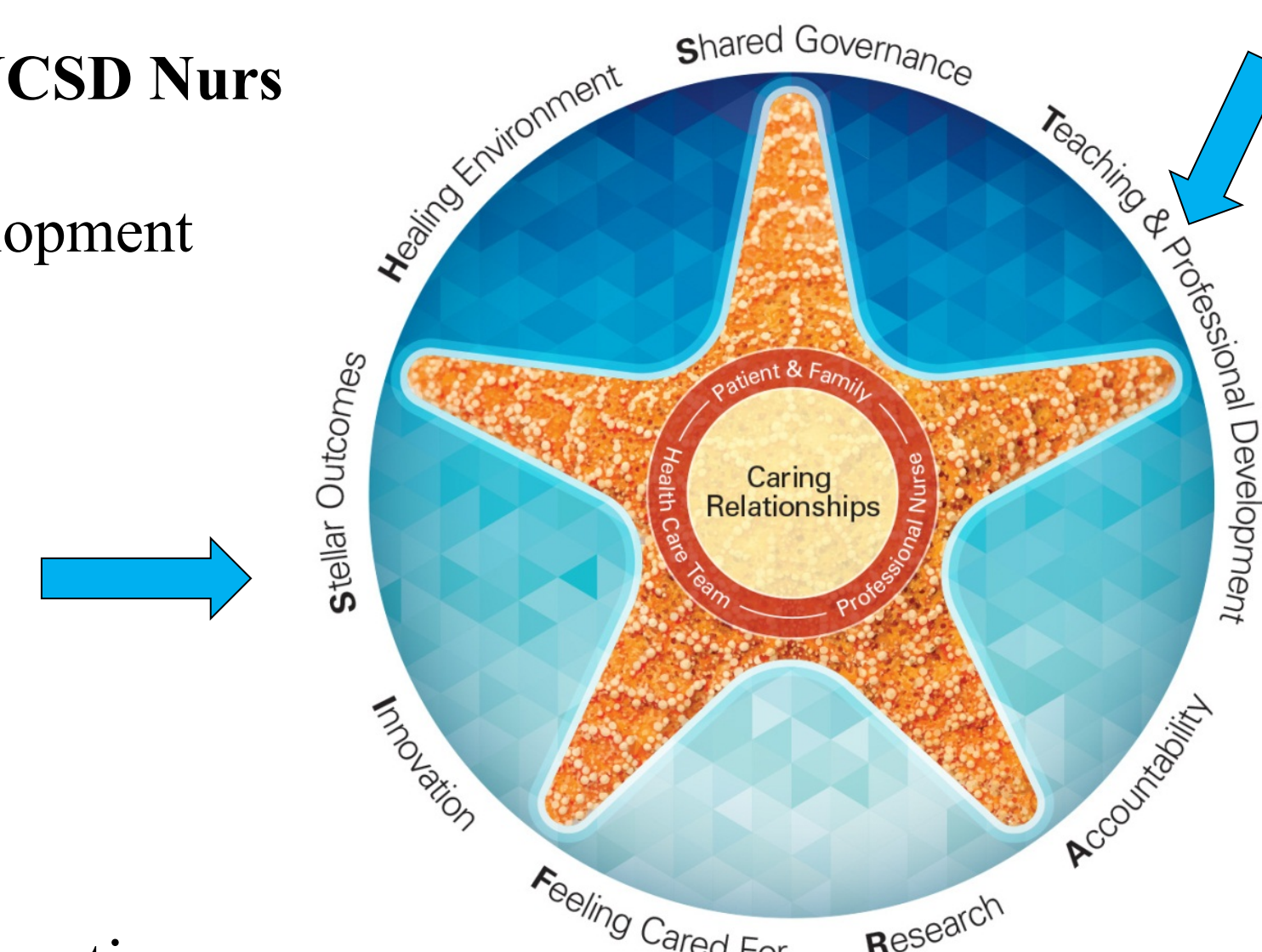
- Peri-anesthesia department, Pre-op and PACU at UC San Diego Health.
- UC San Diego Health is a level I Trauma Center in Southern California.
- UC San Diego Health Mission:
To deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.

Performance Improvement Model:

- Plan/Do/Study/Act (Shewart, Deming)
- UC San Diego Health Professional Practice Model

“STARFISH” Mnemonic of Key UCSD Nurs

- Shared Governance
- Teaching & Professional Development
- Accountability
- Research
- Feeling Cared For
- Innovation
- Stellar Outcomes
- Healing Environment



Plan:

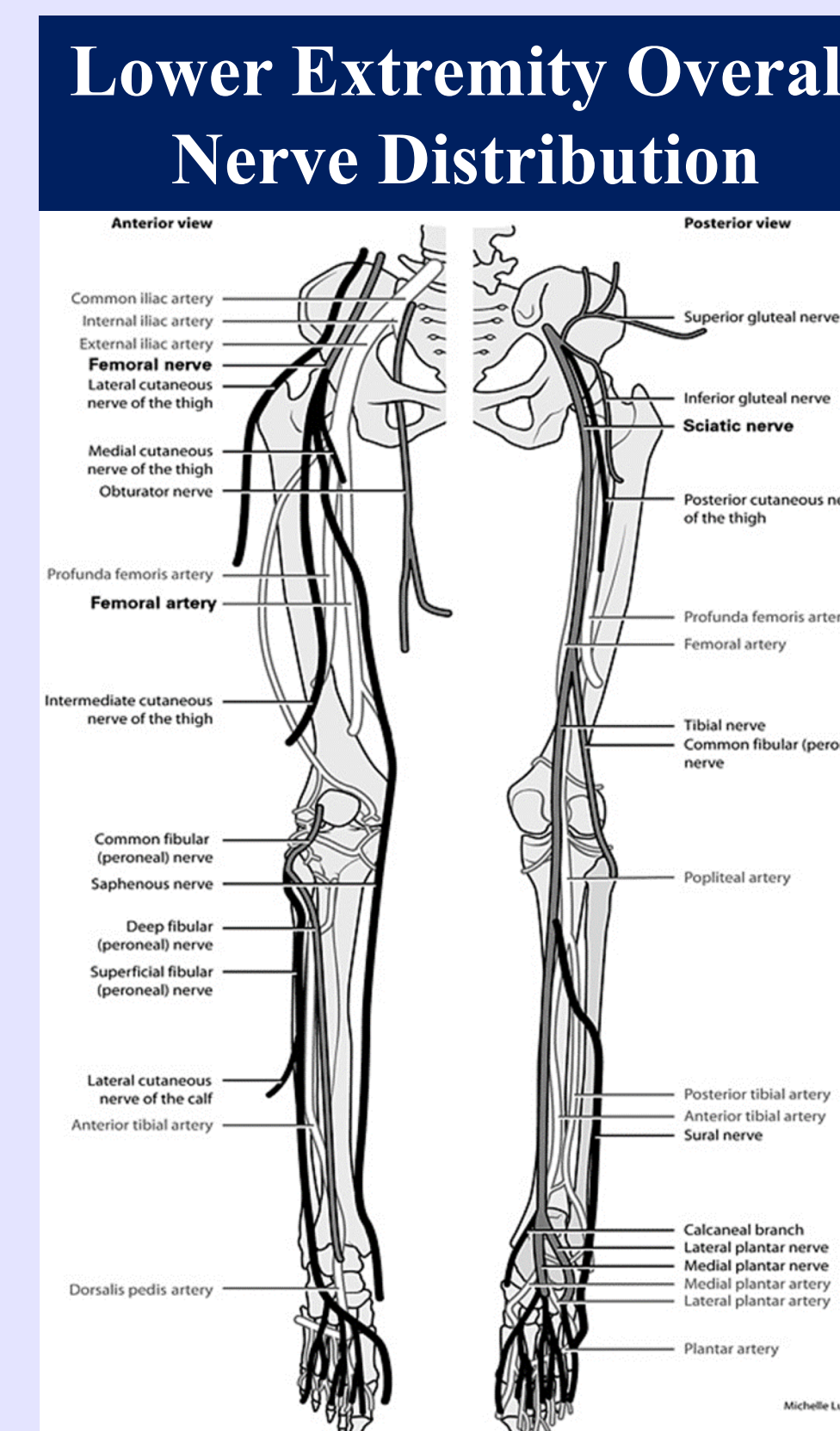
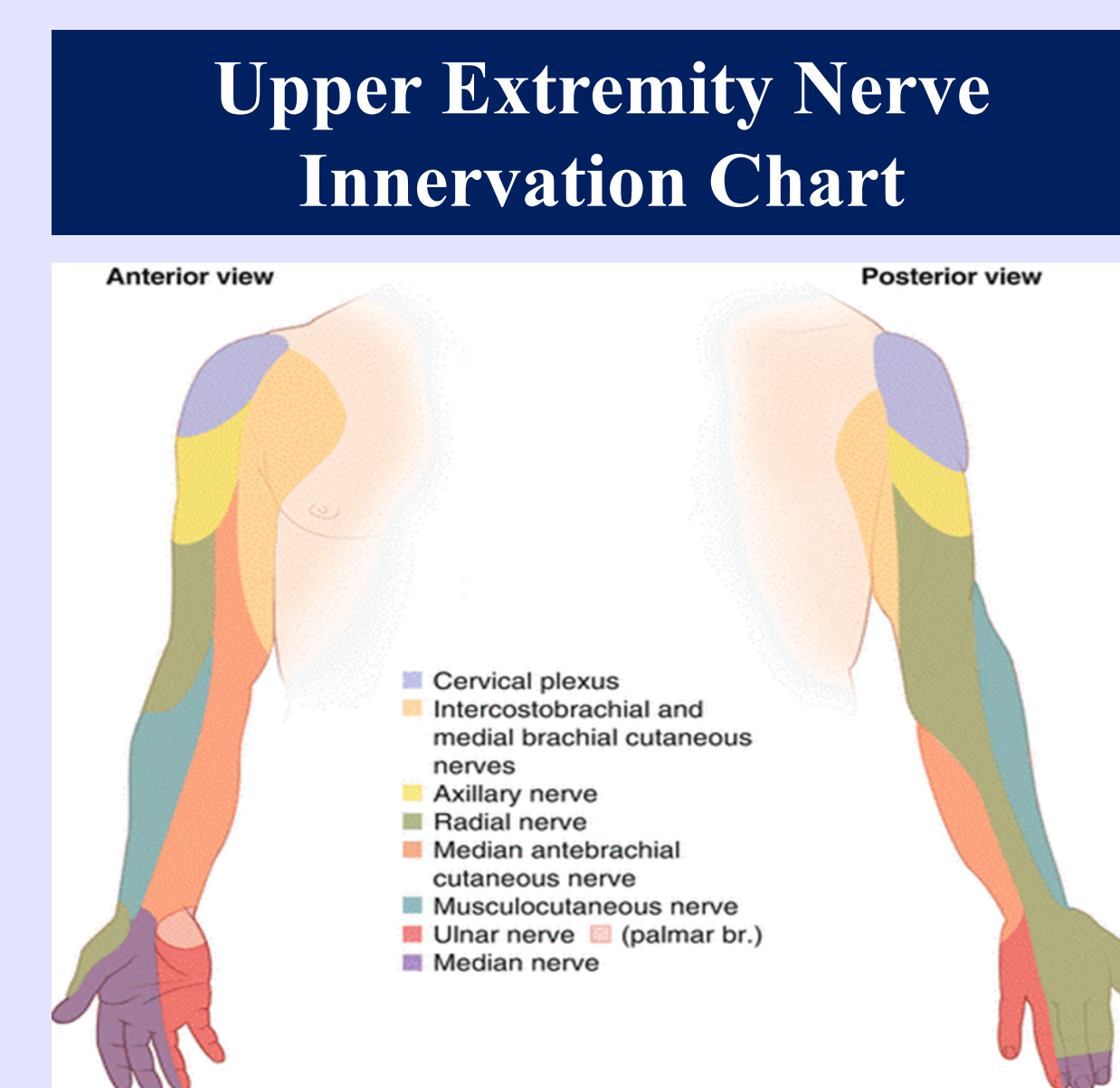
- Standardize pre-op and pacu education
- Staff education poster and reference sheet

Study

The success of this project was measured by assessing:

- Measuring compliance with staff education
- Assessing the number of times the regional teams are called regarding pain or education related complaints following discharge.

A regional nerve block is primarily for pain control, it can be used for surgical anesthesia or for post operative pain control, or both. A nerve block can also be used for its venous dilation properties to improve circulation to a severely injured extremity.



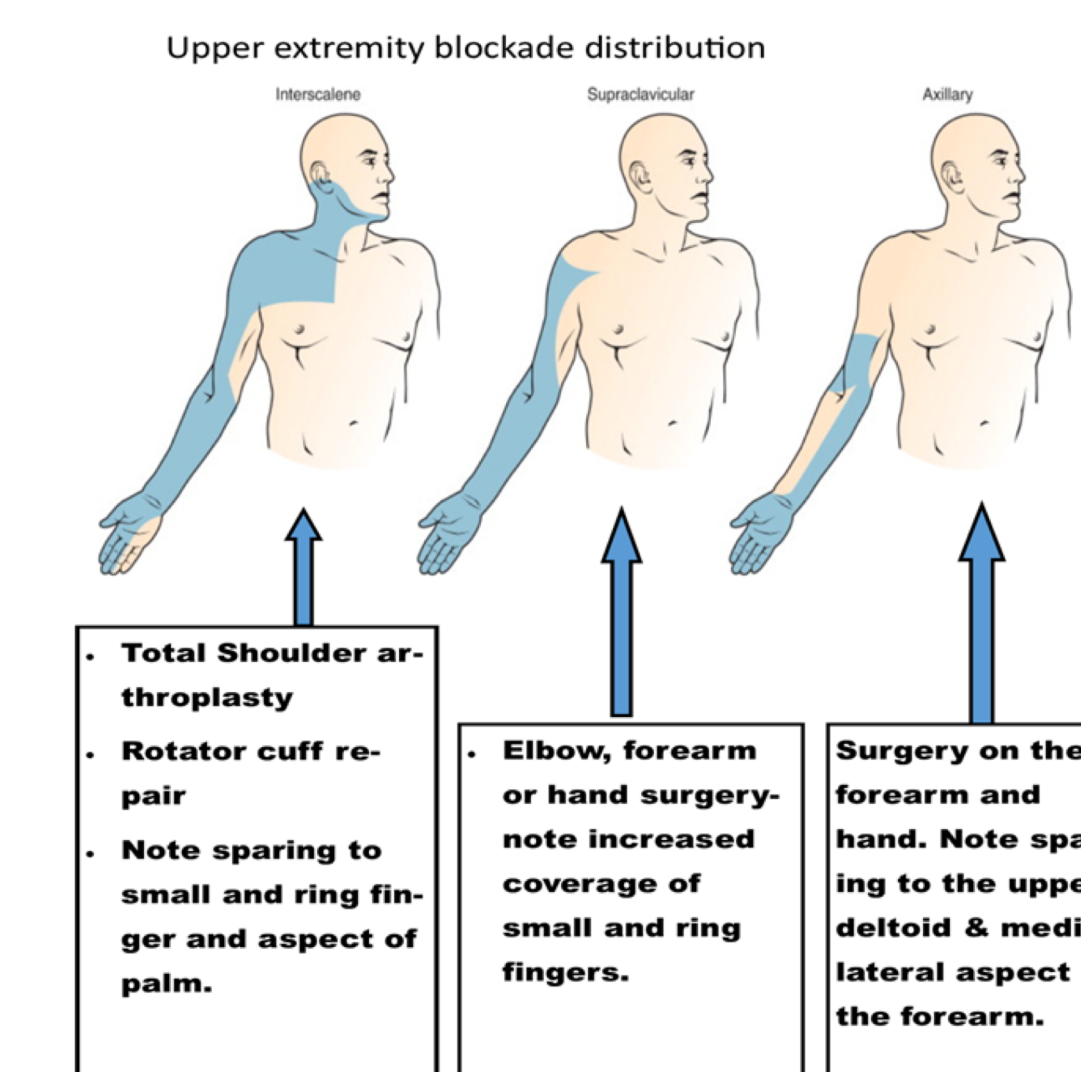
Local Anesthetic	Onset (Minutes)	Anesthesia Effect (Hours)	Analgesic Effect (Hours)
1.5% Mepivacaine	10 to 20	2 to 3	2 to 4
1.5% Mepivacaine (+ epinephrine)	5 to 15	2.5 to 4	3 to 6
2% Lidocaine	10 to 20	2.5 to 3	2 to 5
2% Lidocaine (+ epinephrine)	5 to 15	3 to 6	5 to 8
0.5% Ropivacaine	15 to 20	6 to 8	8 to 12
0.5% Bupivacaine (+ epinephrine)	20 to 30	8 to 10	16 to 18

Note. Adapted from Gadren, J. (2013, October 14). Local anesthetics: Clinical pharmacology and rational selection. Retrieved from <http://www.aana.org/regional-anesthesia/foundations-of-ra/3492-local-anesthetics-clinical-pharmacology-and-rational-selection.html>

Act

Standardized education bundle:

- Mandatory learning module for all new hire peri-anesthesia nurses
- Annual competency skills day with regional anesthesia education component



Conclusions

- 100% Compliance with education bundle
- 41.6% decrease in pages to on-call regional anesthesia physicians

References

Samuels-Kalow, M. E. (2012). Effective Discharge Communication in the Emergency Department. *Annals of Emergency Medicine*, 60(2), 153-159. doi:10.1016

Shuldham, C. (1999). A review of the impact of pre-operative education on recovery from surgery. *International Journal of Nursing Studies*, 36, 171-177. Retrieved January 18, 2018.

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