

Improving Nursing Compliance with Prescribed Respiratory Therapy in the PACU: Incentive Spirometry, Cough and Deep Breathing

Primary Investigators: Maria Saraceni BSN CPAN, Jolanta Zabielska BSN CPAN,
Maria del Mar Rodriguez CNS MSHI RN CNOR
New York Presbyterian Weill-Cornell Medical Center, New York, New York

Introduction: Major surgeries, anesthesia, and pain can hinder lung expansion, causing atelectasis, and pulmonary dysfunction in the postoperative period. Performing Incentive spirometry (IS), cough and deep breathing (C&DB) exercises are known to prevent postoperative pulmonary complications (PPCs). This project addressed nursing compliance with prescribed incentive spirometry regimen in the postoperative period.

Identification of the problem: Suboptimal nursing staff compliance with physician's prescribed orders related to the use of IS in postoperative patients. In my daily practice as a PACU RN, it is my observation that IS respiratory therapy is rarely documented as prescribed on patients' EMR.

QI question/Purpose of the study: The aim of this study is to improve evidence of nursing staff compliance with the prescribed postoperative respiratory therapy to prevent PPCs.

Methods: Provided staff in-services in the PACU emphasizing hospital policy, and the benefit of IS and C&DB in preventing PPCs. Also conducted random chart audits to ascertain nursing compliance with prescribed IS and C&DB therapy prior to, and post staff In-services, each yielded (n=40) postoperative patients.

Outcomes/Results: Post in-service chart audit revealed that (n=35) patients had IS therapy prescribed, of those (n=13) were encouraged by nursing staff to perform IS, and (n=9) complied with frequency prescribed, versus Pre in-service (n=18) patients were prescribed IS therapy, of those (n=7) were encouraged by nursing staff to perform IS, and (n=1) complied with frequency prescribed as per nursing documentation. C&DB therapy was performed by (n=13), and (n=16) patients pre and post in-service respectively

Discussion: Findings revealed an improvement in nursing compliance with IS prescribed therapy post staff in-service. However, nursing adherence to prescribed IS therapy still remains low.

Conclusion: This study highlights the clinical issue of therapeutic noncompliance from the nurses' perspective. Non-compliance to prescribed therapy have adverse effects not only on patient outcomes but also can lead to increased health care costs

Implications for perianesthesia nurses and future research: Nurses are expected to render prescribed treatment to patients and accurately document. Nursing compliance with these processes is imperative to keep clear communication of care given and to improve postoperative patient outcomes. Factors affecting nursing compliance to prescribed therapies should be explored in future research.