

Using Strategic Engagement and Health Literacy Tools to Improve Preoperative Hydration in Pediatric Patients

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Background and Significance

Pre-procedural fasting is an important safety measure to reduce the risk of aspiration, but many patients report fasting for much longer than recommended.

Excessive fasting has been associated with hypotension, increased patient thirst and decreased patient comfort in pediatric patients in the perioperative period, negatively impacting patient safety and experience. Patients report a barrier of understanding of preoperative instructions, including rationale related to those instructions, as primary reasons for nonadherence with fasting guidance.

Clinical Question

The purpose of this evidence-based practice project is to improve adherence to fasting recommendations in pre-surgical pediatric outpatients by implementing individualized patient/family education regarding pre-procedural fasting to include emphasis on safety and significance of oral hydration using Teach-back and Motivational Interviewing techniques compared to current protocol of a standardized script of preprocedural fasting instruction.

Review of the Literature

A literature search was conducted in CINAHL and PubMed databases using the following search terms: Preoperative, pediatric (2-17y), hydration, surgical patients, patient education and preoperative care, preprocedural fasting, adult learning, health education modalities, health literacy, teach-back

Methods

Pilot Project Duration: October 14 - December 27, 2024

Nurse Training: Nurses were trained in health literacy, Teach-Back, and basic Motivational Interviewing skills.

Implementation: Trained nurses used a fasting-related patient education protocol, emphasizing successful teach-back during preoperative phone calls with parents/guardians.

Validation: Protocol adherence was checked through nurse self assessment and direct observation.

Parent Feedback: Parents were surveyed upon arrival about their experience with pre-op fasting instructions using a Qualtrics tool.

Results

Standard: Patients can have clear liquids up to 2 hours before procedure.

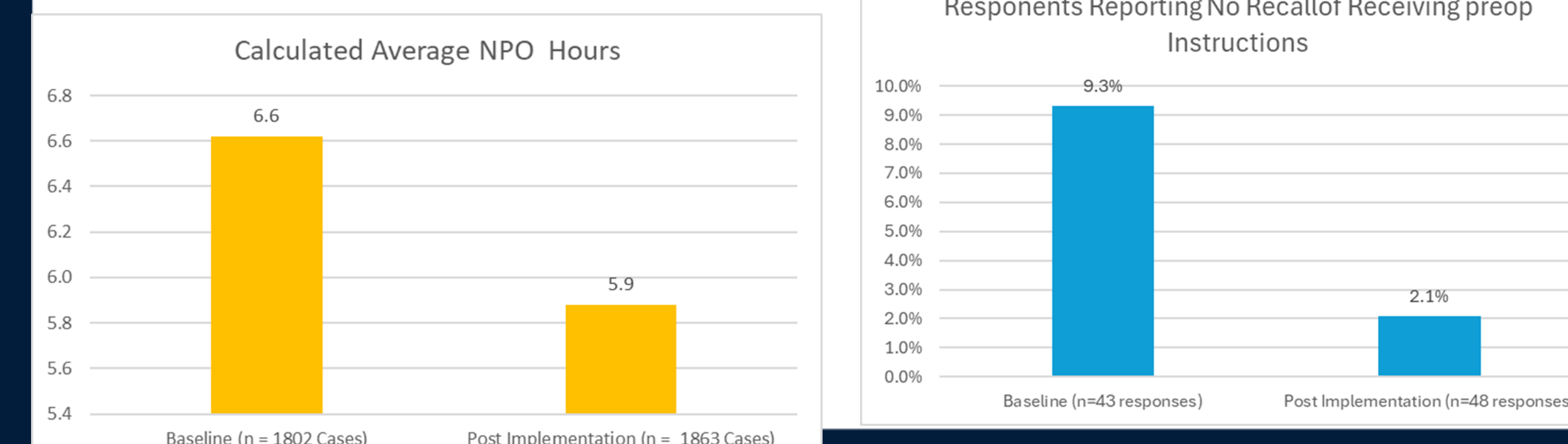
Results before Intervention: Patients stopped clear liquids 6.6 hours prior (n=1803).

Results after Intervention: Patients stopped clear liquids 5.9 hours prior (n=1863).

Impact: 11.2% improvement in patients taking clear liquids up to 2 hours before a procedure.

Impact: Cancellations/rescheduling due to NPO violations dropped by 50% (10 cases to 5 cases).

Impact: Parents/caregivers who didn't recall receiving pre-surgery instructions decreased from 9.3% (n=48) to 2.1% (n=48).



Conclusion/Next Steps

- Sustain pilot/current protocol for pediatric outpatients
- Expand Teach-Back model more formally to include post-operative care instruction for additional Mott surgical specialties

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References



“When we work together, we achieve together.”

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