Yale-New Haven Hospital

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Accelerating Adoption of Best Evidence into Nursing Practice

Guiding Principles

Janet Parkosewich, DNSc, RN, FAHA
Nurse Researcher
Center for Professional Practice Excellence

Nothing to Disclose

Objectives

- **Describe guiding principles necessary to accelerate the adoption of best evidence into nursing practice**
- **Explain the infrastructure created at YNHH to accelerate adoption of best evidence into nursing practice**
- **Discuss two examples of staff nurses' using best evidence to influence changes in nursing practice**

Evidence-Based Practice

- **Integration of best research evidence in conjunction with clinical expertise and patient values into practice** (Sackett et al., 2000, Titler 2009)
- **Highest quality of care and optimal outcomes are achieved when clinicians know how to:**

Find

Critically appraise

Use best evidence

(Melnyk & Fineout-Overholt, 2011)

Evidence-Based Practice

- **Reduces healthcare costs and geographic variations in practice**
- **Clinicians feel more empowered and satisfied in their roles**
- **Despite benefits – EBP is not consistently implement / evidence-based guidelines not followed**
- **17 year gap between publishing research evidence and translation into practice**
- **IOM Roundtable on EBP Medicine – goal by 2020 90% of clinicians' decisions – based on best evidence**

The State of EBP in US Nurses (N=1015)

One thing that prevents you from implementing EBP in your daily practice?

Barriers

- Organizational culture – policies and procedures, politics, philosophy – "way we have always done it here"
- Lack of EBP knowledge/education
- Lack of access to evidence information
- Resistance - manager/leader, MD, staff nurse
- Workload/staffing
- Lack of evidence resources

One thing that would help you implement EBP in your daily practice?

Opportunities

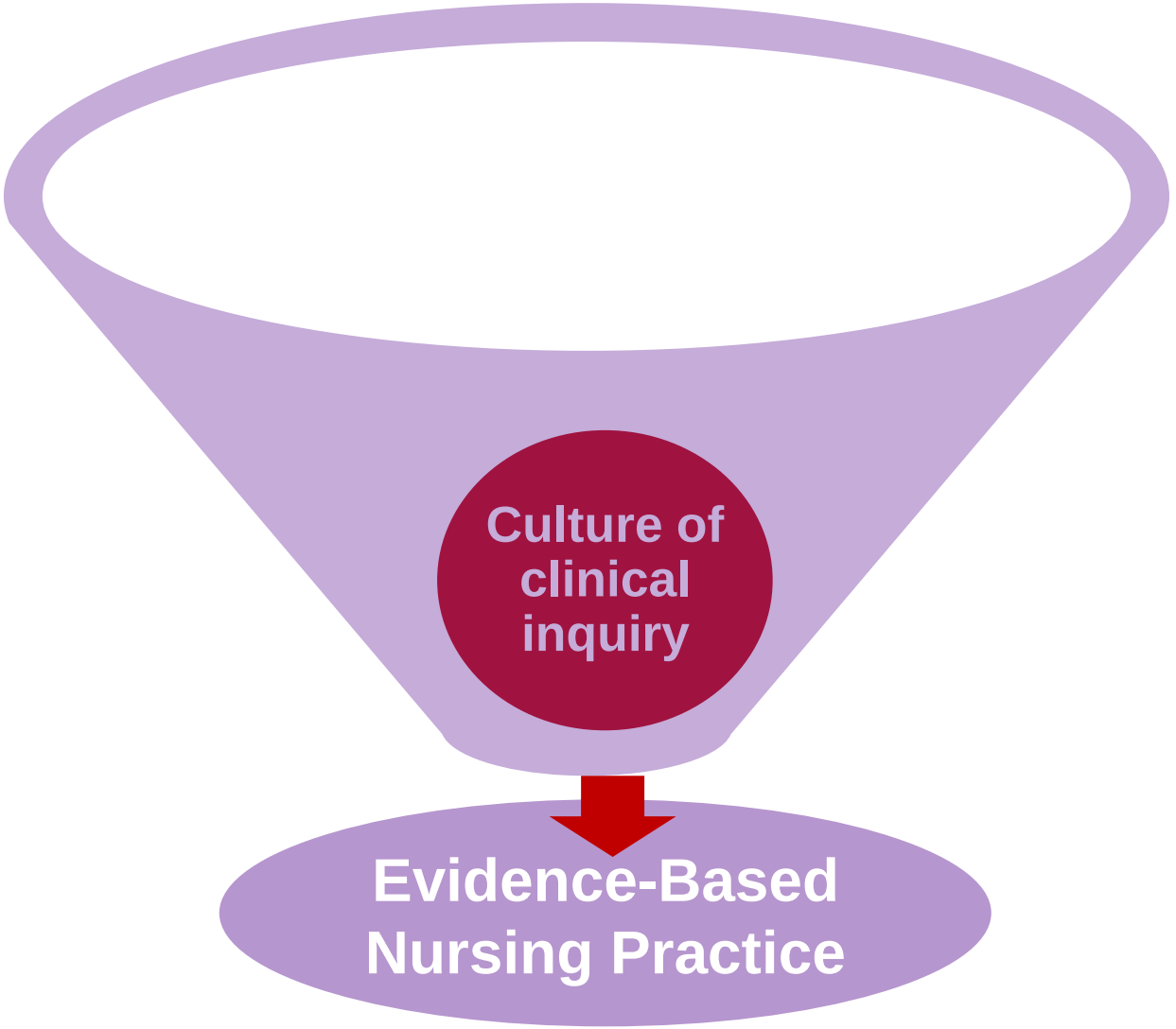
- EBP education, knowledge
- Access to resources, information
- Clearinghouse of evidence-based information (online)
- Organizational support/awareness
- Manager support
- Mentors available on unit
- Written EBP standards of practice
- Unit staffing
- $$ to support EBP initiatives
- ↑awareness of EBP importance

(Melnyk et al. (2012). The state of evidence-based practice in US nurses. *JONA, 42*(9), 410-417).

The State of EBP in US Nurses

- **Differences existed in responses of nurses from:**
  - **Magnet versus non-Magnet institutions**
  - **Nurses with master's versus non-master's degrees**

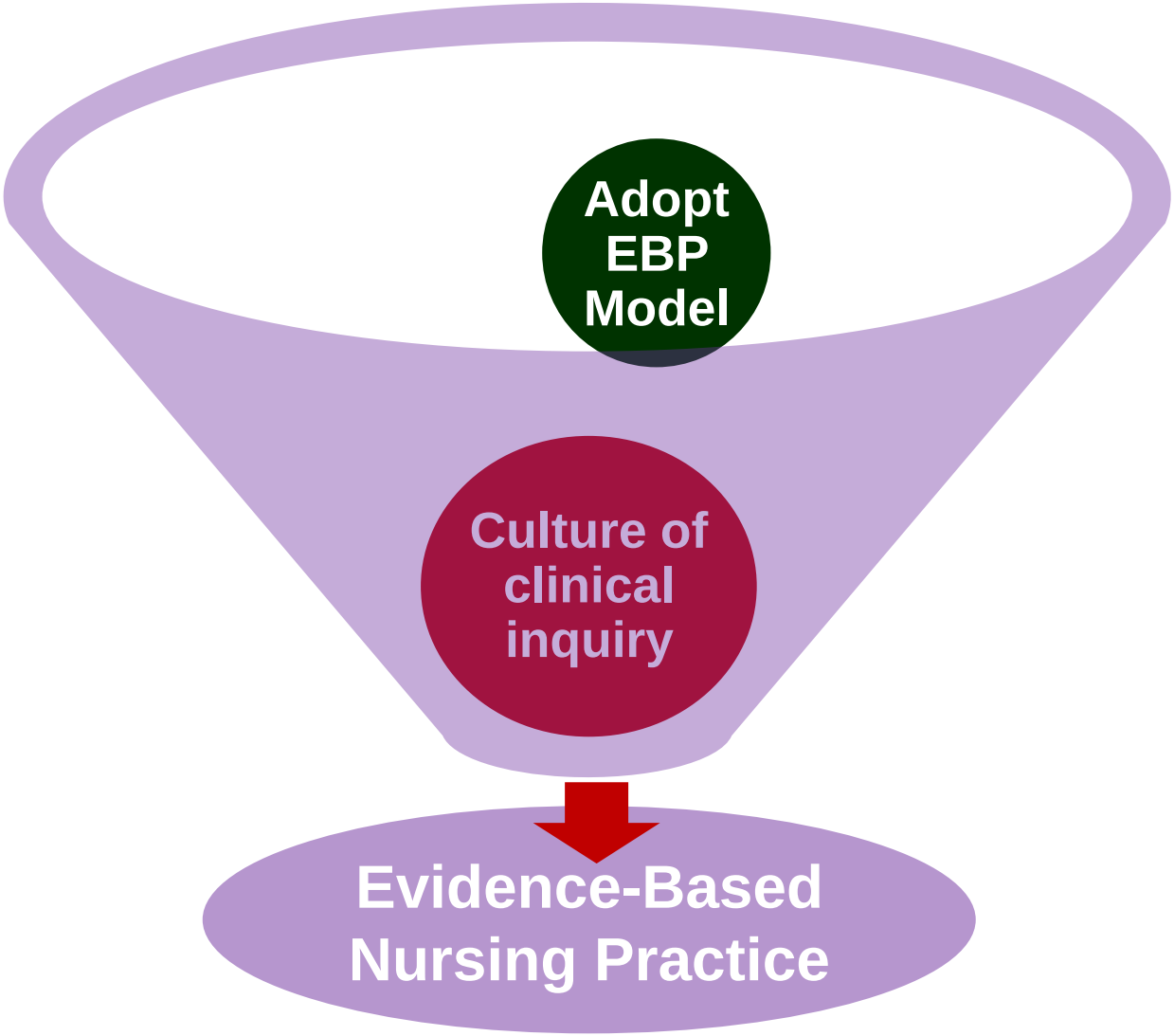
Guiding Principles



Culture of Clinical Inquiry

- **RNs encouraged to question practice**
- **Philosophy, mission, vision that incorporates EBP**
- **Leadership and administrative support that values and models EBP – provides resources**
- **Regular recognition of individuals and groups who consistently implement EBP**

Guiding Principles



EBP Models

- **Facilitate development of good EBP questions from clinical ideas or problems**
- **Provide a prescribed systematic approach to implementation of practice change**
- **Incorporate timely evaluation of outcomes and requires dissemination of results**

Gawlinski, A. & Rutledge, D. (2008). Selecting a Model for EBP Changes. *AACN Advanced Critical Care, 19, 291-300*.

Iowa Model of EBP to Promote Quality Care

Marita Titler, PhD, RN
Univ. of Michigan

STEP 1
Identify clinical question

STEP 2
Question into P I C

STEP 3
Is this feasible/

STEP 4
Form a team

STEP 5
Gather literature

STEP 6
Critique & synthesize literature

STEP 7
Is evidence sufficient to change practice?

NO

YES

STEP 8
Change Practice

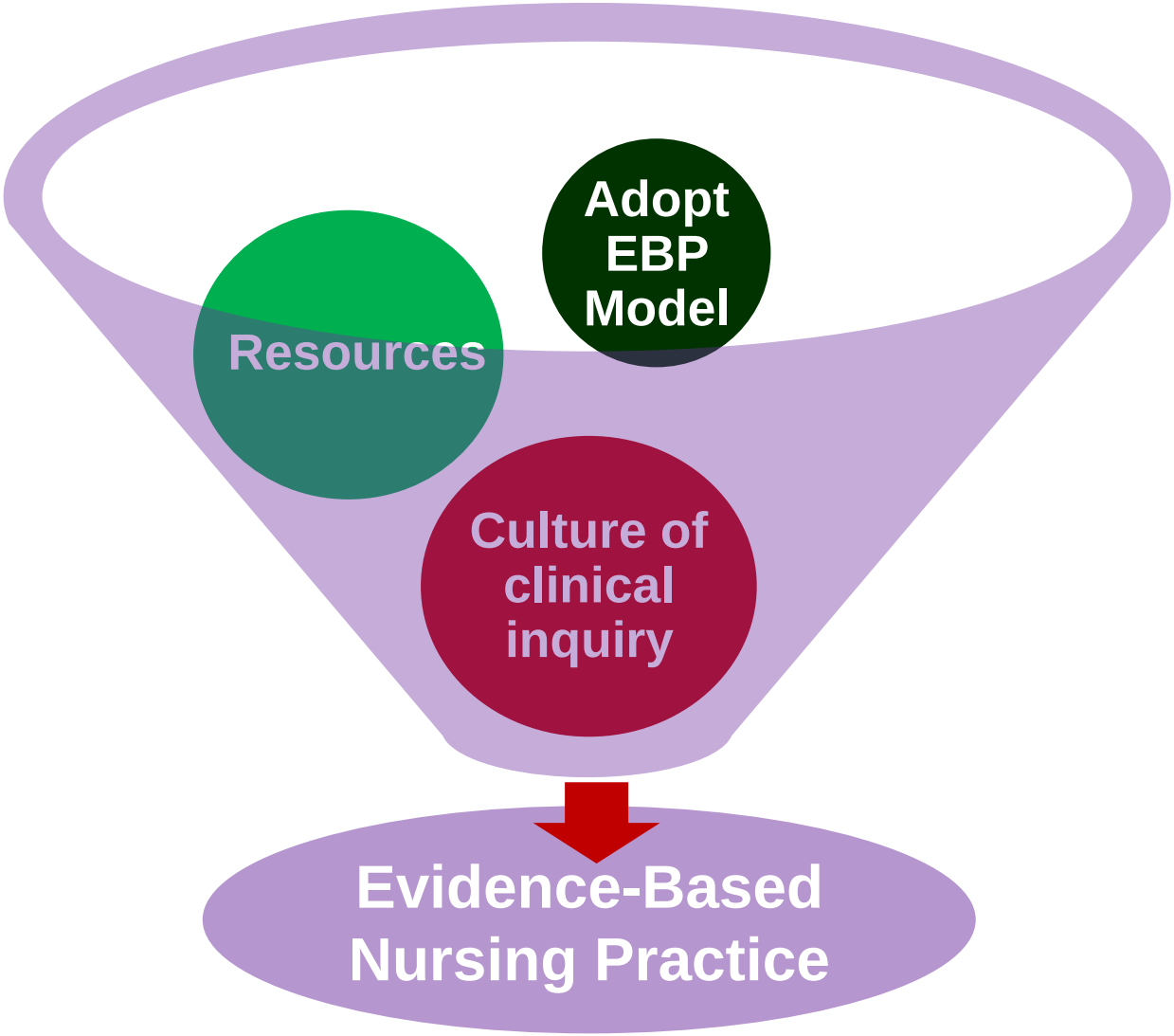
STEP 9
Monitor Outcomes

STEP 10
Disseminate Results

P = Population
I = Intervention
son
e

Trigger
Knowledge vs.
Problem Focused

Guiding Principles



Resources

EBP Mentors

Harvey Cushing/John Hay Whitney Medical Library

Nursing Information Resources

Research Tools | Find Journals | Find Books | Services | About

Research Tools

Catalog: Orbis
E-Journals | E-Books
CINAHL
Cochrane Library
MICROMEDEX
Ovid (MEDLINE, PsycINFO, Embase)
PubMed@Yale
RefWorks
SCOPUS
UpToDate

Services

Borrowing Materials
Classes & Tutorials
Interlibrary Loan

Featured

About the Library

Ask a Librarian

(ysnlibrarian)

Quick Links

Email: WebMail | YaleConnect
Classes*v2
Technology Resources
Writing Guide
Portfolio
YSN Authors' Publications
Off-Campus Access
Mobile Devices
NCLEX-RN
NIH Public Access
Research Impact

Resources

Nursing Research and Evidence-based Practice Committee Presents. . . .

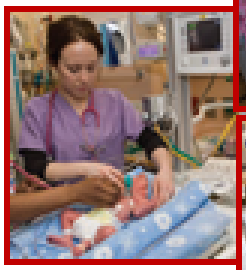
Setting the Stage for Evidence-Based Practice

New Knowledge | Innovation | Improvements

Learn how to:

Translate a patient problem into a clinical question

Use the IOWA Model of EBP



Conduct electronic literature searches

Dates	Times
February 18	7AM - 10:30AM
February 20	12PM - 3:30PM
March 4	7AM - 10:30AM
March 4	12PM - 3:30PM

Place: Saint Raphael Campus
Room PVT 611

Open to both SRC and YSC nurses

Seating is limited to 12 RNs – Please register using Employee Self Service: Look for "2013 EBP Classes"
Questions? Contact Cindy Bautista, RN, PhD, CNRN at cindy.bautista@ynhh.org or 688-3352

Yale-New Haven Hospital

2-5-13

Resources

Guiding Principles

Clinical Nurse Specialists

Ann Kaisen, APRN

Nurse Educators

Karen Kalbfeld, MSN, RN

CN IVs

Catherine Ford, MSN, RN

Health Librarian

Janene Batten, MLS, AHIP

Guiding Principles

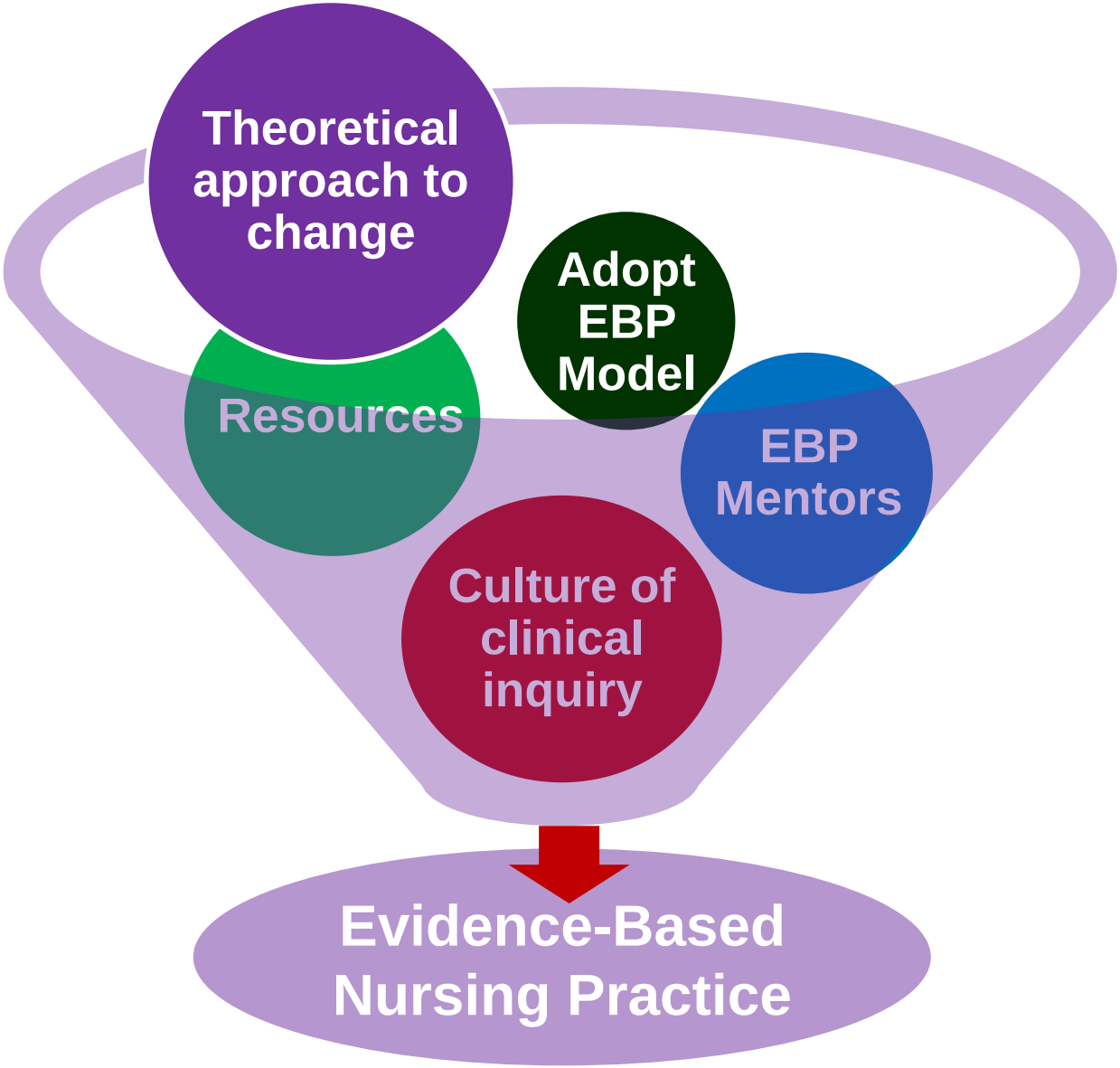
Marge Funk, PhD, RN

University Faculty Members

Ruth McCorkle, PhD, RN

Tish Knobf, PhD, RN

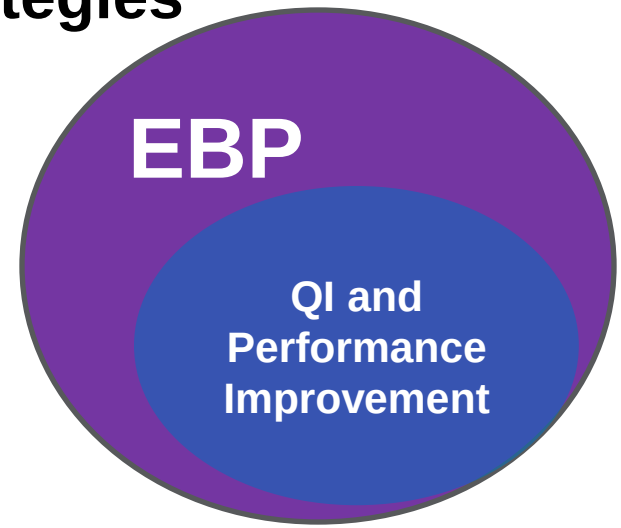
Guiding Principles



Changing Practice: A Theoretical Approach

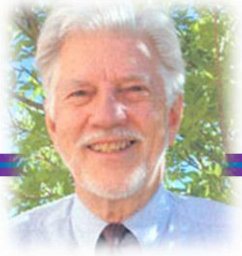
Translational Research Model

- **Implementing EBP is challenging**
- **Multifaceted implementation strategies – address both clinician and organizational perspectives**
- **Includes quality improvement strategies**



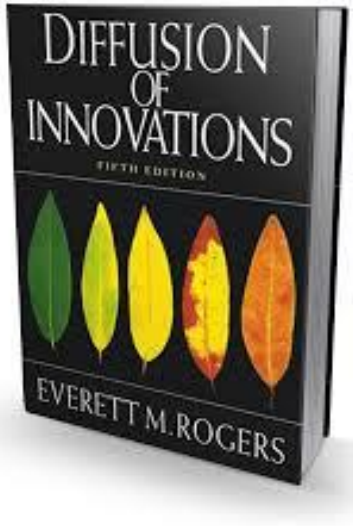
Titler, M. (2010). Translational science and context. *Research and Theory for Nursing Practice, 24*(1), 35-55.

Translational Research Model



- **Based on Roger's Diffusion of Innovation Theory**

  "Innovation communicated through certain channels over time among participants in a social system"



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Changing Practice: A Theoretical Approach

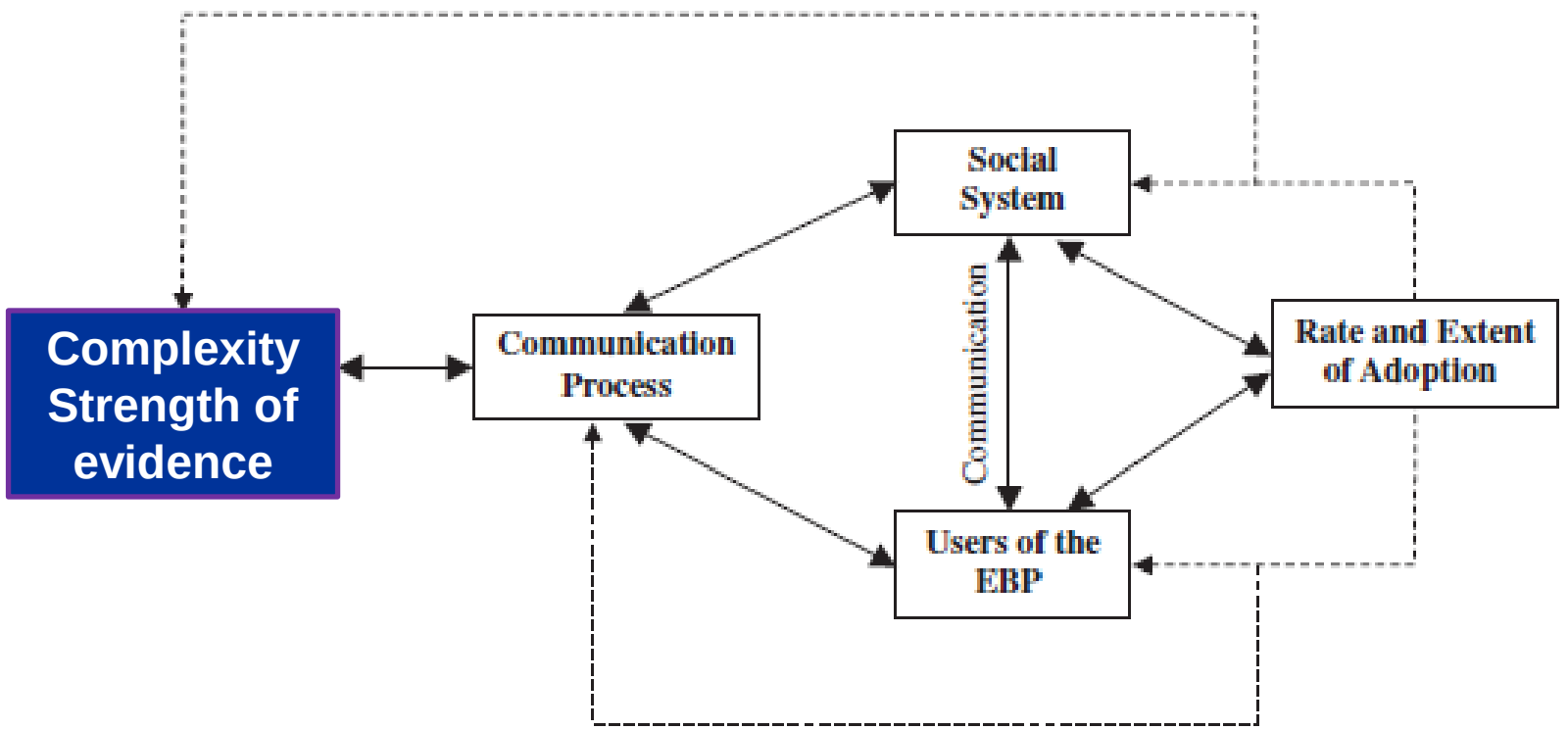


Figure 1. Implementation model.
Note. Adapted from Rogers 2003a and Titler and Everett, 2001.

Titler, M. (2010). Translational science and context. *Research and Theory for Nursing Practice, 24*(1), 35-55.

Complexity and Strength of Evidence

- **Simple versus complex practice change**
- **Relative advantage of EBP – effectiveness, relevance to practice, social prestige**
- **Compatibility with values, work flow and perceived needs of users**

Changing Practice: A Theoretical Approach

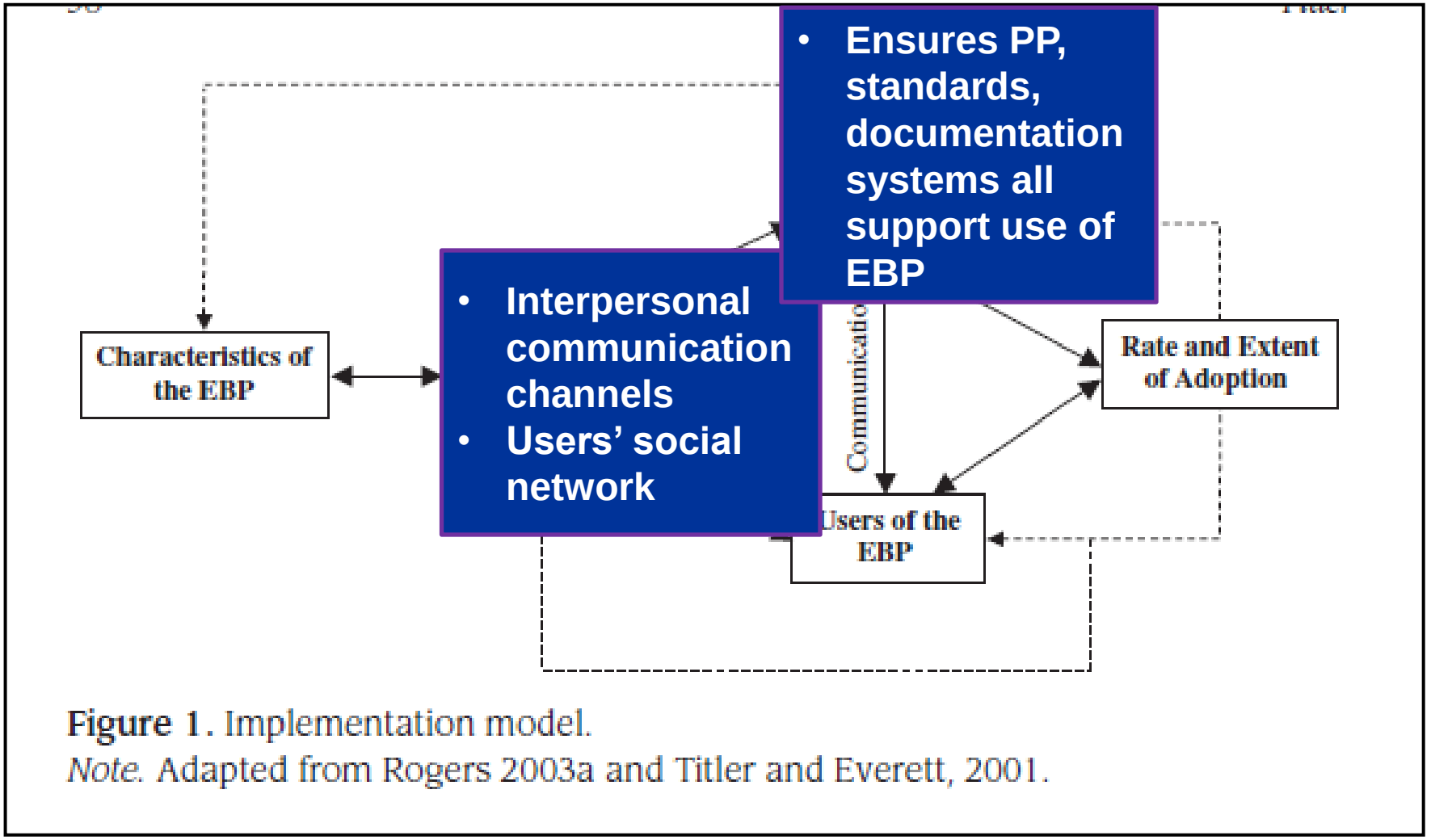
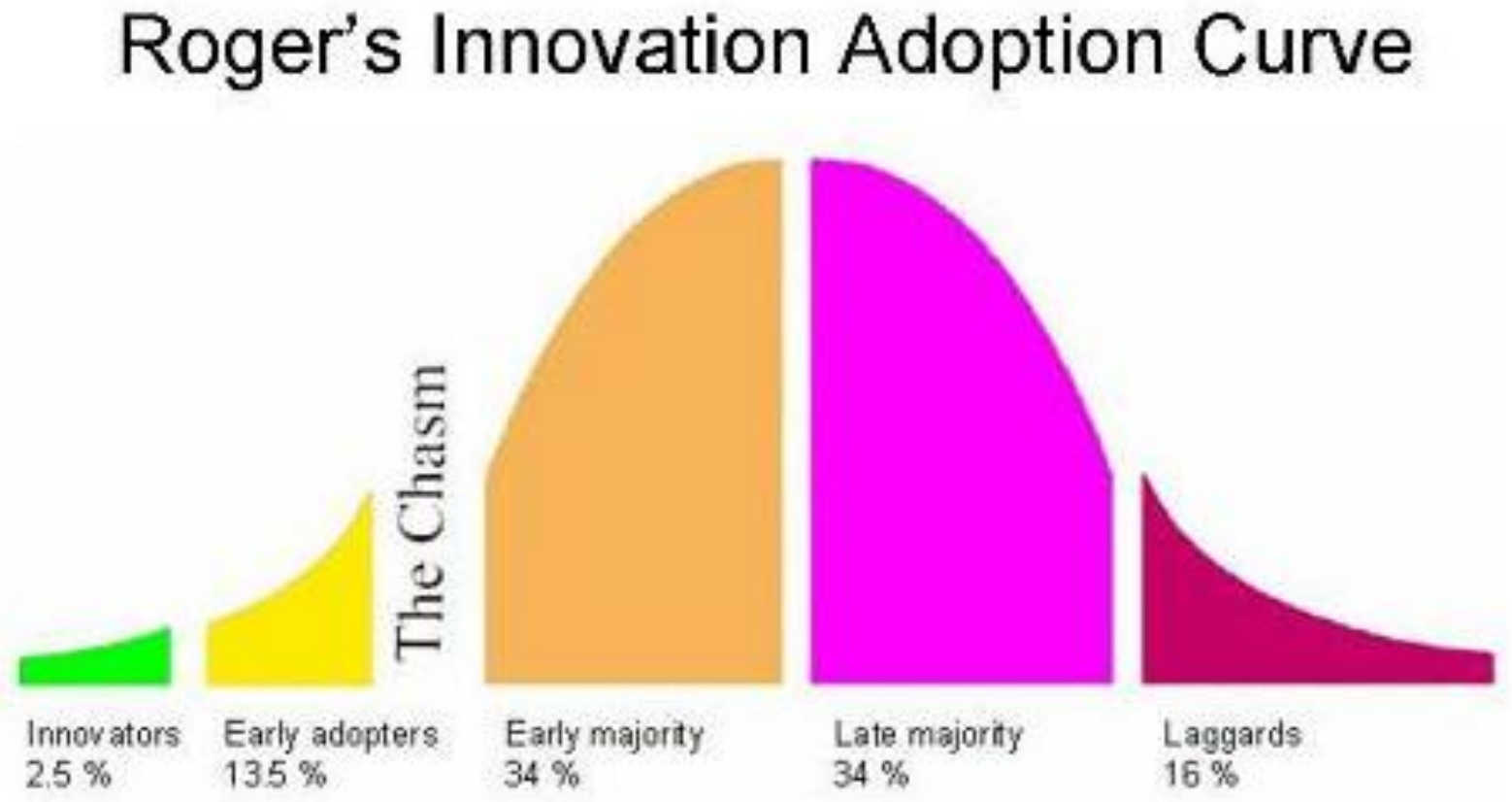


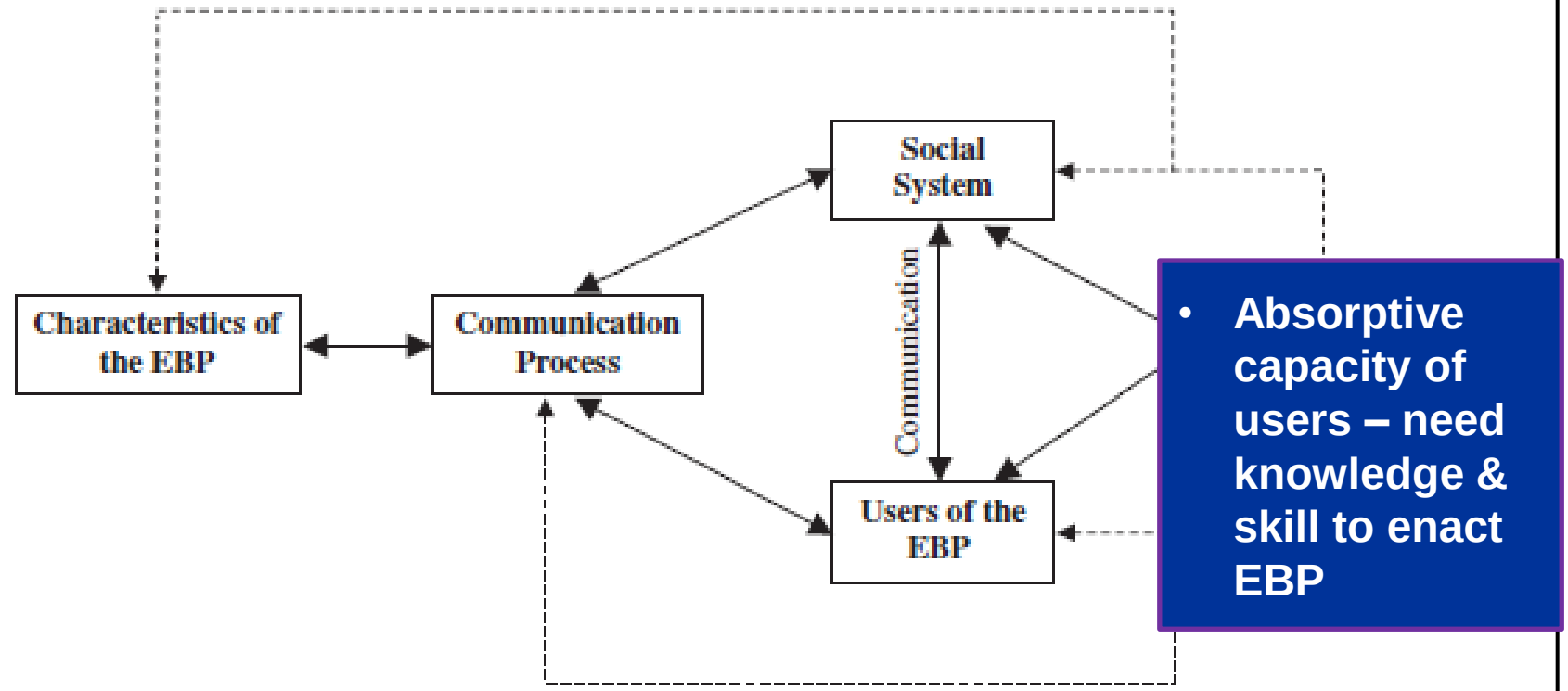
Figure 1. Implementation model.
Note. Adapted from Rogers 2003a and Titler and Everett, 2001.

Users of EBP



Trying to convince the mass of a new idea is *useless*.
Convince *innovators and early adopters* first.

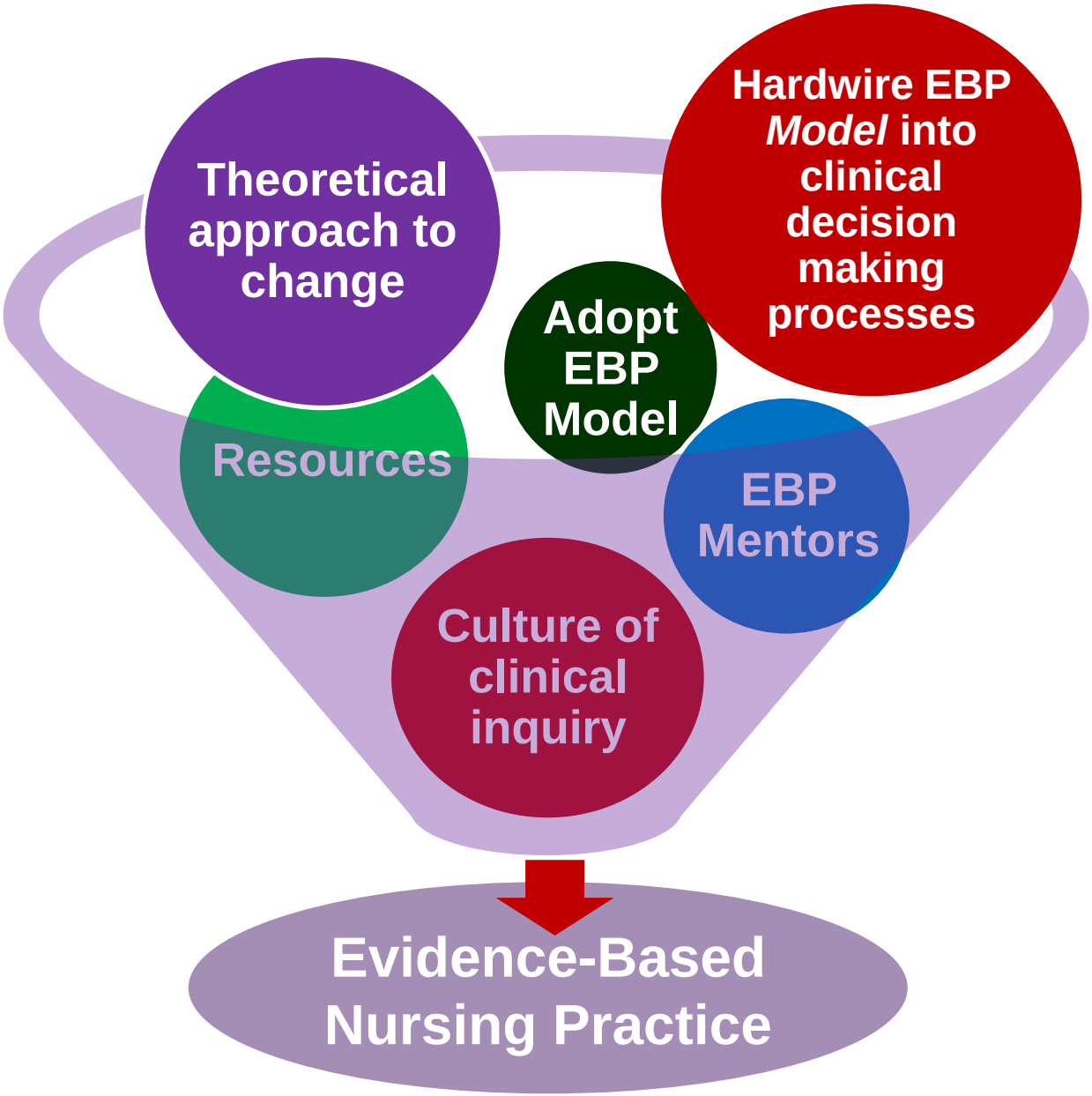
Changing Practice: A Theoretical Approach



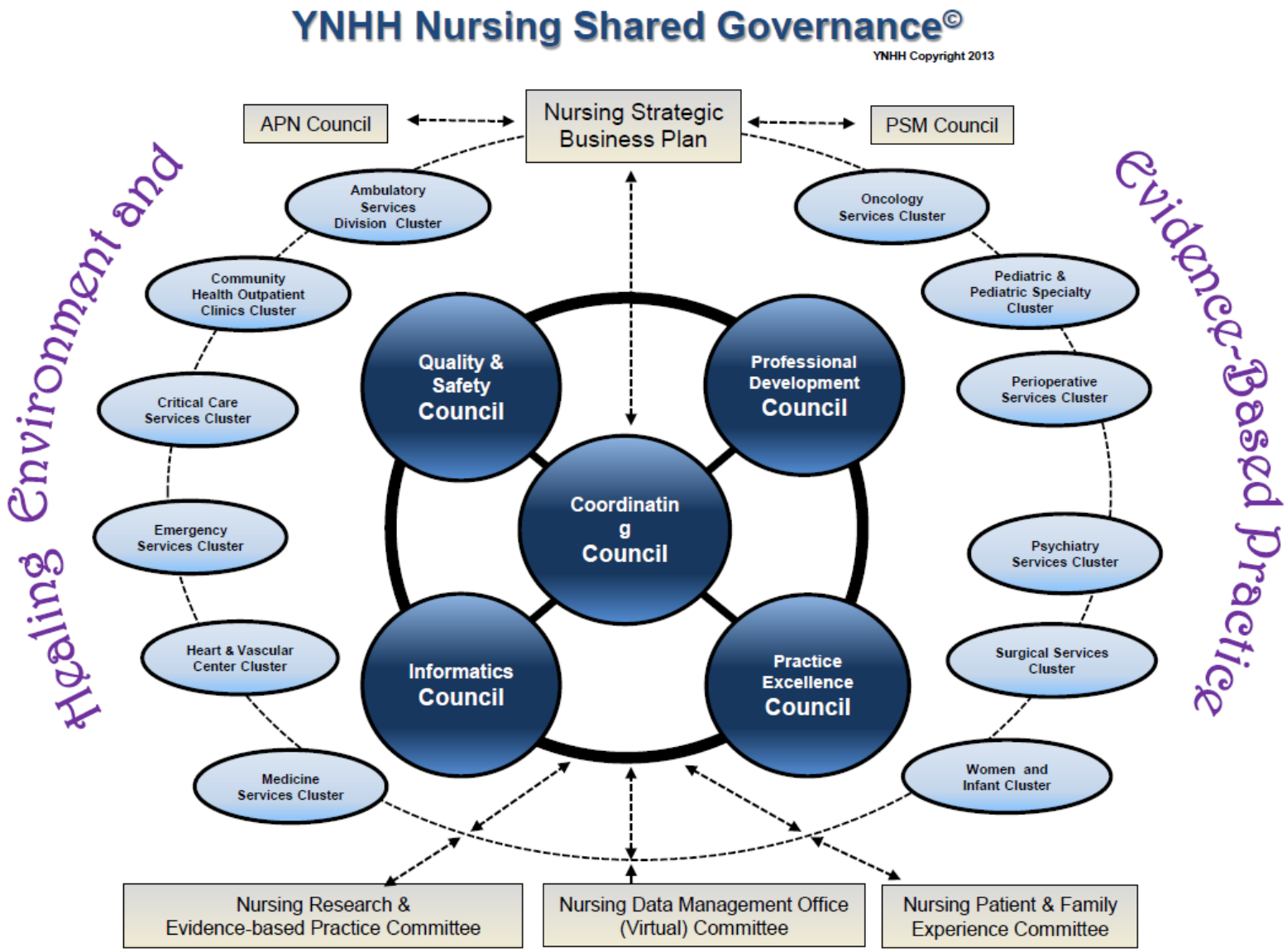
- **Absorptive capacity of users – need knowledge & skill to enact EBP**

Figure 1. Implementation model.
Note. Adapted from Rogers 2003a and Titler and Everett, 2001.

Guiding Principles



Hardwire EBP



Nursing Shared Governance

Purpose

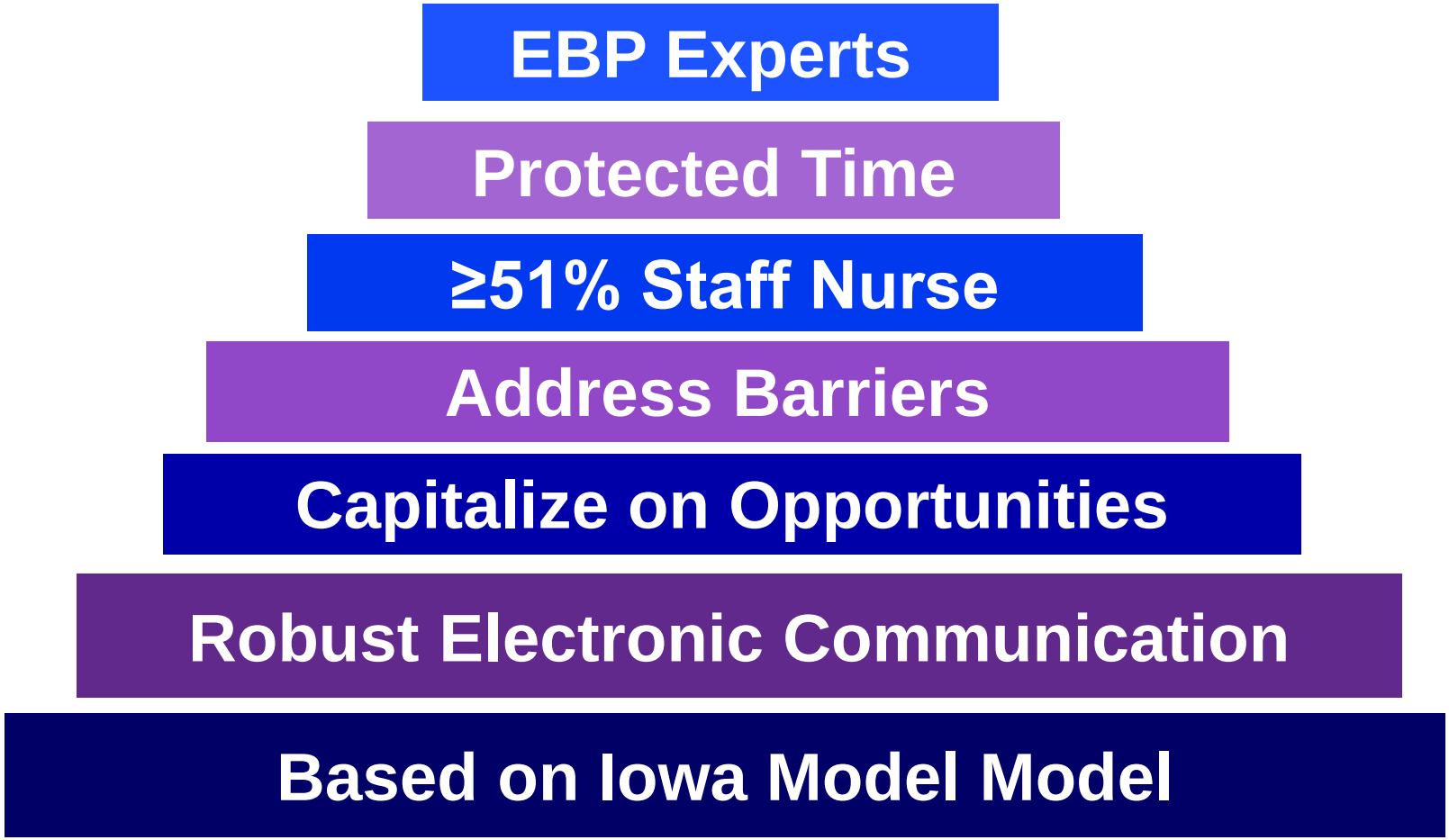
Supports Nursing's strategic plan

Engage and empower clinical nurses to make decisions about their nursing practice

Provide infrastructure needed to place ownership and accountability for practice and it’s outcomes at the level of the clinical nurse

Nursing Shared Governance

Evidence-based Practice Decision Making Process



Shared Governance Master Log

Practice Change Request Process

Councils

Nursing Consultants

Step I Change Request

Enter New Request

View Current Requests

Step II Feasibility Review

Feasibility Review

Council Review

Step III Change Proposal

Identify Team

Evidence Review

Implementation Plan

Clearinghouse Endoresment

Step IV Open Comment

Pending Approval for Open Comment

Approved for Open Comment

Review Open Comments

Step V Final Proposal

Final Proposal

Practict Alert

Inactive Requests

STEP I

Practice Change Requests

Automated email to:
Submitter
Council Chair

Practice Change Title * **(Title identifies your request)**	
Practice Setting * **(Identify where you work)**	
Representing *	Patient Care Area
Name of Committee-Group *	
Type of Request *	Change to existing practice
Trigger for Change *	Knowledge Focused Based on Iowa Model of EBP Knowledge focused - national agency or organization standards and guidelines, new evidence Problem focused - observed clinical problem or data-driven from nursing or hospital reports (nursing sensitive measures, national patient safety goals, patient experience and service excellence results)
Identify Professional Organization **(If Knowledge Focused see above)**	If Knowledge Focused
Population * **(Who does this affect?)**	Describe change being requested using PICO format
Intervention or issue * **(What do you want to change?)**	
Comparison * **(What is the current practice?)**	Current practice compared to recommendation
Outcome * **(What will you improve by this change?)**	Desired result or outcome
Supporting Evidence * **or attach reference list**	Browse...
Select Affected Cluster *	Coordinating Council (Hospital wide)

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STEP II

Feasibility Review

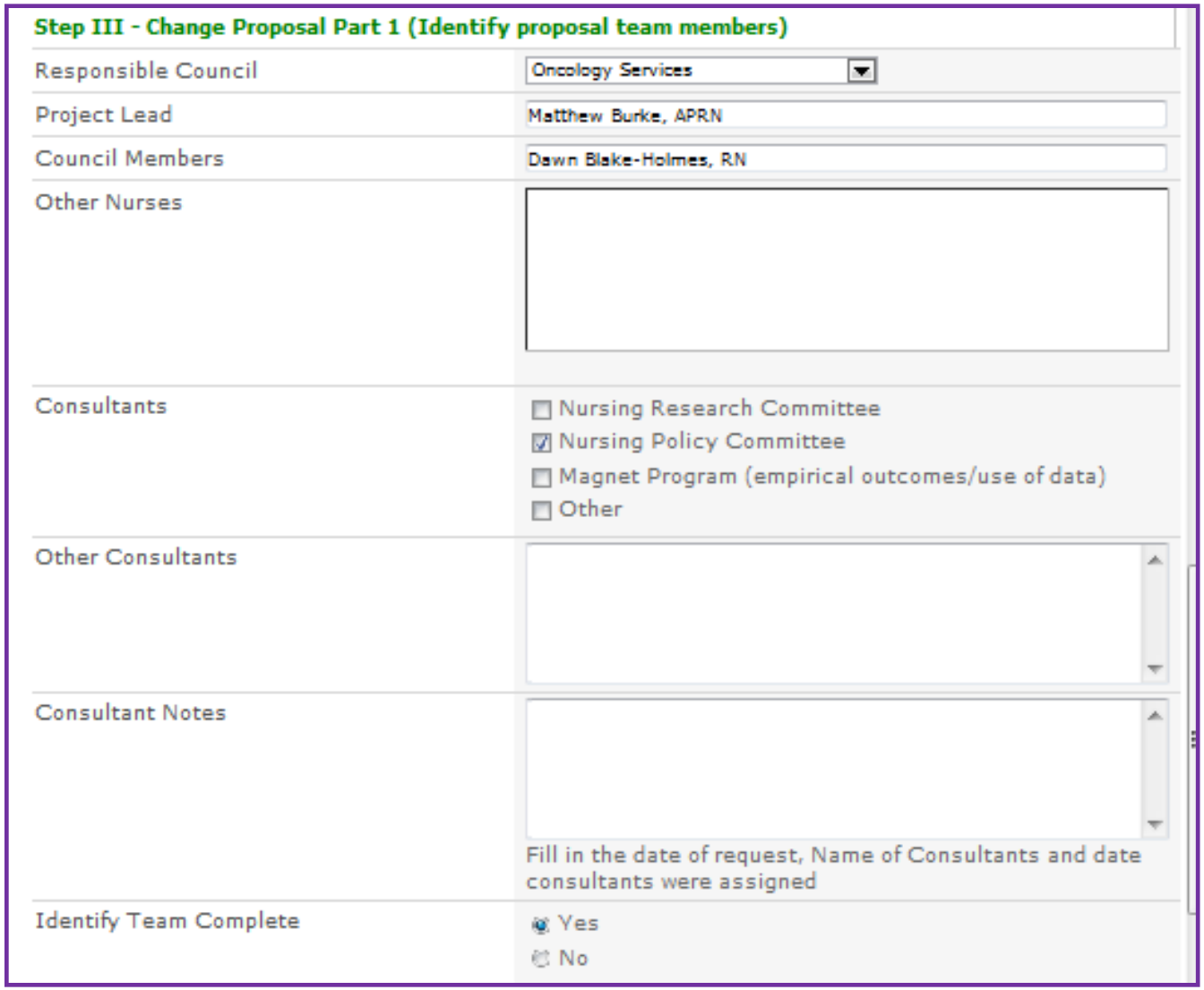
Step II - Feasibility Review Part 1	
Existing Policy	
Aligned with Strategic Business Plan	
Anticipated Cost	
Within Scope Nursing Practice	
Within Scope of Shared Governance	
Other Considerations	
Disciplines	
Status	
Step II - Feasibility Review Part 2 (Council Review)	
Practice Excellence Council	
Professional Development Council	
Quality and Safety Council	
Informatics Council	
Ambulatory Services	
Children Services	
Community Health Services	
Critical Care Services	
Emergency Services	
Heart and Vascular Center Services	
Medicine Services	
Oncology Services	
Perioperative Services	
Psychiatry Services	
Surgery Services	
Women's Services	
Council Review Notes	
Council Review Complete	No

Developing Change Proposal: Part 1

Identify Team

STEP III

1. **Identify team**
2. **Evidence Review**
3. **Implementation plan**
4. **Education Clearinghouse**

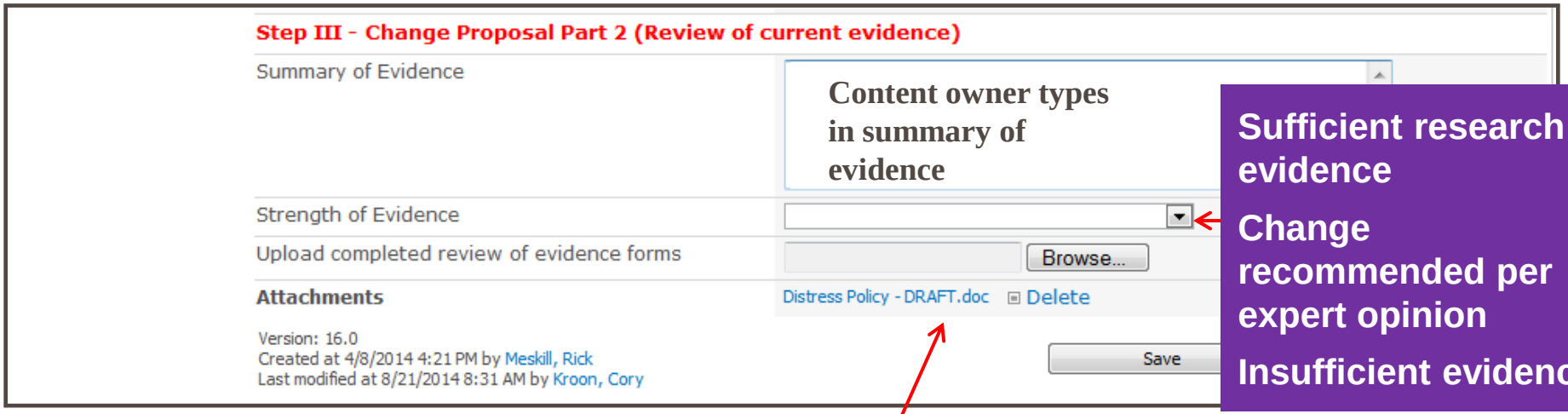


Step III - Change Proposal Part 1 (Identify proposal team members)

Responsible Council	Oncology Services
Project Lead	Matthew Burke, APRN
Council Members	Dawn Blake-Holmes, RN
Other Nurses	
Consultants	☐ Nursing Research Committee ☑ Nursing Policy Committee ☐ Magnet Program (empirical outcomes/use of data) ☐ Other
Other Consultants	
Consultant Notes	Fill in the date of request, Name of Consultants and date consultants were assigned
Identify Team Complete	◉ Yes ○ No

Developing Change Proposals: Part 2

Evidence Review



Sufficient research evidence

Change recommended per expert opinion

Insufficient evidence

Upload *Literature Reviews and* forms of evidence

Automates email to submitter

Sufficient evidence

or

Insufficient evidence

Table for Critiquing Research Literature

Level of evidence + quality of evidence=strength of evidence & confidence to act

Critique Categories	Comments
Study Purpose Was the purpose, research question, or hypothesis clearly defined? ☐ yes ☐no	Outline the purpose of the study/project What were the dependent and independent variable(s)?
Theoretical Framework **Literature Review** Was relevant background literature reviewed? ☐ yes ☐no	Identify the theoretical framework if used. Is the literature review thorough and recent (within past 5 years)? Does content of relate directly to the research problem? If appropriate, are classic older studies highlighted?
Methods What was the design? Was it appropriate? ☐ yes ☐no (see appendix A)	Describe study methods (design, sample, setting, human subjects protection, interventions tested and/or procedures for data collection) How was study conducted? How were subjects selected (inclusion/exclusion)? Was sample representative? Were data collection tools reliable and valid tools?
Data Analysis How were the data analyzed? (see appendix B)	Describe the data analysis. Do the selected statistical tests appear appropriate?

Critique Categories	Comments
Results/Limitations Are the results presented clearly? ☐ yes ☐no Charts, graphs understandable? ☐ yes ☐no	What were the results? How were the results interpreted? What were study limitations?
Clinical Significance What were the implications of the study to nursing practice? Do they have relevance for our practice?	How does the study contribute to the body of knowledge? Could the study be replicated? What additional questions does the study raise? Was the sample similar to ours? Yes ☐ No ☐ Was setting similar to ours? Yes ☐ No ☐ Do the results warrant examining our current practice for changes? Yes ☐ No ☐
Level of Evidence (see Appendix C)	Is this a reputable source of evidence? Yes ☐ No ☐

Developing Change Proposals: Part 3

Implementation Plan

Step III - Change Proposal Part 3 (Implementation plan)	
Implementation Plan Sponsor	
Patient Population	
Intervention or Issue	
Comparison	
Outcome	

Implementation Plan (Cont'd)

Structure Goal	
Structure Goal Monitoring	
Process Goal	
Process Goal Monitoring	
Outcome Goal	
Outcome Goal Monitoring	
Communication Process within nursing	☐ Yes
Communication Process Other Disciplines	
Nursing communication Processes	

Implementation Plan (Cont'd)

Education Plan	☐ Healthstream ☐ Formal class/inservice ☐ Self-Learning Packet ☐ Laboratory Simulation ☐ Other
Education Plan Other	
Education Comments	
Sustainability Plan	
Dissemination Plan	Locally or external to the hospital as appropriate
Implementation Plan Complete	◯ Yes ◯ No
Step III - Change Proposal Part 4 (Clearinghouse Endorsement)	
Education Plan Endorsed	No

Part 4

STEP IV:

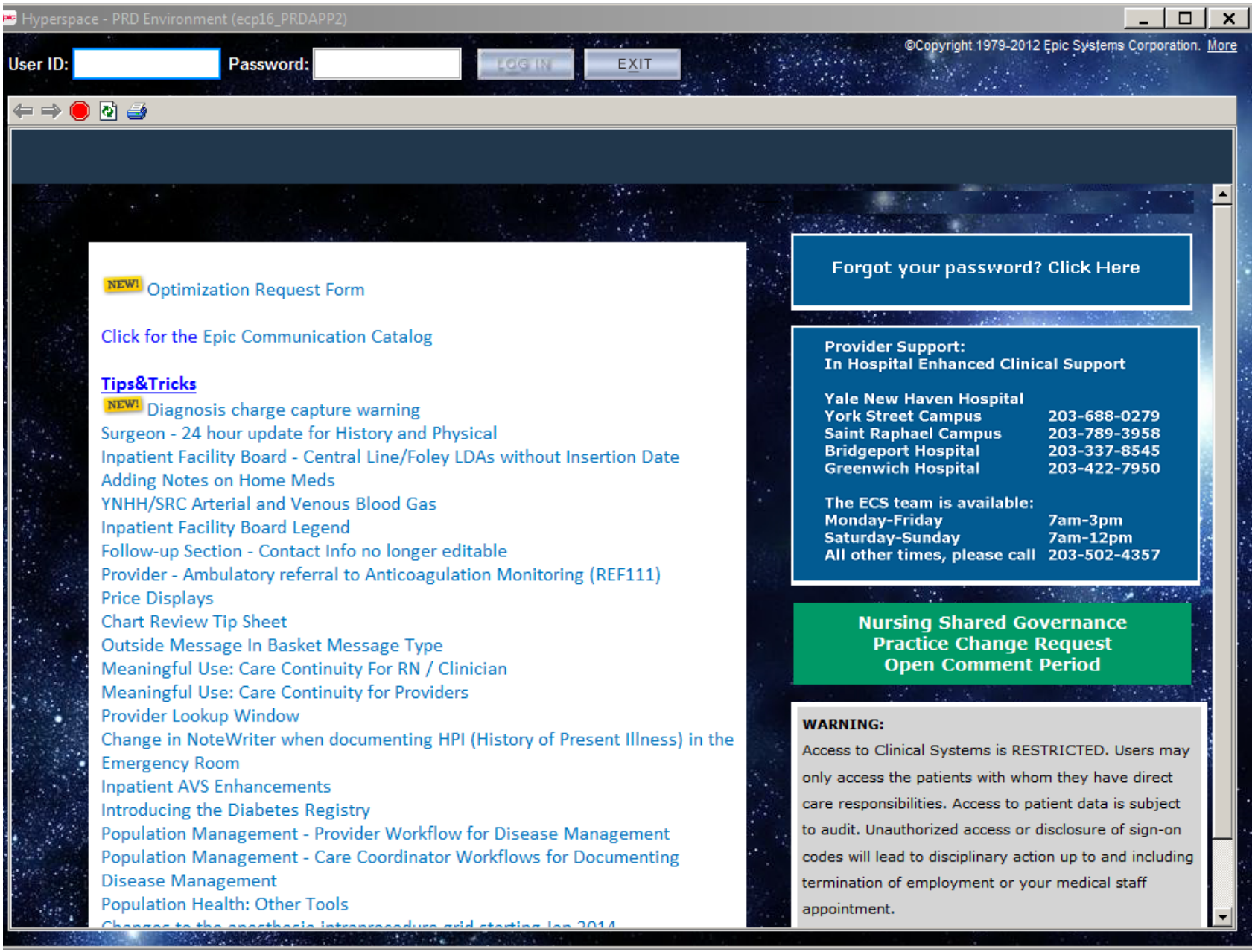
Open Comment Period

- **Electronic process for posting *Change Proposals***
- **Posted on site 2nd Wednesday of month**
- **Open for 14 days**
- **Download documents**
- **Provides opportunities for written feedback from >5,000 nurses**

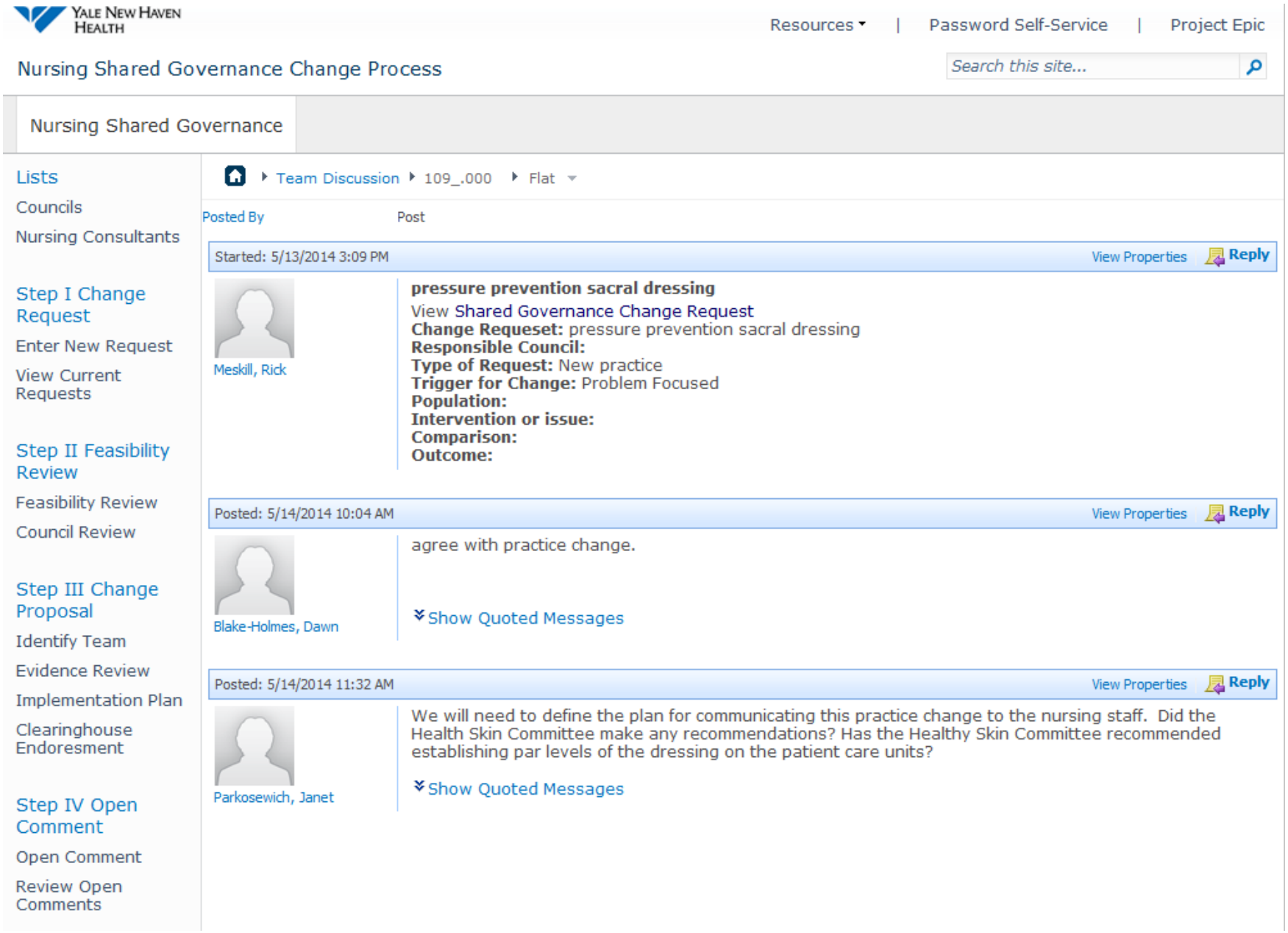
Practice Change Title	Scripting Guidelines for use of Technology in a healing Environment
Name	Salerno, Carol
Email	Carol.Salerno@ynhh.org
Practice Setting	All clinical settings
Representing	Shared Governance Council
Name of Committee-Group	Informatics Council
Type of Request	Education
Trigger for Change	Problem Focused
Professional Organization	
Population	Inpatient and Outpatient clinicians
Intervention or issue	Provide clinicians with a tool to guide communication and interaction with patient/families regarding the use of technology in a healing environment.
Comparison	There is no standard/consistent communication regarding the use of technology at the point of service. Patient perception is that technology may sometimes get between the clinician and the patient.
Outcome	Improvement of the Press Ganey scores (comments prior to and post script implementation) Improve patient engagement at the point of care (improved barcode scanning compliance, real time documentation) Increased patient/family awareness for the use of technology at the point of care. Overall increased patient safety.
Cluster	Coordinating Council (Hospital wide)

Automates email to 1,000 nursing leaders

Open Comment Period



Open Comment Period



STEP V

Final Proposal

Practice Alert

Practice Change Title	Scripting Guidelines for use of Technology in a healing Environment
Name	Salerno, Carol
Email	Carol.Salerno@ynhh.org
Practice Setting	All clinical settings
Representing	Shared Governance Council
Name of Committee-Group	Informatics Council
Type of Request	Education
Trigger for Change	Problem Focused
Professional Organization	
Population	Inpatient and Outpatient clinicians
Intervention or issue	Provide clinicians with a tool to guide communication and interaction with patient/families regarding the use of technology in a healing environment.
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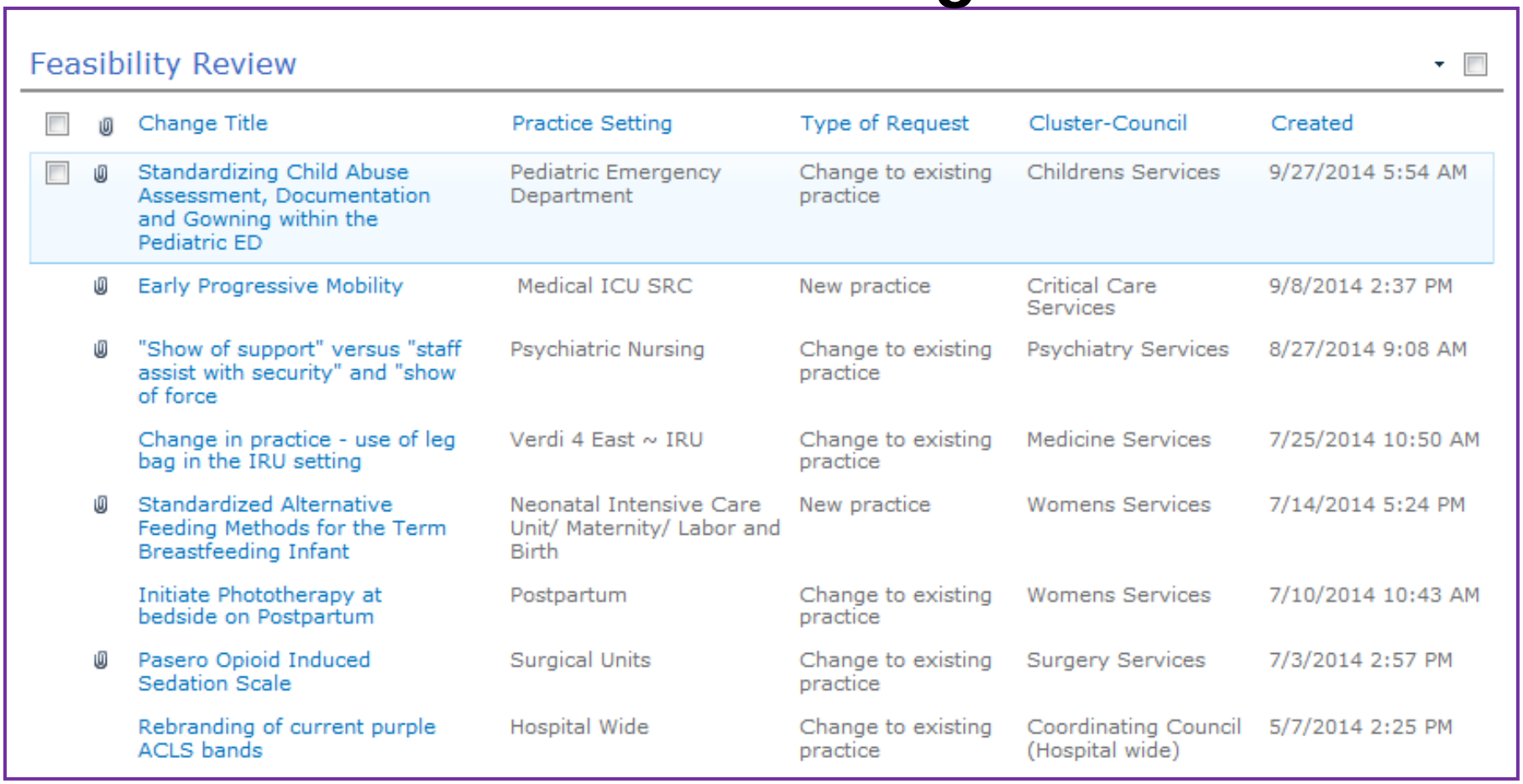
Accelerating Adoption of Best Evidence into Nursing Practice



Feasibility Review

Change Title	Practice Setting	Type of Request	Cluster-Council	Created
Standardizing Child Abuse Assessment, Documentation and Gowning within the Pediatric ED	Pediatric Emergency Department	Change to existing practice	Childrens Services	9/27/2014 5:54 AM
Early Progressive Mobility	Medical ICU SRC	New practice	Critical Care Services	9/8/2014 2:37 PM
"Show of support" versus "staff assist with security" and "show of force	Psychiatric Nursing	Change to existing practice	Psychiatry Services	8/27/2014 9:08 AM
Change in practice - use of leg bag in the IRU setting	Verdi 4 East ~ IRU	Change to existing practice	Medicine Services	7/25/2014 10:50 AM
Standardized Alternative Feeding Methods for the Term Breastfeeding Infant	Neonatal Intensive Care Unit/ Maternity/ Labor and Birth	New practice	Womens Services	7/14/2014 5:24 PM
Initiate Phototherapy at bedside on Postpartum	Postpartum	Change to existing practice	Womens Services	7/10/2014 10:43 AM
Pasero Opioid Induced Sedation Scale	Surgical Units	Change to existing practice	Surgery Services	7/3/2014 2:57 PM
Rebranding of current purple ACLS bands	Hospital Wide	Change to existing practice	Coordinating Council (Hospital wide)	5/7/2014 2:25 PM

To date 36 Practice Change requests submitted (April 2014)

Using DAMP BIBS - An Acronym to Improve Nurse' Detection and Management of

CHILD MALTREATMENT

Principal Investigator

Laura Caneira, RN, BSN, CN III

Co-Investigators

Marcie Gawel, RN, BSN, MS, CN III

William Kean, RN, BN, CN IV

Jeannette Koziel MSN, APRN, NP-C

Wei Teng, PhD

Mentor

Janet Parkosewich, RN, DNSc, FAHA

"We have the power to stop child abuse and neglect"

Background – Our Motivation

- My patient experience
- Invitation to meet with DCF Commissioner

Joette Katz
CT DCF Commissioner

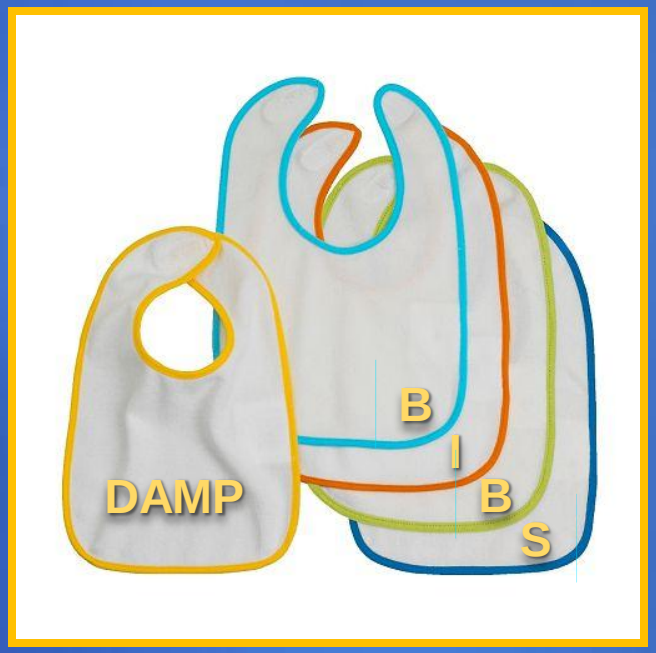
In light of a 3 yr old's tragic, avoidable death from child maltreatment just after seeking care at Windham Hospital, Katz has appealed to CT hospitals to conduct a full examination in a hospital gown whenever any child ≤6 years is presents to the ED, so any hidden and older injuries can be are detected.

http://www.ct.gov/dcf/cwp/view.asp?a=4071&Q=507912

Purposes

To determine the effect that an educational intervention has on PED nurses' *attitudes* toward and *knowledge* about the assessment and management of child maltreatment

Intervention



Nursing History and Physical Exam

Delay in treatment

Appearance

Making eye contact

Prior DCF referral

Bodily Injury

Interaction

Back again/Frequency

Story

Results

- Increased confidence in ability to assess for and manage children with maltreatment and its documentation

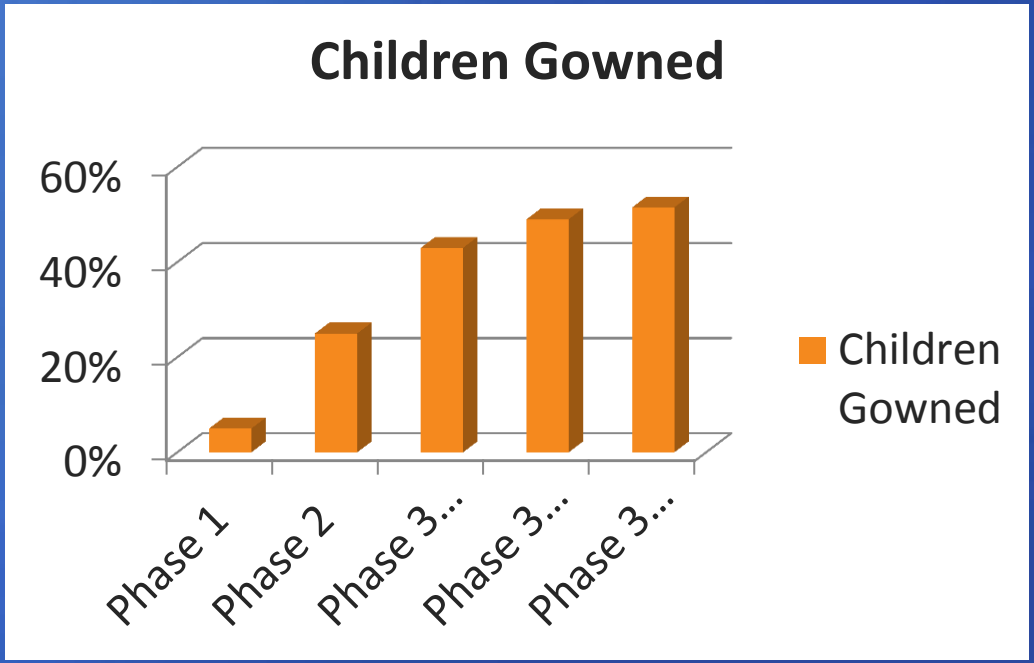
Survey Item (N=38)	% agreement with Survey items		
	Pre	Post	p
I am confident in my ability to assess my patient for *sexual abuse*	26.3	52.6	0.01
I am confident in my ability to assess my patient for *emotional abuse*	42.1	60.5	0.07
I am confident in my ability to assess my patient for *physical neglect*	63.2	89.5	0.01
I am confident in my ability to assess my patients for *medical neglect*	65.8	73.7	0.73
I am confident in my ability to assess my patient for *physical abuse*	81.6	94.7	0.125

- Increased knowledge pre vs. post intervention

Results	Mean	SD	Range
Pre-Test	67.1	10.8	36.8 - 84.2
Post-Test	94.7	10.7	57.9 – 94.7

Knowledge vs. Behavior

- Despite new knowledge – very few children were being undressed prior to physical exams
- Used 3 rapid cycles of change to change practice
  - Addressed barriers identified by staff
  - Initiated contests
- Practice not consistently improved



Entered Practice Change Request into New Shared Governance EBP Process

Close

Step I - New Practice Request

Practice Change Title	Standardizing Child Abuse Assessment, Documentation and Gowning within the Pediatric ED
Name	Caneira, Laura
Email	LAURA.CANEIRA@YNHH.ORG
Practice Setting	Pediatric Emergency Department
Representing	Patient Care Area
Name of Committee-Group	Pedi ED/ Trauma Committee
Type of Request	Change to existing practice
Trigger for Change	Problem Focused
Professional Organization	
Population	Children presenting to the Pediatric Emergency Department ages 6 and under
Intervention or issue	Education regarding screening for child abuse (including in CBO) Consistent standardization documentation in EPIC regarding screening Gowning of patients (under age 6)
Comparison	Children are not routinely gowned as part of the ED process Abuse assessments are not consistently completed
Outcome	Enhanced overall assessment increased documentation and screening for child abuse identify suspicious skin assessments (such as bruising in soft tissue areas)
Cluster	Childrens Services

An Evidence-Based Approach to Assessing Pain in Elders with Dementia

Mary Ann Harmon, BSN, RN-BC, CMSRN, CNIII
Staff Nurse Celantano 4, Saint Raphael Campus

Background

- Celentano 3 and 4
- Located on St Raphael Campus
- General medicine units
- High volume geriatric population

Background

More people are:

- Surviving to their senior years than ever before and
- Are spending longer periods of time in old age

FACTs about people 65 years of age and older

- In 1930, >6 million people
- Today, >30 million people

Problem Statement

- **Most common reason for unrelieved pain in US hospitals - failure to routinely assess pain and pain relief** (***American Pain Society***, **1999**)
- **Unfortunately, a significant number of elders do not receive adequate pain management due to 3 factors:**

  - **Lack of accurate pain assessment**
  - **Misconceptions regarding efficacy of nonpharmacologic pain management strategies**
  - **Concerns about potential risks of pharmacotherapy use in the elderly**

(Geriatric Nursing, **March/April 2011)**

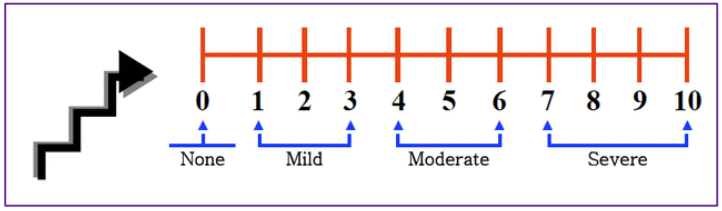
Assessment of Pain

Types of Pain Scales

Visual Analog Scale (VAS)

Patients mark pain level

U = unable to determine



Numeric Pain Scale

Faces Pain Scale

Non-Verbal Pain Scale

Pain Assessment in the Elderly

Reasons elders cannot participate in pain assessment:

- Dementia / cognitive impairment
- Visual problems
- Underlying medical problems
- Lethargic or unresponsive

Assessment of Pain
Abbey Pain Scale

Identifies 6 behavioral indicators during activity
(ex. repositioning)

1. **Vocalization: whimpering, groaning, crying**
2. **Facial expressions: frowning, grimacing**
3. **Body language: fidgeting, rocking**
4. **Behavior: increased confusion, refusing to eat, alteration in usual patterns**
5. **Physiological change: temperature, pulse or BP outside normal limits, flushing or pallor**
6. **Physical change: skin tears, pressure areas, arthritis, contractures**

Developed by:
Jennifer Abbey, Professor of Nursing, Queensland University of Technology, Australia

Abbey Pain Scale

Q1.	**Vocalisation** eg. whimpering, groaning, crying *Absent 0 Mild 1 Moderate 2 Severe 3*	Q1	
Q2.	**Facial expression** eg: looking tense, frowning grimacing, looking frightened *Absent 0 Mild 1 Moderate 2 Severe 3*	Q2	
Q3.	**Change in body language** eg: fidgeting, rocking, guarding part of body, withdrawn *Absent 0 Mild 1 Moderate 2 Severe 3*	Q3	
Q4.	**Behavioural Change** eg: increased confusion, refusing to eat, alteration in usual patterns *Absent 0 Mild 1 Moderate 2 Severe 3*	Q4	
Q5.	**Physiological change** eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor *Absent 0 Mild 1 Moderate 2 Severe 3*	Q5	
Q6.	**Physical changes** eg: skin tears, pressure areas, arthritis, contractures, previous injuries. *Absent 0 Mild 1 Moderate 2 Severe 3*	Q6	

Add scores for 1 – 6 and record here ⇒ **Total Pain Score** ☐

Now tick the box that matches the Total Pain Score ⇒

0 – 2 No pain	3 – 7 Mild	8 – 13 Moderate	14+ Severe

Finally, tick the box which matches the type of pain ⇒

Chronic	Acute	Acute on Chronic

Dementia Care Australia Pty Ltd
Website: www.dementiacareaustralia.com

Methods

Sample:

- Patients ≥65 years of age with dementia
- Unable to verbalize pain level (scored 0 or U by VAS)

Intervention:

- Educated CEL3 and CEL4 nurses about using Abbey Pain Scale
- Provided each with a copy of scale
- Assessed interrater reliability – observed RNs using scale

Procedure:

- Following use of Numeric Pain Scale or FACES, reassessed patient using Abby Pain Scale
- Provided non-pharmacologic interventions
- Reassessed – if score moderate to severe range added a pharmacologic intervention
- Reassessed again to evaluate response to intervention

Interventions Used for Pain

Nonpharmacologic

- Repositioning
- Incontinence care
- Bladder scan and straight catheterization
- Physical therapy
- Heat/cold packs
- Mouth care
- Secretion clearance suctioning
- Back rub / massage
- Music therapy

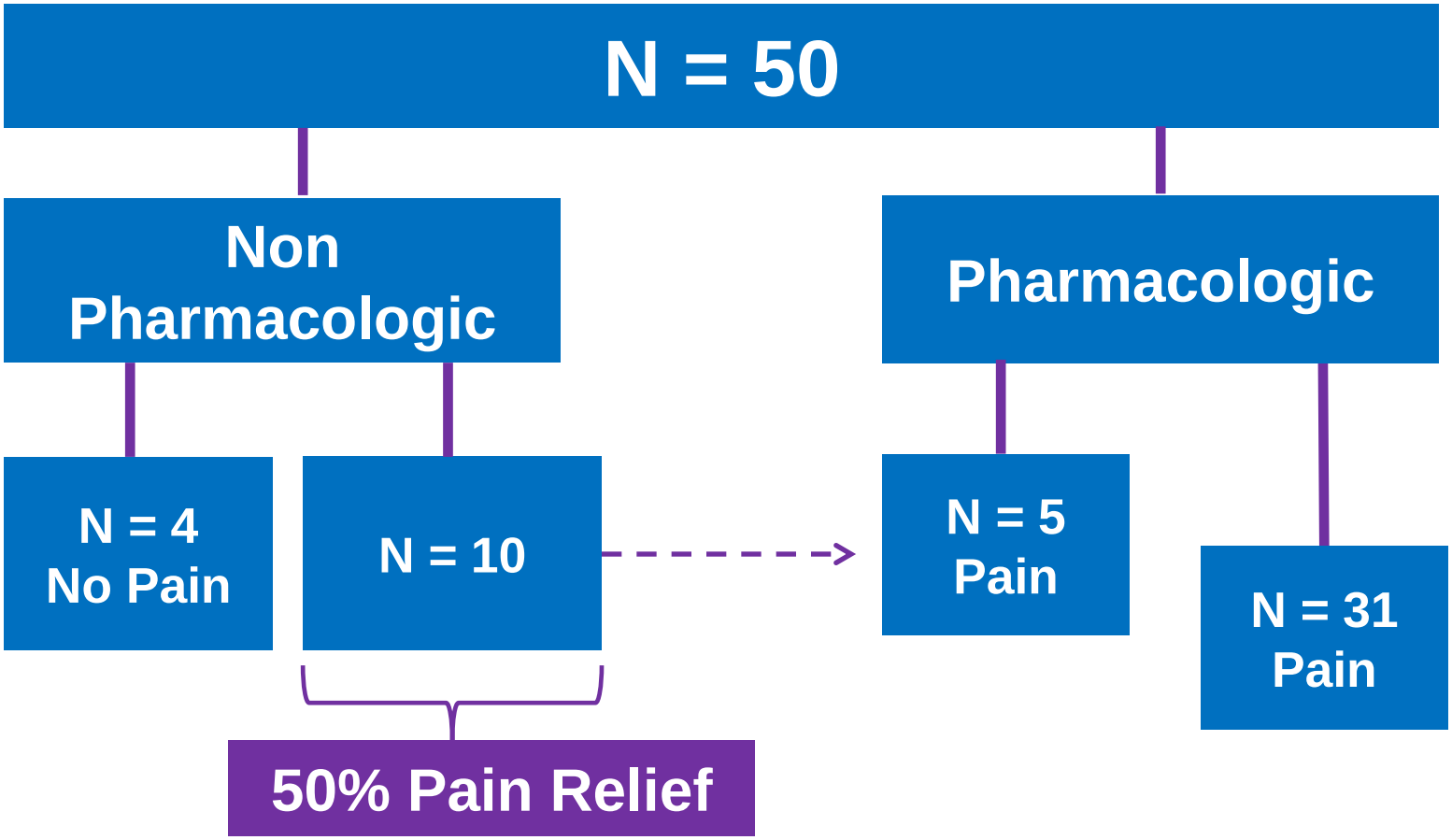
Pharmacologic

- Tylenol
- Morphine
- Percocet

Results of Abbey Pain Scores (N=50)

Abbey Pain Scores	N	%
None = 0 to 2	4	8
Mild = 3 to 7	8	16
Moderate = 8 to 13	29	58
Severe = ≥14	9	18

Interventions Used



Pharmacologic Interventions Used

- **Tylenol PO or suppository - 17 patients to treat mild to moderate pain**
- **Morphine 1 mg IVP - 18 patients with severe pain - one time, prn or scheduled doses**
- **Percocet 1 tab - 1 patient with severe pain - one time, prn or scheduled doses**

Implications for Nursing

- **Heighten our awareness of pain being a common problem that is inadequately assessed by current pain scales in elders with dementia.**
- **These patients may be experiencing needless pain and suffering.**
- **Assessing pain during activity is an important consideration.**
- **The Abbey Pain Scale shows great promise for use in dementia patients unable to verbalize pain.**

Next Step

Submit *Practice Change Request* to Nursing Shared Governance via the Coordinating Council


Thank
You