Evidence Based Practice Yields Practice Change in Emergency Department

Beth Hurwitz RN,BSN,CEN, Joanne Brown RN Gerry Altmiller EdD,APRN,ACNS-BC
Einstein Emergency Cluster Evidence Based Practice Project

Introduction

• Ongoing practice in the emergency department has been to assess a rectal temperature for pediatric patients under the age of 5 regardless of chief complaint.
• This can cause discomfort to the patient and the family, and increase time of triage, therefore increasing ED throughput.
• The risk of rectal perforation is also a safety concern.
• The purpose of this project was to determine an alternative, safe way to achieve consistently reliable pediatric temperature measurements.

Methods

• The Emergency Department Cluster Committee adopted an evidence based project
• Following the Iowa Model, a PICOT question was formed.
• A literature review of 13 articles was conducted
• There is no current policy for pediatric temperature measurement at Einstein
• Regional pediatric specialty hospitals were consulted to determine their current practice

PICOT

P Patients under 5 years of age presenting to Emergency Department
I Temperature assessment
C National standards, other hospitals in the region
O Identify the safest way to achieve consistently reliable pediatric temperature measurement
T One year from start date

The PICOT question is: What is the safest way to achieve consistently reliable pediatric temperature measurement?

Results

• Temporal artery thermometry (TAT) was found to be a consistently reliable method of measurement as a screening tool in children under the age of 5.
• Approval was obtained by the directors to implement the recommended practice change.
• Thermometers were purchased
• Staff was in-service and implementation began
• TAT is recommended for saving nursing time and increasing patient and family comfort
• Guidelines were developed

• Children under 90 days will continue to get rectal temperatures at triage

Guideline 1

• Children >91 days will have temporal artery thermometry unless presenting with potentially infectious complaints

Guideline 2

• Rectal temperature may be measured at request of physician or at nurse discretion

Guideline 3

Conclusions

• Post implementation, on-going evaluation will continue at regular intervals for a three month period
• Evaluations measure nurse satisfaction, perceptions regarding patients and family comfort and length of triage experience

References