



Healthcare team interventions in ICU for patients with acquired brain injury: a pilot study using participant observation



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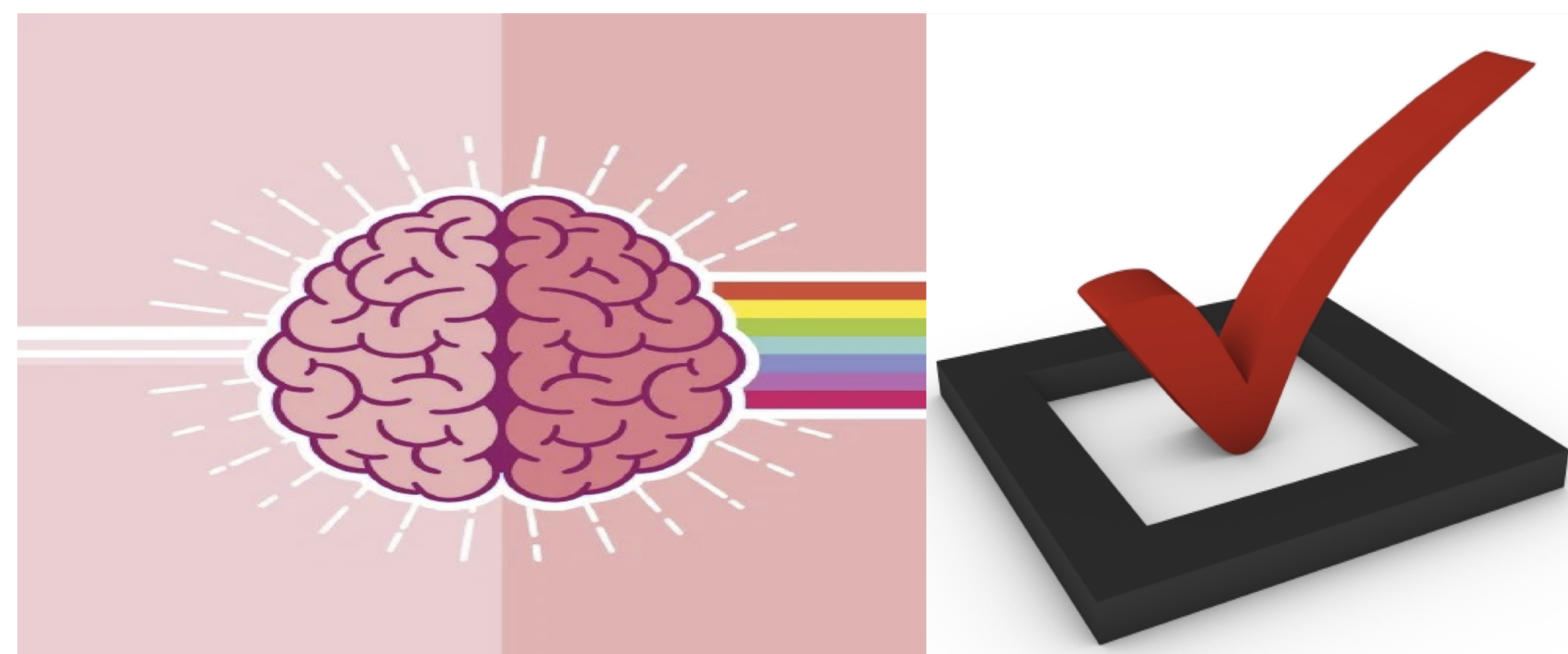
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Introduction

The patients with acquired brain injury (ABI) are frequently cared in many ways. This care include interventions that are made with the aim to benefit the patient. Despite this, several researchers have suggested some kind of relationship between these interventions and the occurrence of secondary insults like increase or decrease of blood pressure, intracranial pressure, cerebral perfusion pressure and heart rate.

Objective

The aim of this study was to develop observation guides (checklist) for the interventions bed-bathing, suctioning of respiratory secretions and repositioning in bed, in order to identify factors that could influence the neurocritical patients outcomes.



Methods

To carry out the objectives set out in this pilot study, Participant Observation was used as a data collection tool. A total of nine interventions were observed in patients with ischemic and hemorrhage stroke and Traumatic Brain Injury in the ICU: four repositioning in bed, three bedbathing and two suctioning of respiratory secretions.

Two activities were planned to achieve the objective: 1. Elaboration, review and evaluation of the checklists and 2. Calculation of the percentage of compliance of the items in the checklists and identification of relevant variables in the patient with ABI.

Results

The results of this pilot study are exposed in the order of the activities mentioned above.

Activity 1: Six checklists resulted from this revision which were subject to experts review and a practical check. The insertion into the field was started with the objective of reducing the "reactivity" using Participant Observation.

Activity 2. The percentage of compliance was between 85 - 100% in all interventions, however the items that were not fulfilled are mostly clinically related to unfavorable results in patients with acquired brain injury. The items that were not met in each intervention and that may be related to the outcome of the patient are listed below:

Bed-bathing

- Leaves the patient totally uncovered.
- Delay in finalizing the intervention.
- Head of the bed less than 15 degrees or greater than 30 degrees.
- Additional sedation prior to the procedure.

Suctioning of respiratory secretions

- Suction pressure higher than 120 mmHg.
- Hyperoxygenation at 100% prior to the start of the procedure.
- Perform more than two suction events.

Repositioning

- Head of the bed less than 15 degrees or greater than 30 degrees.

These items are now variables in the principal study.

Conclusions

This pilot study examined the feasibility of the main study. The insertion into the field using participant observation decrease the reactivity of the ICU staff at the moment of being observed. The elaboration, evaluation and testing of the checklists make possible that new intervening variables were obtained and now are part of the principal study.

ETHICAL CONSIDERATIONS: This project was approved by the Ethics Committee of the Universidad Nacional de Colombia.

Bibliography

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