Sedation Protocol Compliance for Improved Outcomes in the ICU
Sonya M. Grigsby, DNP, APRN, AGACNP-BC
The University of Texas at Tyler

BACKGROUND
14% of ICU patients require ventilator support
Estimated national costs >$28 billion
12% of all hospital costs
Daily costs of ventilator $2000-$4000/day
Daily cost of care for ventilated patient $10,000/day
Duration of Mechanical Ventilation
ICU Length of Stay
Healthcare costs

PURPOSE
Improve clinician compliance with and attitudes/beliefs about an evidence-based sedation and mechanical ventilation weaning guideline
Improve mechanical ventilator days and ICU LOS.

METHODS
Three-month quality improvement (QI) project evaluated processes leading to compliance with the evidence-based guideline.
Nurses were surveyed to determine knowledge and comfort with the guideline.
Based on guideline and data from nurses, education was provided on sedation medications, mechanical ventilation, the EBP sedation protocol, and focused on spontaneous awakening and breathing trials.
Evaluation of guideline comfort and compliance.

RESULTS
- Research answered the PICOT question of how intermittent sedation of mechanically ventilated patients reduces prolonged mechanical ventilator days, ICU length of stay and risk for adverse events.
- Education of healthcare professionals impact evidence-based guideline implementation.
- Evidence-based quality improvement and healthcare transformation results in effective, safe, and efficient patient care.
- Increased turnover within the units impacts compliance of the evidence-based sedation protocol, and therefore, patient outcomes.

CONCLUSIONS
- Evidence-based sedation guideline implementation can reduce mechanical ventilator days, ICU length of stay and risk for adverse events.
- Organizational/ environmental issues can impact guideline implementation.
- Ongoing education is required to ensure compliance of the evidence-based guideline.
- Continual monitoring of guideline implementation & patient outcomes is imperative.