Title:
CT Time: A Vital Measurement in the Treatment of Moderate to Severe Head Injuries

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Session Title:
Rising Stars of Nursing Invited Posters - Group 2

Slot (superslotted):
RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM

Slot (superslotted):
RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM

Slot (superslotted):
RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

Keywords:
Door-to-CT scan, Head injury and Traumatic Brain Injury

References:

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
<th>TIME ALLOTTED</th>
<th>FACULTY/SPEAKER</th>
<th>TEACHING/LEARNING METHOD</th>
<th>EVALUATION/FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
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<td>Critique selected definition of the term, &quot;curriculum&quot;</td>
<td>Definition of &quot;curriculum&quot;</td>
<td>20 minutes</td>
<td>Name, Credentials</td>
<td>Lecture PowerPoint presentation Participant feedback</td>
<td>Group discussion: What does cultural training mean to you?</td>
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<td>Subject matter that is taught Cultural &quot;training&quot; Planned engagement of learners</td>
<td>Discuss two procedures that can affect the door-to-CT scan time.</td>
<td>Procedure done prior to CT can fall into two categories: necessary and unnecessary. Examples of necessary procedures are airway control and IV access. Examples of unnecessary procedures include: full body x-ray, FAST, gastric tube and foley.</td>
<td>10 minutes</td>
<td>Brett A. Dodd, RN, CEN, CCRN, CFRN</td>
<td>Lecture</td>
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<td>Describe the impact nursing can have on improving</td>
<td>10 minutes</td>
<td>Brett A. Dodd, RN, CEN, CCRN, CFRN</td>
<td>Lecture</td>
<td>Group discussion: What are specific nurse driven actions that can impact door-to-ct times?</td>
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<td>reducing the door-to-CT scan time in moderate to severe head injuries.</td>
<td>door-to-CT time in moderate to severely injured patients by: a. Directing nursing care to ensure unnecessary skills are delayed until after the completion of the head CT. b. Prompting team dynamics to ensure the head CT is a priority after completion and stabilization of the patient’s ABC’s. Promptly preparing the patient for transport and communicating the urgent need for a</td>
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Abstract Text:

Traumatic Brain Injury (TBI) is one of the most common types of injury seen by trauma centers. Many patients suffering from TBI die in the field before ever reaching a hospital. According to the American College of Surgeons (ACS) of all patients with TBI that do seek medical care, 25% can be classified as moderate to severe (2012). ACS also estimated that 1,700,000 TBIs occur annually, 250,000 patients are hospitalized, and 52,000 patients die. US data estimates 80,000 – 90,000 patients each year suffer a TBI with long-term disability. The primary goal in the care of TBI patients is to prevent secondary injury. Preventative measures include ensuring adequate oxygenation and maintaining adequate blood pressure to ensure perfusion of the brain. After stabilization of the ABCs, the goal is to rapidly identify a mass lesion that may require surgical intervention. This is achieved by obtaining a computerized tomographic (CT) scan of head.

Some of the expected challenges for achieving our goal door-to-CT scan time included performing necessary lifesaving procedures prior to head CT scan, ensuring good team dynamics during initial patient arrival, and prompt transport of the patient for the head CT scan. Other factors that were out of our control were radiology delays and delays due to physician discretion. Our team for gathering and reviewing data included two nurses and one physician. Data was retrospectively gathered for 8 months prior to implementing any change. This data was then shared with the nurses in the department as a whole and then on an individual basis. Care was taken to emphasize this project was to improve our departments process and patient outcomes and in no way was being used a disciplinary tool. Suggestions from staff were then gathered and best practices shared within the group. As nurses began to understand the department goal and felt empowered to make decisions on delaying unnecessary procedures until after CT scan we began to see improvement. In addition, nursing began thinking steps ahead and moving with more purpose. The ultimate goal was to improve patient outcomes and encourage nursing staff to be patient advocates for those presenting with head injuries.