

Evidence Based Practice Yields Practice Change in Emergency Department



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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

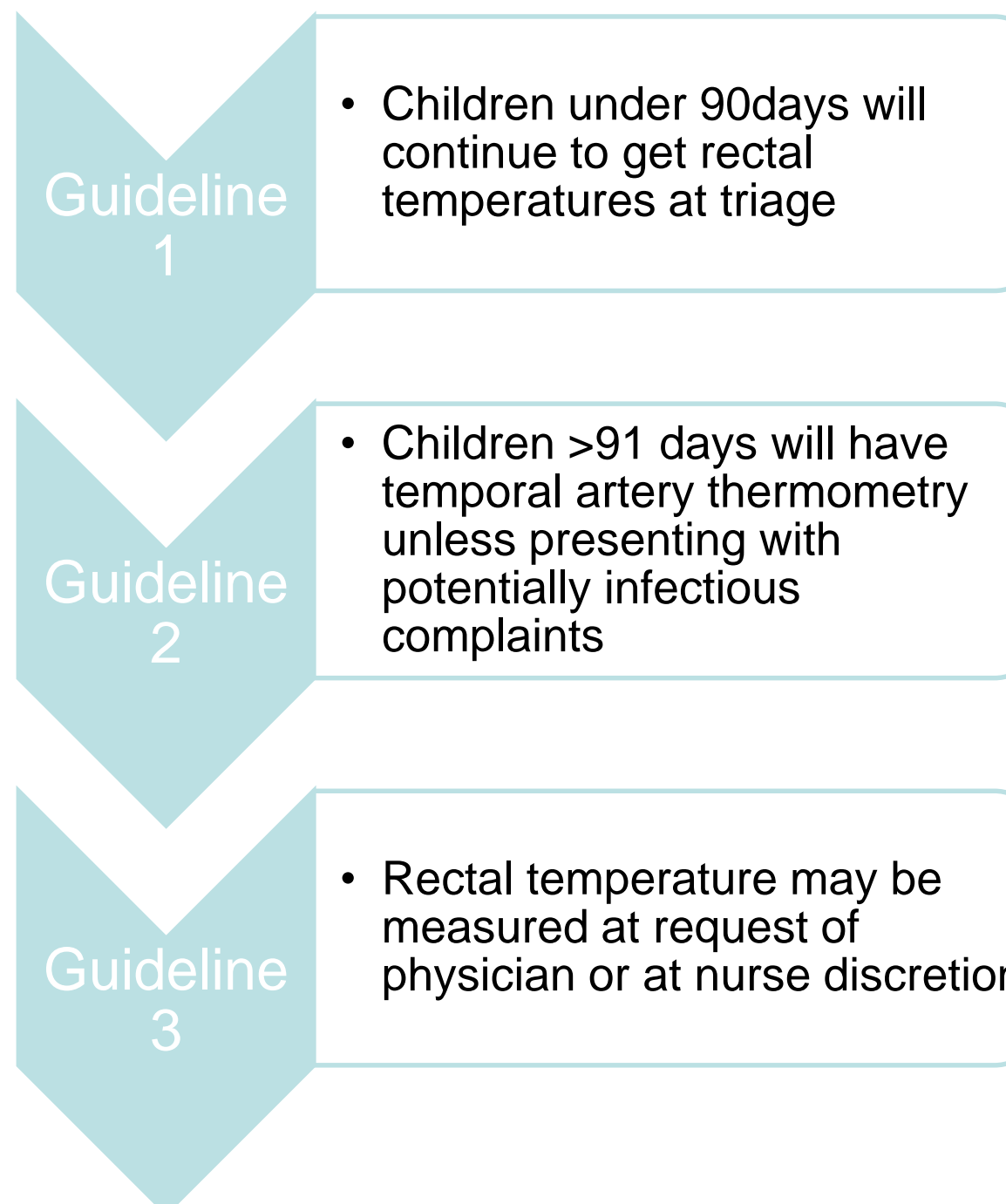
PICOT

- 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-serviced and implementation began.
- TAT is recommended for saving nursing time and increasing patient and family comfort
- Guidelines were developed



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

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