Title:

Evidence-Based Project Yields Practice Change in Emergency Department

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Session Title:

Rising Stars of Research and Scholarship Invited Student Poster Session 1

Keywords:

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References:

Bahorski, J., Repasky, T., Ranner, D., Fields, A., Jackson, M., Moultry, L., Pierce, K., & Sandell, M. (2012). Temperature measurement in pediatrics: A comparison method of the rectal versus the temporal artery method Journal of Pediatric Nursing 27, 243-247. doi: 10.1016/j.pedn.2010.12.015 Carr, E. A., Wilmoth, M. L., Eliades, A. B., Baker, P. J., Shelestak, D., Heisroth, K. L., & Stoner, K. H. (2011) Comparison of temporal artery to rectal temperature measurements in children up to 24 months. Journal of Pediatric Nursing 26, 179-185. doi:10.1016/j.pedn.2009.12.072 Emergency Nurses Association (December 2011). Clinical practice guideline: Non-invasive temperature measurement in the emergency department. Retrieved from

http://members.ena.org/IENR/CPG/Documents/TemperatureMeasurementCPG.pdf - non working url – working: http://www.ena.org/practice-

research/research/CPG/Documents/TemperatureMeasurementCPG.pdf

Abstract Summary:

This poster describes a staff-lead evidence-based practice project to determine whether temporal artery thermometry would provide safe, consistently accurate measurement during triage, increase triage throughput times, and increase patient and nurse satisfaction during the triage process. **Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify the necessary steps involved in completing an evidence based practice project.	A chronology detailing the steps taken are listed on the poster
The learner will identify reasons why non- invasive temperature measurement may be indicated.	Safety concerns, increased throughput times in triage, and patient/parent discomfort are all cited in the poster

Abstract Text:

The various methods of pediatric patient temperature measurement have long been debated by those providing care in the emergency department (ED). The gold standard has been the rectal temperature (RT). While accurate, this method causes distress to patients and their families, and adds significant time to the triage process. Prior to this project, children with non-infectious complaints such as fractures or lacerations were being subjected to rectal temperature measurement, causing undo stress. Other

methods of temperature measurement such as temporal artery, tympanic, axillary, and infrared have been studied to determine their efficacy and accuracy.

In response to this growing dilemma of best practice, a group of emergency department staff nurses from a multihospital system identified an opportunity for improvement which lead them to undertake an evidence-based practice project that included an exhaustive literature search, review of relevant studies, creation of a table of evidence, presentation of findings, and recommendations for practice change. During the search, the committee found that in February 2008, the Society of Pediatric Nurses released a position statement that stated that temporal artery thermometry (TAT) provided accurate temperature measurement in infants greater than 90 days without fever as well as all patients over 3 months with or without fever (Asher & Northington, 2008). In addition, in 2011, the Emergency Nurses Association (ENA) completed its own comprehensive literature review (2011). They identified that in children younger than 24 months, TAT and RT measurements were highly correlated. Staff used this as a starting point for finding an answer to this practice problem. The project resulted in the adoption of guidelines for use of temporal artery thermometry as a screening tool for pediatric patients older than ninety days that present without infectious complaints. Nursing, patient and family satisfaction data was tracked over a 9 month period using post-implementation surveys.

This poster describes a staff-lead evidence-based practice project to determine whether temporal artery thermometry would provide safe, consistently accurate measurement during triage, increase triage throughput times, and increase patient and nurse satisfaction during the triage process.