Title:
Nursing Barriers to Implementation of Daily Sedation Interruption

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Session Title:
Poster Presentations

Slot (superslotted):
PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM

Slot (superslotted):
PST: Saturday, 18 March 2017: 9:45 AM-10:15 AM

Slot (superslotted):
PST: Saturday, 18 March 2017: 1:30 PM-2:00 PM

Slot (superslotted):
PST: Saturday, 18 March 2017: 3:45 PM-4:15 PM

Keywords:
Barriers to practice, Critical care nursing and Quantitive research

References:


Abstract Summary:
Daily interruption of sedation is recognized as best practice for patients receiving continuous sedation. This abstract reports the findings from a cross sectional research study that examined perceived barriers nurses experience in implementing this best practice in critical care settings.

Learning Activity:
Abstract Text:

**Background:** Mechanically ventilated, critically ill patients often require a continuous infusion of sedation in order to provide safe and effective medical and nursing care. Continuous infusion of benzodiazepines, opioids or propofol are often used to manage ventilated patients (Berry & Zecca, 2012). Over 790,000 patients require mechanical ventilation each year in the United States (Wunsch, Linde-Zwirble, & Angus, 2010), many of which often require continuous sedation (Reade, Finfer, 2014). The use of continuous infusions can lead to prolonged length of stay in intensive care units (ICU) which increases delirium and muscle wasting, ultimately decreasing patient quality of life (Barr et al., 2013). Implementing daily interruption of sedation (DIS) in eligible patients is associated with lowering the aforementioned complications from prolonged continuous infusions (Barr et al., 2013). Despite the evidence supporting the use of DIS in mechanically ventilated adults in ICU, a survey of physicians, nurses, and pharmacists, only 40% (N=904) reported using DIS (Tanios, de Wit, Epstein, Devlin, 2009). Various barriers to DIS included lack of nursing acceptance, concern about patient initiated device removal and respiratory compromise (Tanios, et al 2009) as well as ambiguity about why, who, and how to do daily sedation interruption (Miller, Bosk, Iwashyna, Krein, 2012). While previous studies have asked health care professionals about DIS barriers, this study focuses on barriers ICU nurses identify in implementing daily interruption in sedation protocols.

**Purpose:** The purpose of this pilot study is to determine factors that influence nurses’ decision to implement daily interruption of sedation.

**Method/Design:** A cross sectional descriptive quantitative research design using survey methodology will be used to explore barriers nurses experience to implemented DIS. Institutional Review Board approval will be obtained from the University.

**Sample:** The participants in this study will be a convenient sample of nurses who are currently employed in critical care units and care for patients receiving continuous sedation.