

Improve Fluid Restriction Communication with a Simple Tool

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Background

- Enhanced recovery for thoracic surgery patients includes careful fluid management to prevent complications (Dinic et al., 2018).
- The significance of fluid restrictions in thoracic patients is crucial in preventing post operative acute lung injuries (Chau & Slinger, 2014).
- Using tools helps capture a more complete picture of fluid status throughout 12-hour shifts and optimizes reporting at hand-off (Birmingham, Buffum, Blegen, & Lyndon, 2015).

Purpose

- To increase communication between unit and hospital staff around fluid restriction statuses.
- Ask: does a fluid restriction hand-off tool improve communication between unit staff members?
- Non-nursing staff (respiratory therapy, physical therapy, phlebotomy, dietary, etc.) would be unaware of the patient's fluid restriction status.

Approach

Setting and Sample

- Progressive Stepdown Unit (PSU) at Advocate Christ Medical Center (ACMC).
- Post-surgical thoracic patients: Video-assisted thoracotomy (VAT) and esophagectomy patients.

Interventions

- Unit safety coaches acted as a resource for all clinical team members.
- Educate all unit nursing staff members (Registered Nurses (RNs), Patient Care Information Associates (PCIAAs), and Leadership):
 - How to use the signs.
 - Why fluid restrictions are so important.

Interventions (cont.)

- Hang fluid restriction signs on patient doors:
 - REUSABLE, laminated fluid restriction sign (Fig. 1) on the patient's HALL DOOR - nurses write restriction amount.
 - DISPOSABLE sheet (Fig. 2) on patient's BATHROOM DOOR to record intake and output (which also increases accuracy of input/output charting).

Methods of Evaluation

- Missed communications regarding patient fluid restriction orders were:
 - Tallied on a board in the medication room (by any staff member witnessing the miss).
 - Reported to a safety coach.
 - Recorded for four weeks pre-intervention and four weeks post-intervention.

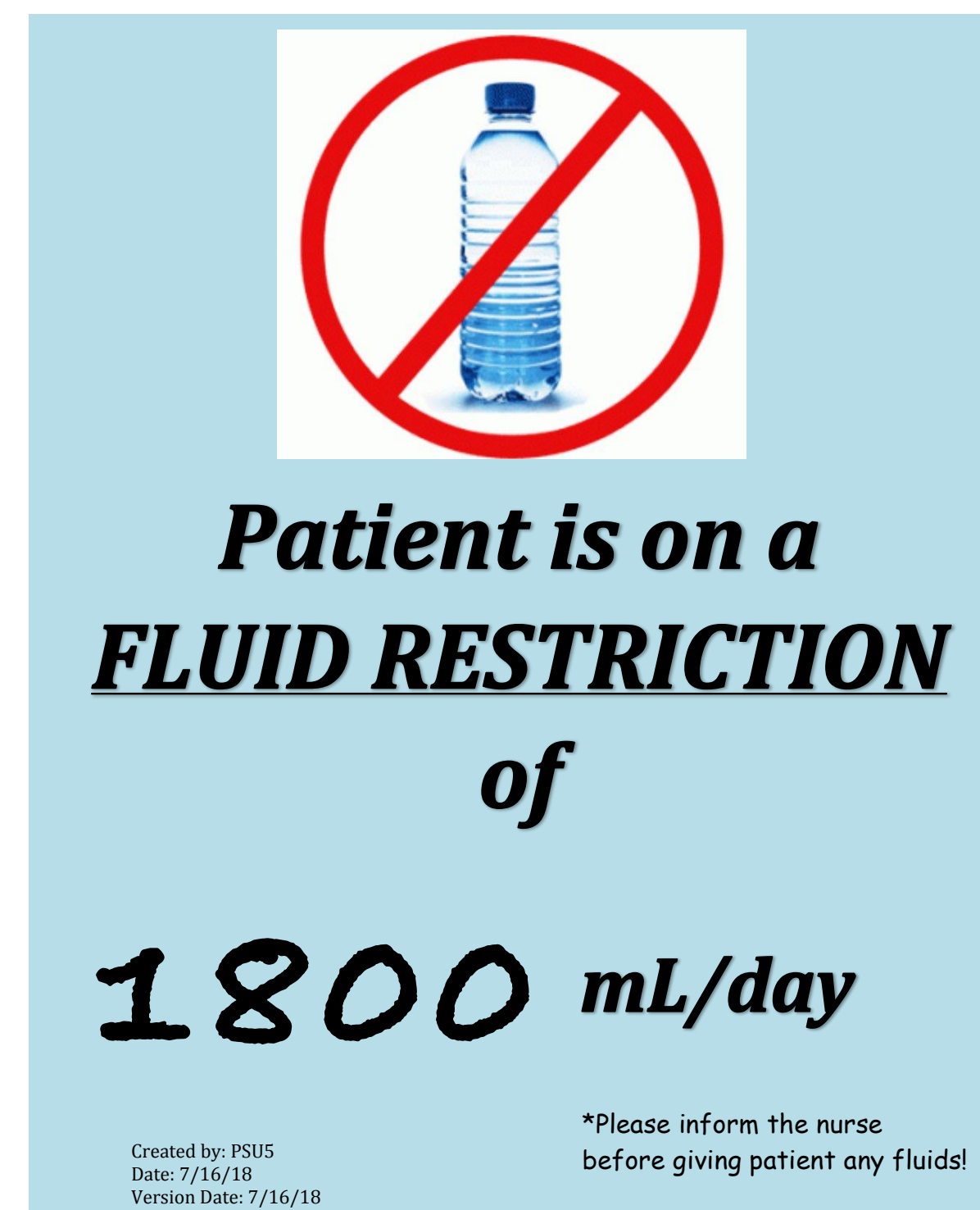


Figure 1. REUSABLE fluid restriction sign placed on the patient's outside door. Nurses write the restriction amount with erasable marker.

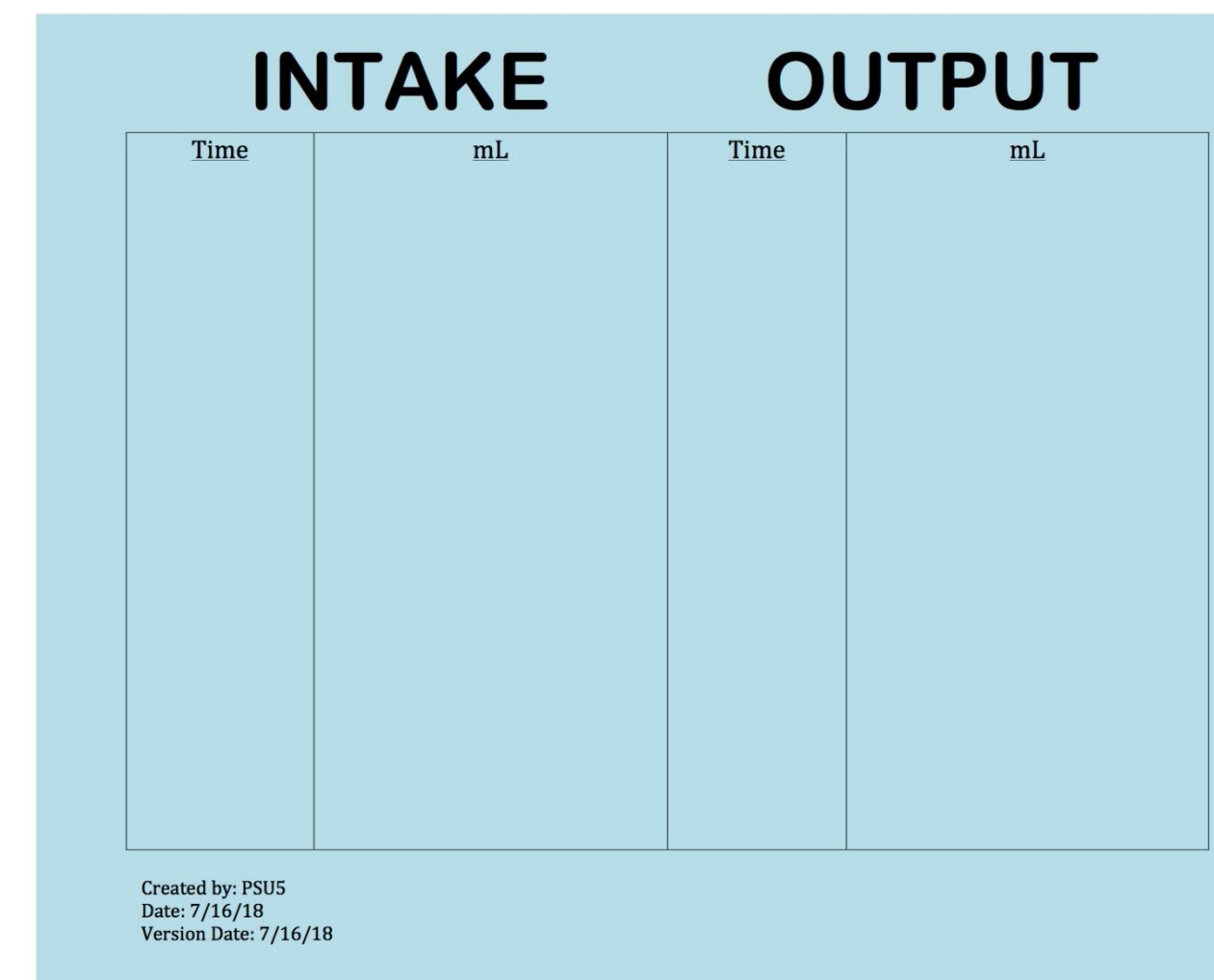


Figure 2. DISPOSABLE sign placed on patient's bathroom door to accurately track patient intake and output.

Results

- Utilization of the fluid restriction signs yielded a 92.6% decrease in miscommunications among unit staff (Fig. 3).

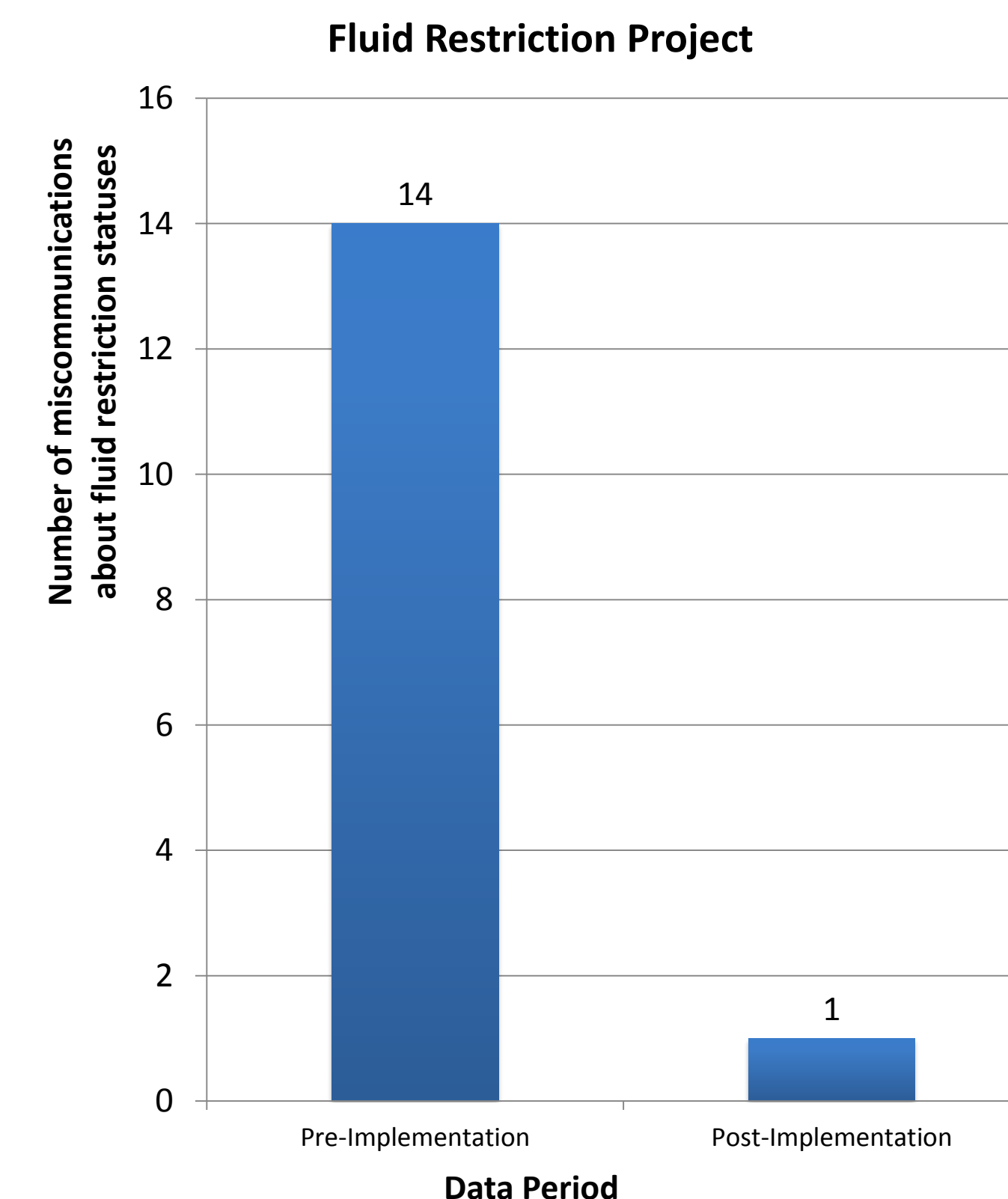


Figure 3. Data collected from the fluid restriction project.

Conclusions

- Simple tools like fluid restriction signs reduce miscommunications about orders.
- The signs provided a visible cue during bedside shift report which emphasized the fluid restriction to the oncoming nurse and patient.

Limitations

- Number of post-surgical thoracic patients on the unit.
- Uninformed float or resource staff.
- Timeframe of the project.

Implications for Practice

- These signs can easily be used on any unit and placement could be modified for double rooms.
- Next steps of the project include:
 - Re-educating unit safety coaches and staff.
 - Completing audits to ensure signs are placed on proper patients over the long-term.
 - Holding focused discussions at unit staff meetings to hear staff feedback.

References

- Birmingham, P., Buffum, M., Blegen, M., & Lyndon, A. (2015). Handoffs and patient safety: Grasping the story and painting a full picture. *Western Journal of Nursing Research, 37*, 1459-1477. <http://dx.doi.org/10.1177/0193945914539052>
- Chau, E., & Slinger, P. (2014). Perioperative fluid management for pulmonary resection surgery and esophagectomy. *Seminars in Cardiothoracic and Vascular Anesthesia, 18*, 36-44. <http://dx.doi.org/10.1177/1089253213491014>
- Dinic, V., Stojanovic, M., Markovic, D., Cvetanovic, V., Vukovic, A., & Jankovic, R. (2018, February 5). Enhanced recovery in thoracic surgery: A review. *Frontiers in Medicine, 5*(14), 1-7. <http://dx.doi.org/10.3389/fmed.2018.00014>

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