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Indoor tanning legislation: Shaping policy and nursing practice

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Legislation exists regulating the use of tanning beds by adolescents, however, the rate at which adolescents use these devices has not been reduced. The purpose of this study was to provide an analysis of indoor tanning bed legislation in the United States specifically related to legal issues and parental consent along with enforcement of current laws. Data were collected via web-based or telephone interview of all 50 states by the investigator. The findings reveal wide variation in legislation related to adolescents' access to tanning devices and enforcement of violation of legal statutes. Nurses and other health care professionals can play key roles in educating families and adolescents to the dangers from the use of tanning beds along with being role models for proper skin protective behaviors. In addition, nurses should become advocates by supporting legislative efforts that ban tanning salons for all minors with the long term goal of reducing the skin cancer from ultraviolet radiation (UVR) exposure from the use of tanning salons today.

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ICU robotic facilitates rapid ICU physician response to unstable patients and decreased cost in oncology ICU

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Background: The timely assessment and treatment of oncology ICU patients is important for oncology Surgeons, Anaesthesiologists and oncology ICU intensivists. We hypothesized that the use of RTP can improve Anaesthesiologists rapid response to unstable oncology surgery ICU patients.

Methods: This is a prospective study using a before-after, cohort-control design to test the effectiveness of RTP. Anaesthesiologists and Physicians used RTP to make rounds in the ICU in response to nursing pages. Data concerning several aspects of the RTP interaction including the latency of the response, the problem being treated, the intervention that was ordered, and the type of information gathered using the RTP were documented. The effect of RTP on ICU length of stay and cost was assessed.

Results: The use of RTP was associated with a reduction in latency of attending Anaesthesiologists and ICU physician face-to-face response for routine and urgent pages compared to conventional care (RTP: 10.2±5.3 minutes vs conventional: 200±80 minutes). The response latencies to Hypoxia or CVA (9.8±2.2 vs 150±65 minutes) and elevated CVP or ICP (12±4 vs 102±25 minutes) were reduced ($P<0.001$), as was the LOS for patients with Sepsis (4 days) and Pneumonia (2 day). There was an increase in ICU occupancy by 20% compared with the pre robot era, and there was an ICU cost savings of KD 1.5 million attributable to the use of RTP.

Conclusion: The use of RTP enabled rapid face-to-face attending Anaesthesiologists and ICU physicians response to oncology ICU patients and resulted in decreased ICU cost and LOS.

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