

12th Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

Utilizing simulation to enhance critical thinking and situational awareness in BSN students

Loretta J Aller

Kent State University, USA

This proposal describes a curriculum development and evaluation project utilizing simulation as the foundational teaching method. The author has developed a three (3) credit course entitled "Advanced Medical-Surgical Nursing Simulation" which has moved from a pilot project to an actual course offering at Kent State University @ Stark. The course was designed to provide students with opportunities to practice, therefore supplementing the hand-on clinical experiences needed to develop critical thinking, decision-making, and situational awareness skills with the ultimate goal of ensuring safe patient care. As faculty, we recognize that we are not consistently able to provide every student with living examples and situations in the actual hospital/clinical setting. This course, using human simulators, begins with simple care, tasks and decision-making and progresses throughout the semester to include scenarios requiring advanced critical thinking and communication. By the end of the semester, students are responsible for the care of complex patients with multiple physiological health problems and/or multiple patient situations. The poster presentation would highlight background information regarding the development of the course, the potential impact for our nursing graduates preparing to step into the working roles needed in our community as well as student feedback and outcomes since the inception of the course. The author is currently developing related research proposals as part of her pursuit of a PhD in Nursing degree.

laller@kent.edu

Early recognition and management of maternal sepsis

Lori Olvera

San Jose State & Fresno State Consortium Program, USA

Septic shock is rare in pregnancy; however, sepsis remains an important contributor to maternal mortality. The perinatal patient can appear deceptively well before rapidly deteriorating to septic shock. There is a need for protocols regarding early recognition and management of maternal sepsis. The Surviving Sepsis Campaign developed guidelines to provide guidance for the clinician caring for patients with severe sepsis or septic shock. We evaluated compliance with early goal directed therapy before, during, and following the implementation of a standardized physician order set and interprofessional education for nurses and physicians in the perinatal setting. The systemic inflammatory response criteria were adjusted for consideration of the physiological effects of pregnancy to accurately screen for sepsis. A retrospective study included 97 patients screening positive for sepsis from April 2014 to January 2015. The indicators for early goal-directed therapy included drawing of lactate and blood cultures, administration of 30ml/kg crystalloid intravenous fluid bolus, additionally the administration of a broad-spectrum antibiotic to determine the effects of sepsis protocol. When comparing pre and post intervention in patients with sepsis, statistical significance was achieved for draw lactate ($p=.029$), administering a broad-spectrum antibiotic ($p=.006$), and drawing a repeat lactate ($p=.034$). In patients with severe sepsis and septic shock, statistical significance was achieved for administering a broad-spectrum antibiotic ($p=.010$). The importance of education and a perinatal sepsis protocol using a multidisciplinary approach can improve compliance with the sepsis bundles.

olveral@sutterhealth.org

Notes: