

18th International Conference on

Nursing & Healthcare

December 05-07, 2016 Dallas, USA

Early recognition and management of maternal sepsis

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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 30 ml/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.

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Psychiatric nursing medication administration: Is it just a med pass?

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Statement of the Problem: Safe and effective medication administration on a psychiatric unit can pose many challenges. One main challenge is maintaining positive interpersonal interactions with patients during medication administration. Current studies investigating the effectiveness and outcomes of interpersonal interactions during structured, inpatient psychiatric medication administration are minimal. The majority of observational studies in this area are rooted in assessing processes aimed at safe and effective delivery of medications based upon basic principles of medication administration.

Methodology: An unstructured observational design was implemented in order to observe medication administration on three different inpatient psychiatric nursing units over a three month period.

Theoretical Underpinnings: Patients in an inpatient psychiatric setting are often receiving new medications or dosage adjustments of medications in order to minimize psychiatric symptoms. As a result, the medication nurse is in a key position to educate, display understanding and empathy, and build a therapeutic rapport with patients. Education and therapeutic interpersonal interactions are essential since patients often become non-compliant with prescribed medications as a result of side effects, lack of knowledge, or a sheer aversion to clinically needing medication.

Findings: On a consistent basis, nurses displaying a calm manner and tone of voice were notably more effective in increasing both medication compliance and positive nurse-patient interactions during medication administration. On the contrary, select patients left the medication administration area angry and were non-compliant with medications when perceiving the nurse as abrupt, abrasive, or negative.

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