

Improving the implementation of the Sepsis Early Goal Directed Therapy protocol in the Emergency Department

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Abstract

The emergency department at John Muir Concord campus has implemented a Sepsis Early Goal Directed Therapy (EGDT) protocol based on the guidelines put forth by the international Surviving Sepsis Campaign. Evidence-based practice clearly identifies that the initiation of the sepsis EGDT in the emergency department improves morbidity and mortality (Osborn, Nguyen, & Rivers, 2005). Despite this evidence, the protocol is inconsistently and inaccurately used in the emergency department. The goal of this project is to improve the implementation of the sepsis EGDT protocol through education, empowerment and advocacy. The target population is the registered nurses currently and actively employed in the emergency department.

A needs assessment was performed to ascertain why the protocol was not consistently or accurately used. Results from the needs assessment discovered that the nurses were not comfortable using the EGDT protocol. However, the majority of the nurses felt using the EGDT protocol was extremely relevant to nursing practice.

Once there was an understanding of where the dearth of education was, a two-part intervention was initiated. Phase I included a short staff in-service outlining the EGDT protocol. The goal of the phase I education was to highlight the portions of the protocol that received low scores on the needs assessment. As a result, the educational intervention focused on central venous pressure (CVP), central venous oxygen saturation (ScVO₂), and the medications used to manage hemodynamics. Phase II of the project is to be strategically initiated during the month of November, due to the increase in the number of septic patients presenting to the ED. Phase II includes hands on manipulation of the CVP and ScVO₂ equipment. Case studies will be used in conjunction with the hands on manipulation to reinforce the education.

Multiple challenges emerged as phase I was implemented. The timing of the educational intervention was difficult to schedule due to the rotating schedules of staff nurses. The main challenge to phase I implementation was nurse resistance to change in practice. As phase II is implemented, one of the main obstacles to overcome will be changing the perceived barriers held by the staff nurses.

Results from phase I indicated that the nurses continue to feel uncomfortable using the sepsis EGDT protocol. However, the results indicated there was an improvement regarding understanding CVP and ScVO₂ monitoring. The next steps to this project involve reinforcing the understanding of CVP and ScVO₂ monitoring as well as improving nurse comfort level regarding the use of the sepsis EGDT protocol.

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