

ABSTRACT for Finger Replantation EBP

Nursing Support for the psychological aspects of recovery in patients experiencing finger replantation microsurgery

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Purpose: The question guiding this study is “For adult patients in an intermediate intensive care unit who have had cut off fingers reattached, what are the sensorimotor alterations, and how can nurses intervene to speed recovery, integration and healing?”

Background: “Nurses are perceived by plastic surgeons to have a primary role in screening patient for pertinent psychological history. The next frontier for plastic surgeons is to consciously investigate and improve patients’ emotional and psychological results from surgery (Borah,1999)”. “Patients can develop dissociative symptoms – feelings of unreality, intrusive, involuntary recurrent recollection, re-experience of trauma or avoidance symptoms”(Gustafsson, 2000). “Emotional distress is frequent, 23 – 84% in traumatic hand injury during the first weeks after the accident” (Gustafsson, 2006). “The most serious concerns with successful replantation are the longer hospital stay, longer time off from work and higher cost”(Hattori,2006).

Methods: The literature review revealed the sensorimotor alterations, the psychological complications of this type of surgery, and how nurses can intervene to assist patients to regain control of their situation, integrate their repaired fingers and heal with a good outcome.

Results: My mentor, Clinical Nurse Specialist Anne Klevay, and the nurse manager of G2S, Hirut Trunch assisted me with revisions to an informational booklet I wrote for patients and families from their viewpoint. Jeanette Rodriguez, unit secretary from G2P designed the booklet, carried through many revisions, and printed 200 initial copies for the final presentation of this work. I wrote a new Nursing Care Plan that focuses on psychosocial care, and under Hirut’s guidance wrote an addendum to the Plan on computer for this patient population. I wrote a professional paper to be submitted to *MedSurg Nursing: The Journal of Adult Health*. Anne assisted me with all revisions. I am ready to do all presentations necessary to educate nurses, patients and other professionals in this domain. The Hand Clinic has asked me to do a presentation for them, since they have experienced the distress of outpatients who have not had early intervention after microsurgery. “We need a support group for them.”

Discussion: I achieved the purpose of answering the question in an Evidence Based Practice. What needs to come next are all the appropriate presentations to the units where these patients are based, then followup studies of the statistics that demonstrate whether or not interventions by nurses educated in the care of these patients show

statistically valid results. This would take a review of all the charts of these patients over the past 2 years, compared with the charts of patients over the next 2 years. On G2S with approximately 2.6 patients per month, this could yield a patient cohort of 31.2 patients a year, or 62.4 patients in 2 years. The major limitation I encountered is that I had not intended this to be a research study, given the number of patients available in the amount of time we had. Rather I intended to find grounded research that could form the basis for a practice change. The written materials became essential as tools for educational presentations to follow which could then result in the practice change that could be researched.

Conclusions: To alleviate unnecessary suffering and prevent complications that could lengthen a hospital stay, diminishing the outcome intended by the surgeons, nurses could intervene with practice based on the evidence for this group of patients.