

5th World Summit on Neonatology, Pediatrics and Developmental Medicine

June 27-28, 2024

London, UK

Preeni Shenoy, *Pediatr Ther* 2024, Volume 14

Men's experience of PSA results in primary care settings

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Statement of the problem: Houston Methodist Baytown Hospital's twice Beacon Gold Critical Care Unit sought to improve the outcomes and processes of severe sepsis and septic shock nurse driven interventions. Using active surveillance, we found an opportunity for improvement when reviewing vasopressor use data. This surveillance revealed that a high percentage of patients remained on high dose of vasopressors after therapeutic endpoints were achieved. Vasopressor therapy is an integral component of hemodynamic management in severe sepsis and septic shock patients. Vasopressors save lives but may also cause lethal complications if therapeutic targets are not maintained, particularly when underdosed or overdosed. It is critical that titration order instructions are clear and accurate so that weaning delays, practice variability, and medication errors are mitigated. Adhering to evidence-based best practice, Intensivists, Nurse Educators and Nurse Practitioners utilized the Surviving Sepsis guidelines, which recommend that vasopressors must stabilize hypotensive patients, unresponsive to volume resuscitation. Similarly, the Joint Commission has set evidence-based best practice and safety standards on the use of vasopressors. Clear administration orders and accurate documentation are centerpieces of these guidelines. Given that vasopressors are managed by nurses who initiate and titrate infusion rates until patients are hemodynamically stable, then "wean" medications, once therapeutic targets are maintained, there was an urgent need to develop an educational program. Specifically, this educational program needed to be in line with Surviving Sepsis guidelines and Joint Commission requirements while addressing consistency in vasopressor titration practices and appropriate discontinuation. The required elements for medication titration orders by the Joint commission includes medication name, medication route, initial or starting rate of infusion (dose/min), incremental units the rate can be increased or decreased, frequency for incremental doses (how often dose(rate) can be increased or decreased, maximum rate (dose) of infusion and objective clinical endpoint. Interventions included creation of a Joint Commission compliant smart phrase addition to current computerized order sets clarifying vasopressor administration instructions, and an educational refresh for nurses on vasopressors management best practices. They transformed the current nursing practice from variability to high-reliability, empowered stability, and improved confidence by implementing this quality improvement process.

Biography

Preeni Houston Methodist. Leading Medicine.U.S. News & World Report has named Houston Methodist Hospital the Best Hospital in Texas* for 12 years in a row and recognized us on the Honor Roll seven times. For more than 100 years, we have provided patients with the best-and safest-clinical care, advanced technology and patient experience. That is our promise of leading medicine.