

Using Critical Thinking with Oxygen Delivery to Patients with COPD

By Stephen L. Crow RRT, RPsGT

Patients who are diagnosed with Chronic Obstructive Pulmonary Disease (COPD) may be chronic carbon dioxide retainers, high PaCO₂ with normal pH, with the potential of having a hypoxic drive. Because of this, you should be aware that oxygen delivery over 3 L/m could compromise and destabilize the hypoxic drive patient.

Hypoxic drive patients make up a small majority of COPD patients, but if you correct their hypoxia you will also increase their PaCO₂ levels, which can create somnolence, making the patient hard to arouse and potentially causing respiratory failure.

You must assume the worst scenario with any intervention:

- Treat the patient with low flow oxygen to keep SpO₂ > 84% but < 90% until a review of physician order's, arterial blood gases, and H&P can be made.

- Identify any potential harm before you titrate oxygen to obtain SpO₂ > 90%.
- Previous arterial blood gasses can help identify hypoxic drive patients they usually reveal PaO₂ around 50 and a PaCO₂ around 50 with a normal pH.
- Remember a physician order will always supersede a protocol.

If you have any concerns or questions, a respiratory therapist is on staff 24/7 and is one of your team members.

Quotable Quote

Kind words can be short and easy to speak, but their echoes are truly endless.

~ Mother Teresa

Nursing Research: What's the Difference?

By Katherine Cholet, MSN, RN, clinical education manager

It is known that nursing research began with Florence Nightingale, but do you know the difference between nursing research and evidence-base practice? Or, the difference between literature search, research utilization, and basic research, or best practice and applied research?

Early nursing research developed slowly until the 1950s and since the 1970s, nursing research focused on problems relating to clinical practice. In 1993, the National Institute of Nursing Research was established. When I think of nursing research, two concepts come to mind: basic and applied.

Basic research is known as pure research and is conducted for the pleasure of knowledge.

Applied research is a scientific investigation conducted to generate knowledge that will directly influence or improve clinical practice. Many of the findings from applied research validate clinical practices that are used in daily practice.

Today, the discipline of well-established nursing research includes theory, objectives, questions, and hypotheses. Developing a plan for data collection, analysis, and outcomes is important when communicating findings from the research process. Nursing research can take several months to many years to complete.

Accrediting agencies for healthcare institutions require nursing interventions to be evidence-based.

See *Research*, pg. 2



Community Hospital Nurses:
**Driven to Excellence,
Compelled by Compassion**
Non Sibi Sed Omnibus (not alone, but together)

April, 2009
Issue Four
Volume 2

Magnet Council Meetings

Evidence-based Practice
3rd Tuesday • 3:30 p.m.
April 21 • Board Room

Nurse Leadership
3rd Wednesday • 3 p.m.
April 15 • Board Room

Education
4th Wednesday • 2 p.m.
April 22 • Board Room

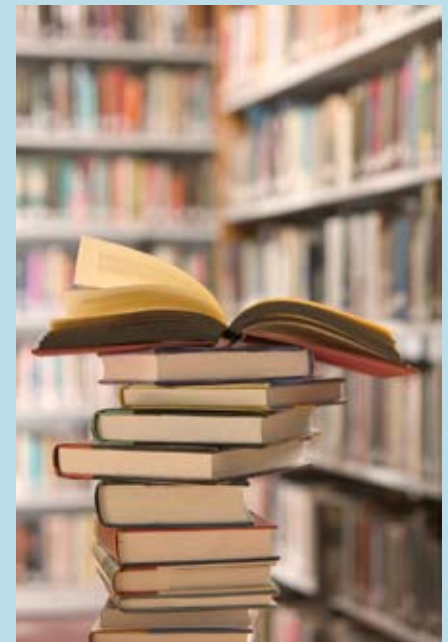
Nurse Practice
1st Wednesday • 3:30 p.m.
May 6 • Board Room

Recruitment & Retention
2nd Wednesday • 3 p.m.
May 13 • Board Room

Diabetes Resource Program This is a 2-day course offered by Terri Thompson, RN, CDE & Katherine Cholet, MSN, RN and approved by the Magnet Education Council. Please contact Terri at ext. 6381 or Katherine at ext. 6197 for more information.

Diabetes Resource Program, Session 1
May 26, 28
Tuesday & Thursday
8:15 a.m. – 3 p.m.
Location TBD

Diabetes Resource Program, Session 2
Monday & Tuesday
June 1, 2
8:15 a.m. – 3 p.m.
Location TBD



The documentation committee thanks everyone for their patience as we try to help you make your documenting easier and faster. Here are a few ideas to help.

Documentation Do's and Don'ts

It can be very entertaining to read actual unedited documentation. For instance, the following notes have been found on patient's medical records:

- Patient has chest pain if she lies on her left side for over a year.
- On the second day, the knee was better and on the third day, it disappeared completely.
- The patient is tearful and crying constantly. She also appears to be depressed.
- Patient had waffles for breakfast and anorexia for lunch.
- While in the ER, she was examined, x-rated, and sent home.
- The skin was moist and dry.
- Occasional, constant, infrequent headaches.
- She stated that she had been constipated for most of her life, until she got a divorce.

Clearly, documentation skills are critical for successfully painting a

picture of the patient's status while under your care. Here are some do's and don'ts for success:

1. DO use quotes -
"Yes, my pain started last night and radiates to the left side." or "My son said I could come live with him until I get better."
2. DO use accurate descriptions to describe the patient, situation, etc.
-
Pt is sweating, respirations are 26/min; states he is nauseated, having chest pain and heart is "beating funny."
Or, Pt is hitting staff members with fists, scratching staff members, and insisting on getting out of bed. Pt unsteady on feet. Assisted back into bed, reorienting pt to date, time and place. Decreased environmental stimuli. Encouraged patient's wife to come in to distract, however she is unable to come

at this time. Pt continues to be agitated, hitting and scratching caregivers. Miss Susie, pt's wife notified of need to place pt in wrist restraints at this time. Dr. Armstrong notified of above and orders received. Initial restraint assessment completed.

3. DO use SPELL CHECK for all notes -
Place cursor at the beginning of your note and use shift F 9.
4. Avoid use of words like: complained of, combative, and oops.
5. DON'T ever mention that an incident report was filled out.

Document carefully as you might one day have to defend it, having it projected on a large screen for all to read in a courtroom. You don't want them to laugh or worse yet, groan!

Research, *con't from pg. 1*

Evidence-based practice (EBP) is defined as the use of the best clinical evidence in making patient care decisions that may come from a variety of sources including rigorous research studies. Nurses base specific actions, interventions, and decisions on evidence to ensure clinically appropriate, cost-effective, and positive patient outcomes.

Research utilization (RU), on the other hand, is the process of synthesizing, disseminating, and using research-generated knowledge to make an impact or change in the existing practices in society. The use of EBP ensures cost effective care and positive patient outcomes in clinical practice while RU only addresses using the findings in clinical practice. Over the past decade, there has been a shift from RU to EBP. Healthcare is consumer-driven and positive patient outcomes that are cost effective speak volumes.

Best practice is methodology that, through experience and research, has proven reliably to lead to a desired result. A commitment to using the best practices in any field is a commitment to use all the knowledge and technology at one's disposal to ensure success. Best practice refers to those practices that have produced outstanding results in another situation. Best practice guidelines have become a global movement in nursing to enhance quality and demonstrate accountability.

Literature search or literature review is an organized written presentation of what has been published on a topic by scholars. The purpose of the review is to convey to the reader what is currently known regarding the topic of interest. A literature review can produce an overwhelming amount of information thanks to the internet. Approximately 6,000 new scientific articles are produced daily. The number of nursing journals has increased by more than 575% since 1961.

References:

- www.answers.com/topic/best-practice.
- Burns, N., & Grove, S. (2005). *The Practice of Nursing Research: conduct, critique, and utilization* (5th ed.).
- Polit, D. F., & Beck, C. T. (2006). *Essentials of Nursing Research: methods, appraisal, and utilization* (6th ed.).
- RNAO, 2002. Registered Nursing Association of Ontario, Canada.
- www.ncbi.nlm.gov/pubmed/12061108.
- www.searchsoftwarequality.techtarget.com/sDefinition.



Beth's Corner

It's spring and that means Nurses' Week is right around the corner.

At Community Hospital, we've chosen to

combine our efforts and join in a shared celebration during Hospital Week in May.

As your CNO, I'm a little unsettled about that and wish I could break the bank and show our nurses how much they are appreciated. Instead, I'll be content with asking all of you to hear me whispering to you as you walk the floors and care for your patients.

What I'll be whispering is:

"Thank you for your compassion, when sometimes you don't feel very compassionate. Thank you for meeting the tidal wave of constant change when sometimes you feel harried and pressured. Thank you for your ever-constant dedication to this hospital when sometimes it seems like we might be doomed to failure. Thank you for making me proud to be your CNO and for making it easy to brag about all you do."

Thank you and happy Nurses' Week.