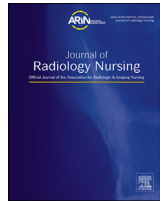




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Association for Radiologic & Imaging Nursing 2019 Poster Abstracts

Implementation of Nausea Assessment into Radiology Nursing Practice



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The use of a validated instrument to assess nausea in children, such as the Baxter Animated Retching Faces (BARF) scale, has not been implemented into nursing assessment or the electronic medical record (EMR) at this large pediatric institution. The purpose of this quality improvement project was to provide a nursing initiated educational intervention on the implementation of the BARF scale into routine nursing assessment, and to investigate the education gained by nurses after the intervention. Our hypothesis was that nurses will improve scores on a nausea questionnaire after implementation of the education. This project began with nurses who completed an extensive review of the literature regarding nausea and nursing assessment. In June 2018, a nausea questionnaire (adapted from Jolley, 2000) was distributed to approximately 30 radiology nurses. This questionnaire assessed nurses' knowledge of nausea and of the use of a validated measure for assessing nausea. The next step was to provide a multi-modal educational intervention (powerpoint presentation and handheld laminated version of the BARF scale) to the radiology nurses who were surveyed. One month after the educational intervention, the nurses were surveyed on their knowledge utilizing the same nausea questionnaire. Data collection existed in the form of questionnaire results from nurses prior to and after the educational intervention. The survey results were anonymous and voluntary. A convenience sample of nurses available at the time of the data collection was used. No patient information was reviewed or accessed.

Trends in Management in Pulmonary Embolism



Mary Vaughn, ADN, RN, Sandra Schwaner, MSN, RN, ACNP-BC, University of Virginia Health System, Charlottesville, VA

Pulmonary Embolism has a mortality rate up to 52% when patients present with right ventricular failure, hypoxemia and hypotension. There are multiple interventions for treatment of PE, including systemic thrombolysis, catheter directed thrombolysis or thrombectomy, surgical embolectomy and systemic anticoagulation, but survival to treatment has been an issue. The development of Pulmonary Embolism Response Teams (PERT), a PERT registry and the involvement of Extra Corporeal Membrane Oxygenation (ECMO) teams has led to improved outcomes.

This presentation describes PERT teams, resources, and the necessary considerations behind such an enterprise. Positive data is driving the inclusion of ECMO as a high-tech therapy so describing this treatment option is a focus of the presentation. Detail regarding indications, patient selection and patient management will be discussed. The presentation will conclude with emphasis on preparation and management concerns for IR professionals and how they can

understand, support and collaborate with cardiac surgery and perfusion while providing ECMO to these patients.

JHH Interventional Radiology and Neuro-Radiology Center: Universal Protocol -Time Out



Interventional QI Team

Kristina Taylor, BSN, RN, CRN, Jen Dinicola, RT, Wowie Parduba, BSN, RN, The Johns Hopkins Hospital, Baltimore, Maryland

Identifying the right patient, right procedure and correct site are critical to patient safety when procedures are performed. Currently, there is significant variation in the timeout process that is performed prior to patients having procedures at The Johns Hopkins Hospital in the Interventional Radiology (IR) and Neuro-Interventional Radiology (NIR) procedure areas. This can lead to potential regulatory compliance issues and patient safety violations. Prior to performing any procedure there are many steps taken to ensure patient safety. One of those steps includes following the Universal Protocol. The Universal Protocol describes the process taken to verify correct patient, site and correct procedure is being performed. As part of the Joint Commissions 2018 National Patient Safety Goals, the Universal Protocol is at the forefront of patient safety (Joint Commission standards). Furthermore, while all of us would agree patient safety is our number one goal, errors have occurred in our area in which wrong procedures have been performed. Our goal of this project is to improve the time out compliance in IR/NIR by creating a "Timeout Standard Work".

The Joint Commission. Retrieved from https://www.jointcommission.org/standards_information/up.aspx

Transitioning Interventional Radiology from a Phase II to Phase I Level of Care Unit to Enhance Patient Throughput



Nancy Lamberson, MSN, RN, Cynthia Boado, MS, RN-BC, Dawn Scasserra, BSN, RN, The Mount Sinai Hospital, New York City, New York

Efficient patient throughput is an ongoing challenge in the interventional radiology department. In IR procedures requiring anesthesia the patients are either transferred to the intensive care unit (ICU) or to the Phase I post anesthesia care unit (PACU) for their post-procedure recovery and care. All other cases with lesser acuity were transferred to the department's own Phase II PACU recovery room. An increase in the volume of patients undergoing anesthesia caused procedure room holds due to unavailable beds in the ICU or Phase I PACU. These holds resulted in delaying procedure start times for subsequent procedures. The purpose of this project was to improve patient throughput, decrease delays in room turnover, and provide patient continuity of care by transitioning the IR Phase II PACU to a Phase I PACU, thus allowing more of the IR patients to recover in the same department as their procedure.

An action plan was developed in November 2016 which included the recruitment and hiring of additional staff, education and training for all staff including technical and ancillary, and reviewing throughput data of anesthesia cases. The training was composed of three integral parts:

didactic training, simulation training at the hospital's simulation center, and shadowing with the Phase I PACU nurses. The simulation component included a simulated hands-on review and practice of emergency scenarios that could occur in a Phase I PACU.

Journey to Comprehensive Stroke Accreditation



Emily O'Connell, BSN, RN, CRN, Larette Stephens, BSN, RN, CRN, Morton Plant Hospital, Clearwater, Florida

The information presented demonstrates what our interventional radiology department, has learned thus far, transitioning from a Primary Stroke Center to a Comprehensive Stroke Center. This presentation includes recommendations to facilitate process improvements to achieve Comprehensive Stroke Accreditation. The information provided identifies communication struggles within our hospital. We present measurable victories when process improvements were implemented. Time is brain and our interventional radiology department wants to instill this value in the community that we serve.

Interventional Radiology Percutaneous Liver Biopsy Pediatric Nursing Guidelines



Amy Lohmann, MSN, RN, CPNP, Anna Evans, MSN, CPNP, CPHON, Mehvish Abbasi, MSN, CPNP, Ginny Than, MSN, CPNP, Children's Hospital Los Angeles, Los Angeles, California

Although percutaneous needle liver biopsy (PNLB) is considered to be a safe procedure in adults, pediatric patients have a complication rate of up to 4% (Dezsöfi et al., 2015). Hemorrhage occurs 96% of the time during the first two hours post-procedure and infants less than 5kg are at increased risk due to low blood volume (Dezsöfi et al., 2015).

The interventional radiology (IR) team reviewed the literature to create and implement a PNLB protocol. IR nurse practitioners (NPs) review patient height, weight, age, hemoglobin, platelets, and coagulation panel prior to PNLB to evaluate individual risk of bleeding. IR registered nurses (RNs) confirm blood product availability and reliable IV access as needed. The post-operative nursing management includes post-anesthesia care unit (PACU) time of 4 hours for standard risk and 6 hours for high risk patients. Radiology PACU RNs obtain vital signs every 15 minutes for two hours, then every 30 minutes until discharge for all patients. Children remain supine and NPO for the first 2 hours post procedure and are monitored by RNs for hypotension and abdominal pain to rule out hemorrhage.

Approximately 200 patients had an IR PNLB from July 2017 until June 2018. For those patients who followed the protocol, there were no bleeding complications to pediatric PNLB in IR.

The creation and implementation of the IR PNLB protocol represents a novel and feasible interdisciplinary approach to patient care in radiology nursing.

Management of Vascular Anomalies in Pediatric Interventional Radiology



Ginny Than, MSN, CPNP, Anna Evans, MSN, CPNP, CPHON, Mehvish Abbasi, MSN, CPNP, Amy Lohmann, MSN, RN, CPNP, Children's Hospital of Los Angeles, Los Angeles, California

Vascular anomalies can be managed in interventional radiology (IR) using image guided sclerotherapy. Sclerotherapy is the use of agents including ethanol, sodium tetradecyl sulfate (STS), doxycycline, and bleomycin to combat vascular anomalies including venous and lymphatic malformations (Albanese & Kondo, 2010).

Interventional radiologists use embolization and sclerotherapy to decrease painful symptoms, physical deformities, and to improve quality of life for pediatric patients with vascular, lymphatic, or bone anomalies. Radiology

nurses and nurse practitioners (NPs) can facilitate the administration of sclerotherapy through patient safety education and protocols to effectively handle medications. In the radiology department at this institution RNs and NPs provided patient education regarding the uses, limitation, dosing, and safe usage of sclerosants to patients.

Overcoming barriers with pharmacy delivery and medication ordering, approximately 100 patients have received sclerotherapy during 2018 at this large pediatric academic center. All patients who received sclerotherapy in IR at this facility received patient safety education.

It is feasible for radiology nurses and radiology NPs in addition to interventional radiologists to educate patients on the medications used for the management of vascular anomalies.

Outpatient's Journey Through Radiology In A Hospital Setting



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We show high patient satisfaction scores and the delivery of quality care in the interventional radiology out-patient setting. From the initial phone call to schedule an interventional radiology procedure to the follow-up phone call post procedure, this step by step process is used to ensure a comprehensive visit in the out-patient interventional radiology department. High patient satisfaction scores reveal a successful team approach providing quality patient care. New patients as well as recurrent patients enjoy a family centered care approach for diagnostic, interventional and comfort care procedures.

A Beginner's Guide to Implementing Capnography with Procedural Sedation



Cathy Crosby, MS, RN, CNL, CRN, UR Medicine/Thompson Health, Canandaigua, New York

November 2016 through June 2017, three Interventional Radiology (IR) cases involving procedural sedation required intervention by the Rapid Response Team (RRT) resulting in ICU admissions. All three patients developed respiratory compromise with decreasing O₂ saturations. The use of supplemental oxygen can prevent desaturation during hypoventilation and can mask deteriorations in the patient's respiratory status (FU, Downs, Schweiger, Miguel, & Amp; Smith, 2004) This is the reason why oxygen desaturation is considered a late sign of respiratory compromise in hypoventilating patients.

In January 2016, the Association of Radiologic and Imaging Nursing (ARIN) released a Position Statement that endorsed the routine use of capnography on all patients who receive moderate sedation/analgesia during procedures in the imaging department

The department goal to reduce the number of procedural sedation adverse events related to respiratory compromise in IR by 50% was identified.

Capnography was implemented with IR patients receiving procedural sedation on February 12, 2018. Education included a multidisciplinary approach including review of airway management, an on-line power point presentation with a post-test, simulation during a lunch and learn, creation of learning tools and one on one nursing support. Following implementation, zero adverse events requiring the RRT have occurred from February 2018 through September 2018; this exceeded the goal.

Say No To Vasovagal! Preventing vasovagal episodes post prostate fiducial marker placement.



Erika Armstrong, MSN, RN, CRN, Emory Winship Cancer Institute, Atlanta, Georgia

During prostate marker procedures, a rectal probe is inserted to visualize the prostate and place the markers. Patients are placed in the