

resulting in 14% (n=10) of total knee replacement patients and 6% (n=5) of total hip replacement patients experiencing urinary incontinence. Bladder scanning was not routinely performed.

Purpose of the Study: The purpose of this quality improvement project was to implement standardized guidelines for bladder scanning for patients who have total knee or hip replacement to decrease POUR and incontinent episodes.

Methods: Patients were bladder scanned within the first hour of PACU admission. Straight catheterization was performed for more than 400ml of retained urine. The protocol included both total knee and total hip placement surgeries with spinal anesthesia. Compliance with scanning, percentages with POUR and incontinent episodes were reviewed.

Results: POUR was detected in 46% of total knee patients and 36% of total hip patients. Incontinence rates for knee patients decreased by 14% and by 2% for patients with total hip replacements.

Discussion: The literature supports the results stating that bladder scanning is important in decreasing POUR. In study phase 2, the enhanced recovery after surgery program resulted in more patients being admitted with indwelling catheters; continued decline in the number of patients requiring a scan may have effected protocol compliance.

Conclusion: A bladder scanning protocol decreases post-operative incontinence. Bladder scanning also helps decrease POUR by decreasing the potential risk of complications.

Implications: Bladder scanning is an effective way to screen for bladder distention by decreasing POUR and incontinence in postoperative patients with knee and hip replacements.

MINIMIZING DISTRACTIONS AND INTERRUPTIONS AT THE PYXIS MACHINE THUS IMPROVING SAFETY



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Introduction: Being a part of a busy Day Stay Pre-op /PACU unit, where surgeons, residents, anesthesiologists, CRNA's and nurses congregate in our nurse's station, can create a loud and distracting environment. This is where our PYXIS machine is located. We wanted to minimize distractions and interruptions while removing medications to reduce the incidence of errors.

Identification of the problem: We surveyed 29 of our co-workers. Twenty –three out of twenty-nine surveyed said they felt distracted while at the PYXIS machine. Fifteen of the twenty-three admitted that this caused an error. Most of the errors were counting errors and did not reach the patient.

EBP Question/Purpose: Does implementing a safety zone around the PYXIS machine minimize distractions and interruptions thus improving patient safety?

Methods/Evidence: Studies show that medication errors can increase by 12.7% with each interruption. Distractions and interruptions early in the task process are most prone to errors

as opposed to errors in the later part of the task. Studies show there are three important steps to be taken to lesson interruptions during medication administration thus improving patient safety. First, there must be a safety zone to obtain, prepare and administer medication. Second, signs should be posted in areas of frequent interruptions. And third, education must be given to staff, providers, colleagues, patients and families about the importance of minimizing interruptions during the medication administration.

Significance of Findings/Outcomes: We implemented a safety zone which consisted of a square of red duct tape on the floor around the PYXIS, posted a sign to signify the safety zone and educated our colleagues. We conducted a post-implementation survey two months later. We concluded that designating a safety zone and educating staff overwhelmingly decreased distractions and interruptions at the PYXIS making it safer for patients.

Implications for Peri-anesthesia Nurses and Future Research: Implementing a safety zone around the medication dispensing areas can reduce medication errors and create a safer patient environment. At last years' National ASPAN Conference, only 50% of nurses we surveyed had a safety zone around their PYXIS. Forty-nine percent did not and twenty percent of those nurses stated they wish that they did have a safety zone.

NASAL CANNULA VERSUS FACE TENT FOR OXYGEN DELIVERY IN THE POST ANESTHESIA SETTING



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Introduction: Different practices exist to safely oxygenate patients in the post-anesthesia care unit. The practice at Hunterdon Medical Center was to apply 40% face tent to each postoperative patient that received general anesthesia. A new anesthesia team at our facility introduced the practice of administering four liters by nasal cannula to our post-operative patients. A review of the literature was performed to evaluate the efficacy of the two different means of oxygen administration to post-operative patients who had received general anesthesia. There was a paucity of research comparing the two delivery systems in this patient population. To answer the question as to the difference between oxygen delivered via face tent and nasal cannula, I obtained IRB approval for a retrospective quality improvement study.

Purpose: The purpose of this study was to evaluate the difference between oxygen delivered via face tent and nasal cannula by measuring oxygen saturation and respiratory rate on admission to the PACU, 15 minutes and 30 minutes thereafter.

Methodology: A retrospective study looking at healthy adult patients receiving general anesthesia for laparoscopic cholecystectomy, knee arthroscopy and laparoscopic appendectomy. Outcome variables included oxygen saturation and respiratory rate both which were collected from a retrospective chart review.

Results: Data (n=124) were analyzed using a one-way Analysis of Variance (ANOVA). Resulting in p=0.16:indicating that there was no statistically significant difference between groups. This

Note: All abstracts are printed as received from the authors.