



Service Priorities and Programmes
Electronic Presentations

Convention ID: 182

Submitting author: Mr Cheuk Kong LI

Post title: Registered Nurse, North District Hospital, NTEC

**Evaluation of Implementation of the Sedation Protocol in Intensive Care Unit,
North District Hospital**

*Li CK, Lam HY, Woo SF, Lo SY, Ngai MY, Tang PY, Tang KB
Intensive Care Unit, North District Hospital*

Keywords:

sedation protocol

intensive care unit

Introduction

By reviewing background of occurrences of unplanned displacement of the endo-tracheal tubes, drains and central lines from January 2011 to June 2012, most incidents were involved restless patients in ICU NDH. Therefore, the Sedation Protocol has been introduced and implemented in our unit in order to provide adequate sedation to patients.

Objectives

1. To optimize patient safety and comfort through the administration of sedation and analgesics. 2. To minimize incidents of unplanned displacement of tubes, drains and lines in the whole day. 3. To enhance the knowledge of sedation assessment and management for the ICU nurse.

Methodology

1. The Sedation Protocol is designed for mechanically ventilated patients who are predictably ventilated for more than 48 hours and with multiple instrumentations. 2. Nurses are authorized to adjust sedation based on the assessment by using Richmond Agitation Sedation Scale (RASS) to achieve the prescribed sedation level, which is safeguarded by the doctors' prescribed sedation regime. 3. The 'Sedation Protocol' was introduced and implemented to nurses and doctors through conducting lectures in September 2012. 4. The effectiveness of implementation of the 'Sedation Protocol' was evaluated by monitoring of the incident rate of unplanned displacement of the endo-tracheal tubes and the compliance of implementation of the protocol by nurses.

Result

Compliance check was conducted in November 2013. Total 26 compliance checks were carried out in either A shifts (07:00-14:20) or P shifts (14:00-21:20). The overall compliance was 89%. In comparison of the incident rate of unplanned displacement of endo-tracheal tube before and after introducing the sedation protocol, there was no significant decrease on the incident rate. According to the compliance of the Sedation Protocol, certain areas require to aware, including providing daily interruption of sedation, and the documentation for the protocol. Therefore further education on the

above areas is required. Besides, modifications of the workflow of the protocol may be considered for enhancing the effectiveness and compliance of the Sedation Protocol. Although there was no significant decrease on the incident rate, but it is worth to continue the Sedation Protocol, in order to reduce the complications causing by over-sedation and optimize patient comfort.