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Gisele Bazan

Bo Ewing

Cynthia Grissman

April Marpa

August Montgomery

See next page for additional authors

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Authors

Gisele Bazan, Bo Ewing, Cynthia Grissman, April Marpa, August Montgomery, and Tana Overman

Effects of Sedation Vacations and Sedation Levels: Quality Improvement

Cardiac Intensive Care Unit, Covenant Medical Center

Gisele Bazan BSN, RN, CCRN-K; Bo Ewing BSN, RN II; Cynthia Grissman BSN, RN, NE-BC; April Marpa BSN, RN III; August Montgomery RN III; Tana Overman BSN, RN, CCRN



Background

- Respiratory Director consulted with Vyair to collect data to monitor sedation usage and spontaneous breathing trials (SBT) in the intensive care units (ICUs)
- Findings were presented to the ICU managers/educators
- Findings indicated that there was an increased use of sedation with extended ventilator days
- Sedation vacation/interruption attempts were minimal when ventilator days were increased
- Do sedation vacations and lower levels of sedation decrease the number of days a patient spends on a ventilator/improve patient outcome

Purpose

“Deep sedation is associated with prolonged mechanical ventilation (MV), longer ICU stay, and higher mortality” (Mehta, et.al., 2016 p 2)



References

Available upon request

Methods

- Data collection was performed by Respiratory/Vyair without bedside nursing knowledge to achieve baseline data
- Passive education was provided by reviewing policy and protocols in staff meetings without discussion of data collection to staff
- Formal education was developed by ICU educators in collaboration with pharmacy and assigned to ICU staff on Healthstream, with 100% compliance for the goal of completion

Impact

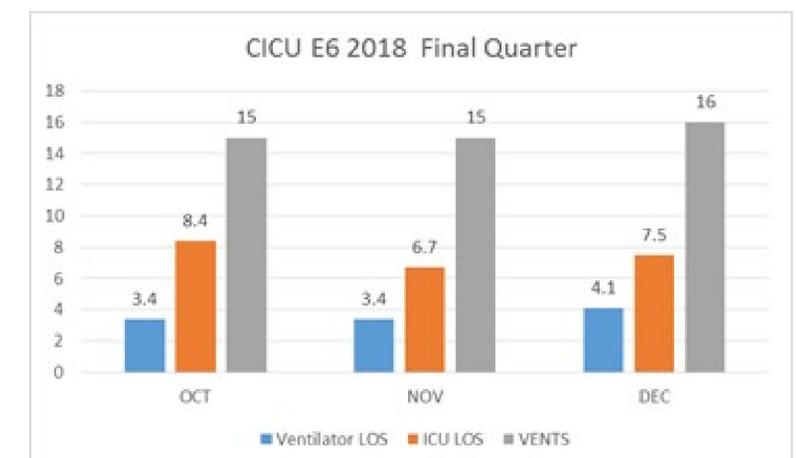
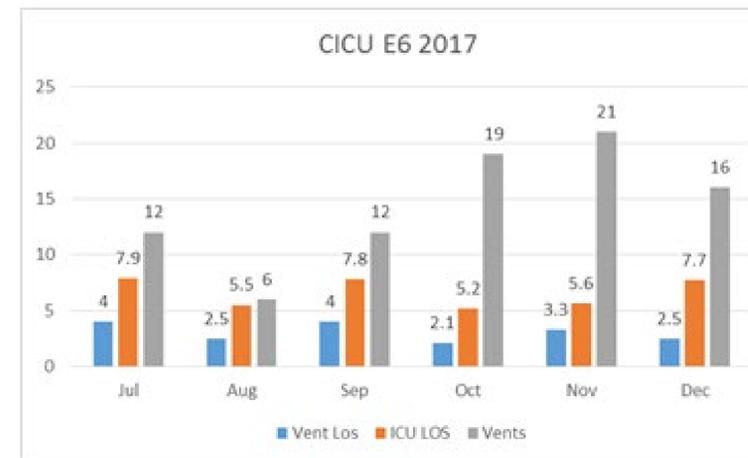
- Requires collaboration with respiratory therapist on timing for SBT with sedation vacations
- Re-education of staff on performing sedation vacations daily may be required
- Education is ongoing and needs to be applied to all staff working in the ICU

Barriers

- Staff buy in
- Timing of sedation vacation
- Respiratory Therapist (RT) staffing
- Timing of physician rounding & availability

Results

- There was a decrease in sedation usage of 35% with only passive education
- Ventilator length of stay (LOS) goal is 3.5 or less with an ICU LOS 5 or less
- There was an additional decrease in sedation usage and a decrease in ventilator days



Outcome

- Staff engagement improved in 2018
- Ventilator policy and protocols were changed to reflect the current standard for daily sedation vacation to occur unless specified by physician order to continue uninterrupted sedation
- With passive education, staff were reminded that patients needed a daily sedation vacation to reduce ventilator days

Conclusion

- Trends of quarterly reports for 2018 reflected maintenance of the Cardiac ICU monthly goals
- A decrease of Ventilator LOS was noted after passive education only

Discussion

- Problems and solutions were noted by nurses working on the frontline
- Staff noted with that an increased number of ventilator patients led to a slight increase in ventilator LOS
- Staff questioned if there was a possible correlation between number of ventilated patients and ventilator LOS

