

# Establishing a Deep Sedation Program: Challenges and Successes from a Nursing Management Perspective

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### Background

The burn team at a verified regional burn center with a high volume of inpatient burn admissions was looking for innovative ways to decrease the pain and anxiety experienced by patients during wound care. Patients requiring long surgical dressing takedowns and those who demonstrated extreme difficulty with coping during wound care were of particular focus and concern. Discussions between anesthesia providers, the burn surgeons, and the burn nursing management team led to the idea of utilizing anesthesia providers for burn wound dressing changes on a more regular basis. Nursing management embraced this idea and began to work through the logistical challenges of implementing the Burn Center Deep Sedation Program.

### Methods/Design

Processes for identifying, scheduling, and recovering the patients who would benefit from deep sedation were established and included the following:

- All Burn Acute Care Unit (BACU) patients requiring a surgical dressing removal automatically qualify for deep sedation.



- Patients demonstrating signs of severe pain, anxiety, and poor coping during wound care can be referred by any burn center staff member.
- Anesthesia and nursing management worked with operating room staff to create a new pathway in the electronic medical record that allowed patients to be scheduled into one-hour blocks daily.
- The day shift circulating wound care nurse reviews any candidates for deep sedation and creates the schedule for the following day, allowing the anesthesia department time to allot for staffing as needed.
- The wound care nurse is present during all deep sedation cases.
- A specific hydrotherapy room was designated for deep sedation and permanently set up with anesthesia equipment and supplies.

- Wound care technicians were given additional training regarding the procedures for performing time outs.
- Policy review revealed that all floor patients would require an Intensive Care Unit (ICU) nurse to care for patients during the recovery period.
- An ICU room that is adjacent to the wound care center became the deep sedation recovery room, and the care of any deep sedation patients needing recovery was assigned to ICU floating charge nurse.
- All ICU charge nurses were provided with additional training in post anesthesia care prior to the program implementation.

### Results/Findings

- Deep Sedation Program began in January of 2016
- Approximately 400 cases per year have been completed
- No additional staff members were hired (responsibilities of existing nursing and wound care technician personnel were shifted to accommodate new program)
- Only two patient complications have been occurred, one involved a skin graft compromised during peripheral IV placement and the other involved a laryngospasm

- Designating one hydrotherapy room has ensured that the anesthesia providers have access to the appropriate equipment/supplies and has also minimized disruptions to the flow of other dressing changes occurring throughout the day
- Impact of the program on pain and anxiety is currently under evaluation
- Informal feedback from patients and staff members to management has been very positive

### Conclusions/Implications

From the nurse manager perspective, the biggest challenge to developing this program was the significant amount of education and logistical planning required prior to implementation. Once the program was active, the challenges that occurred were early on and mostly involved working out the system for scheduling patients. An additional impact of the program was the required communication between BICU and BACU nurses to safely handoff patients appears to have increased teamwork between the units. The deep sedation program has also strengthened the burn team's relationship with the anesthesia providers, whose dedication and commitment to the project were appreciated by all involved.