# UNC **GREENSBORO** School of Nursing

## PURPOSE

The goal of this DNP project is to assess the confidence of the provider to care for an emergent trauma case, compliance, and satisfaction of an implemented checklist for a standardized trauma anesthesia set up as well as an updated trauma medication box.

### **BACKGROUND &** RESEARCH

- Trauma anesthesia can be extremely unpredictable and have some of the most critically ill patients.
- This patient population requires quick interventions and demands many resources from the providers and the facility.
- A delay in care can be detrimental to a trauma patient's outcome (Tobin et al., 2018).
- Missed steps and items in an anesthesia set up are commonly found (Rodriguez et al., 2019).
- The use of checklists and standardization can improve efficiency, prevent human errors, and reduce patient complications (Burgess et al., 2018; Haynes et al., 2009; Jelacic et al., 2019; Shultz et al., 2010; Thomassen et al., 2010).



### STANDARDIZED TRAUMA ANESTHESIA SET UP AND ITS RELATIONSHIP TO

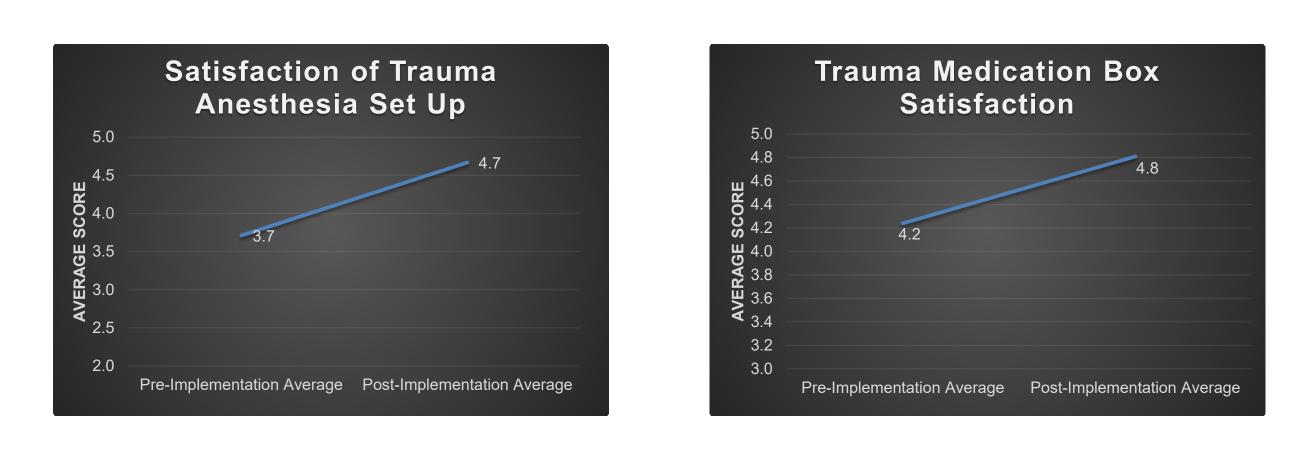
### PREPAREDNESS AND CONFIDENCE OF THE PROVIDER

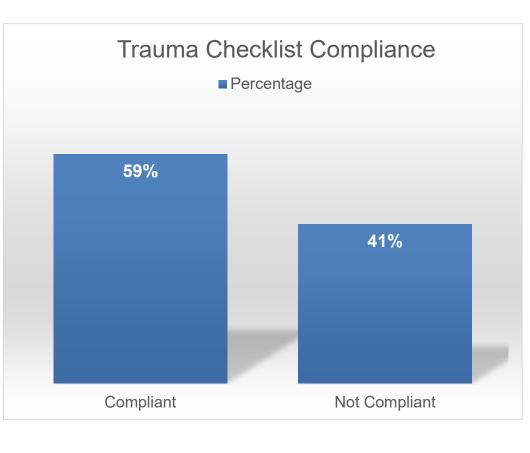
### METHOD

- This quantitative study was performed at a Level-1 trauma center with sampling chosen • from convenience.
- The study utilized a pre and post implementation survey a Likert scale and compared the two using a paired t-test as well as a t-test assuming unequal variances.

## RESULTS

- Confidence of the providers increased from 77.2% to 92.1%.
- Satisfaction of the anesthesia set up increased from 74% to 94% and the trauma medication box increased from 84% to 96%.
- Compliance of the checklist resulted at 59%





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### **Trauma Anesthesia Set Up Checklist/ Standardization Protocol**



### Airway Set

- Ambu Bag
- Bougie Suction on and read
- □ Tongue depressor
- Oral Airway (90 and
- 2 handles
- 2 Blades MAC 4 and ETT with stylet and s 7.5)
- Eye and Tube tape
- Esophageal temp pr
- OGT

## **CONCLUSIONS &** RECOMMENDATIONS

- emergent trauma case.
- organizations
- population with the use of a checklist.

Burgess, M. R., Crewdson, K., Lockey, D. J., & Perkins, Z. B. the role of standardisation and checklists. Emergency Medicine Journal, 35(9), 532-537.

Haynes, A. B., Weiser, T. G., Berry, W. R., Lipsitz, S. R., Breizat, A.-H. S., Dellinger, E. P., Herbosa, T., Joseph, S., Kibatala, P. L., Lapitan, M. C. M., Merry, A. F., Moorthy, K., Reznick, R. K., Taylor, B., & Gawande, A. A. (2009). A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population. New England Journal of Medicine, 360(5), 491–499.

Jelacic, S., Bowdle, A., Nair, B. G., Togashi, K., Wu, C., Boorman, D. J., Cain, K. C., Lang, J. D., & Dellinger, E. P. (2019). The effects of an aviation-style computerised pre-induction anaesthesia checklist on pre-anaesthetic set-up and non-routine events. Anaesthesia, 74(9), 1138–1146.

Rodriguez, T., Wolf-Mandroux, A., Soret, J., Dagneaux, L., & Canovas, F. (2019). Compared efficiency of trauma versus scheduled orthopaedic surgery operating rooms in a university hospital. Orthopaedics & Traumatology, Surgery & Research: OTSR, 105(1), 179-183.

Shultz, J., Davies, J. M., Caird, J., Chisholm, S., Ruggles, K., & Puls, R. (2010). Standardizing anesthesia medication drawers using human factors and quality assurance methods. Canadian Journal of Anesthesia, 57(5), 490–499. Thomassen O., Brattebo G., Softeland E., Lossius H. M., Heltne J. K. (2010). The effect of a simple checklist on frequent pre-induction deficiencies. Acta Anaesthesiologica Scandinavica, 54(10), 1179–1184.

Anesthesia & Analgesia, 117(5), 1178–1184.

Full machine check	>	Airway set up	$\rangle$	Checklist supplies	
Room temp >77F	$\rangle$	Draw up induction medications	>	Prime IV tubing and Aline	
Glidescope	$\rangle$	Ultrasound & Rapid Transfuser	$\rangle$	ISTAT w/ cartridges	

: Up	Supplies		
	IV and A-line bundle		
	Fluid warmer		
ly	Blood tubing		
-	CVL Kit		
100)	4 IV pumps		
	EKG Monitors & electrodes		
Miller 2	O2 sat, and A line cables		
syringe (7.0 and	Underbody and upper body Bair		
	hugger		
	Ear sat probe		
obe	4 bags Plasmalyte or Normosol R		
	fluid		

• A standardized trauma anesthesia set up checklist improves the providers' confidence, satisfaction, and preparedness for an

• Implementation of a checklist is successful even in large

• Further research should revolve around cost reduction and improved patient outcomes in the specific trauma patient

### References

Tobin, J. M., Grabinsky, A., McCunn, M., Pittet, J.-F., Smith, C. E., Murray, M. J., & Varon, A. J. (2013). A checklist for trauma and emergency anesthesia.

esia: An updated survey of UK practice with emphasis on