

IMPROVING EDUCATION FOR PEDIATRIC DAY SURGERY (DSU) PATIENTS

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Identification of the problem/Overview: Post-operative discharge instructions for day surgery pediatric patients at BCH are given in the busy post-anesthesia care unit (PACU), an environment where many patients are recovering from surgery. This method of delivering discharge education has remained the same for many years. However, due to many environmental distractions, there is concern whether patients and their families retain important discharge instructions such as medication administration, activity level, and scheduling of follow up appointments. Furthermore, anxiety levels may be heightened on the day of surgery, making it more difficult for families to learn and retain the information.

EP Question/Purpose: In pediatric DSU patients, does discharge teaching performed preoperatively compared to the current practice affect patient/family learning outcomes?

This evidence-based review was conducted to discover efficient and effective ways to deliver discharge teaching to pediatric surgical patients and their families.

Methods/Evidence: A literature search using the databases of EBSCO, Pub Med, and CINAHL and the key words: peri-operative education, home care instructions, patient satisfaction, ambulatory surgery, teach-back, evidence based practice, nurse literacy, and nurse education. Twelve relevant articles were found, 10 were critically appraised. Other resources included: email communication with C.O'Brien, co-author of "Postoperative Instructions Preoperatively Evaluating the Effectiveness of a Teaching Model on Patient Satisfaction Regarding Instructions on Home Care."

Significance of findings/outcomes: The evidence demonstrated increased patient and family satisfaction when teaching is performed pre-operatively. Pre-operative teaching, in combination with same day reinforcement and teach back, provide the most effective discharge teaching. Successful methods for the delivery of pre-operative patient and family education include technology, videos, and websites.

Implications for peri-anesthesia nurses and future research: Bedside nurses are critical to identify clinical questions and to improve clinical practice using EBP.

AN EBP mentorship program and leadership support was critical for learning and successful completion of this project.

The next steps will be to evaluate the discharge instructions that are currently used in the PACU, evaluate the potential use of videos on the hospital website and family education materials for delivering pre-operative education. We will build an effective preoperative teaching plan that incorporates best practices for effective patient and family teaching. Patient satisfaction will be measured.