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# Visitation Restrictions in the Adult ICU

Tiana Young-Mauchly, Carlie Edstrom, & Julia Buckingham

## Abstract

The importance of providing a holistic and autonomous approach to patients directly relates to improved satisfaction. The purpose of this evidence-based project was to determine how unrestricted ICU units compare to restricted units. The intensive care unit is a specialty area in the hospital for critically ill patients who are either stable or unstable that require intensive care, monitoring, treatment, and possible emergency interventions. Many of these patients are intubated and unable to speak for themselves. Unrestricted visitation in the adult Intensive Care Unit eliminates definite guidelines on who can and cannot visit patients in the ICU. Unrestricted guidelines will also allow visitors during all hours of the day. Unrestrictive guidelines have shown to benefit the patient, family, and staff psychologically and physiologically. On the contrary, restricted visitation in the adult intensive care unit puts regulations on who can visit patients in the ICU. Restrictions include age of visitors, time of day of visits, relation to the patient, and personal protective equipment worn. Research suggests that unrestricted ICU visitation policies promote an overall favorable experience for patients, family and staff. Therefore it is of upmost importance to make the change and open the doors of Adult Intensive Care Units.

# **Digital Oral Thermometer and Temporal Artery Thermometer: An Accuracy Comparison**

Lizette White, Taryn Gavitt, & Taylor Hole

## **Abstract**

The purpose of this study is to prove the increased accuracy of the digital oral artery thermometer when compared to the standard use of the temporal artery thermometer. The population included in this study covers patients across the lifespan, ranging from pediatrics to adults. The most common practice for temperature measurement in patients in the health care setting is the temporal artery thermometer. This evidenced-based practice project compares the accuracy of digital oral artery thermometers against the temporal artery thermometer. The desired outcome is that this comparison of accuracy would change the standard intervention in measuring patient temperatures to the digital oral artery thermometer. The time frame of interest applies to patients during their time in a health care setting. Non-invasive thermometer methods is the most common practice in the health care setting to measure patient temperatures. Although temporal artery thermometers are the most commonly used method, studies of its accuracy are minimal. Through the research used for this evidence-based project, digital oral artery thermometers have been shown to be more accurate and consistent. The desired impact to health care settings would be a shift from the use of temporal artery thermometers to the use of digital oral artery thermometers. This could contribute to the decreased length of hospital stays, the earliest detection of temperature rise in infection, and aid in accurate diagnosis and treatment.

# **Spirituality In End-Of-Life Care**

Briana French, Kaitlin Jones, & Jessellen Frantz

## **Abstract**

The purpose of this evidence-based project was to determine if death anxiety could be reduced by spirituality in palliative care patients. All human beings experience death whether it be someone they know or inevitably their own mortality. Death is perceived differently by all patients and can bring about anxiety during end-of-life care. Completing a spiritual assessment on all patients, as well as other interventions such as praying, singing, meditation, etc. can aid in spiritual support across all medical specialties. Death affects every human, therefore this project has the potential to touch many lives. In various studies, different scales were used to assess patients' spiritual needs and death anxiety during their end-of-life care. The results concluded that spirituality is not always a routine assessment in many health care settings and that patients feel as if medical personal are not properly trained in this area. Spirituality has been found to improve patients' physical and emotional response to death and reduce death anxiety altogether.

# **Art Therapy in Oncology Patients**

Krystyn Hawkes, Clarissa Coble, & Anabel Segovia

## **Abstract**

According to the National Cancer Institute, in 2018, there were over 1,700,000 new diagnoses of cancer in the United States. Of these, over 600,000 will die from this disease. Understandably, a diagnosis of cancer, as well as the treatments that accompany the diagnosis, can cause extreme distress to a patient. This distress can include stress, anxiety and depression. These psychological factors can also influence physical functions such as sleep, appetite and the immune response.

There are multiple therapies available to treat the distress that accompanies the diagnosis and treatment of cancer. Typically, treatments for cancer associated distress include pharmacologic treatments as well as complementary treatments such as support groups and counseling. The use of art therapy as an additional complimentary therapy has been shown to decrease the distress that is associated with cancer diagnosis and treatment. Art therapy has been used for decades as a complementary therapy for psychological disorders but has just recently begun to be used in other disciplines such as oncology.

Studies have shown the use of art therapy in oncology patients can decrease stress, anxiety and symptoms of depression. It has also been shown that art therapy increases feelings of well-being and overall quality of life.

# **Effect of Baccalaureate Degree Nurses vs. Associate Degree Nurses on Patient Outcomes**

Brooke Handke, Amy Kleinvachter, Tasha Swallow, & Joni Welch

## **Abstract**

Healthcare continues to face enormous challenges, including a growing, aging population and with that, a more complex presentation of illnesses. These issues lead to poorer health outcomes. As these challenges arise, it is increasingly important for the nurse workforce to remain highly educated and competent to care for their aging, ill patients. This leads to the discussion of the importance of educating nurses at higher levels, such as the baccalaureate level. The baccalaureate prepared nurse is able to improve the quality of care and patient outcomes. The Institute of Medicine outlined specific goals to enable nurses to optimally meet the growing demands of healthcare in the United States. A key recommendation was to increase the number of baccalaureate prepared nurses from 50 percent in 2010 to 80 percent by 2020. This recommendation was strongly supported by evidenced based research, which concluded that increasing the number of higher educated nurses improves patient outcomes. This project is an integrated review of literature which investigates the effect of baccalaureate degree nurses versus associate degree nurses, in hospitalized patients, on failure to rescue, mortality rate, and length of stay. The results show that hospitals with a higher percentage of baccalaureate prepared nurses had decreased failure to rescue rates, mortality rates, and length of stay. The most significant finding was the decrease in mortality rate, as it was prevalent in each study included.

# **Couplet Care**

Felicia Wedley, Michael Gilbert, & Lauren Reitz

## **Abstract**

Rooming-in; what does it mean, what are the benefits, what is the impact on the newborn? This evidence-based practice project will explore these topics and explore how the implementation of this technique in facilities could benefit the newborn. Rooming-in is defined by the World Health Organization and the United Nations Children's Fund is "a hospital practice where postnatal mothers and normal infants stay together in the same room for 24 hours a day from the time they arrive in their room after delivery. The question at hand is "In Newborns, what is the effect of couplet care on overall health and bonding with the mother within the first seventy-two hours of life?" Potential benefits include improved breastfeeding, reduced newborn stress, and a decreased need for medication in newborns with complications.

# **Phantom Limb Pain Mirror Therapy vs. Pharmacological Therapy**

Rylee Craycraft, Chelsea Small, & Cheyenne Jones

## **Abstract**

Approximately 80% of amputee patients, aged 18-65, experience phantom limb pain (PLP). PLP is a burdensome and relentless neuropathic pain. This Evidence-Based Practice (EBP) project explores the relationship between mirror therapy and its effectiveness on PLP compared to pharmacological therapies. A search of the literature using EBSCOhost found two systematic reviews, one quasi-experimental study, two opinions of expert committees and authorities, and one descriptive correlational study. The quasi-experimental study is limited due to its small sample size. The literature revealed that mirror therapy is still a relatively new adjuvant treatment for PLP. In addition, pharmacological methods have copious side effects with minute evidence to support their efficacy. Taking into account these issues, more research needs to be conducted to prove mirror therapy's superiority over other current methods of PLP management. Nevertheless, mirror therapy allows for a safe, cost-effective, and convenient adjuvant therapy with pharmacological methods in the treatment of PLP in amputees. Mirror therapy has the potential to be a widely used nursing intervention that allows for patient autonomy in pain management.



# **How does a sliding-scale insulin protocol versus a basal-bolus insulin protocol affect hyperglycemic patient outcomes and length of hospital stay?**

Keri Ramirez, Haeley Stute, Megan Liebl, & Stephanie Ediger

## **Abstract**

### **Abstract**

Hyperglycemia, defined as a blood glucose greater than 140 mg/dl (7.8 mmol/l), is reported in 22-46% of non- critically ill hospitalized patients. There is a clear association between hyperglycemia and adverse patient outcomes including delayed wound healing, surgical site infection, and prolonged hospital stay. Furthermore, Type 2 diabetes is responsible for increased risks of morbidity and mortality. The research available for review indicates adherence to self-management practices such as exercise, diet, blood sugar monitoring, and medication usage is imperative for successful glycemic control. While several methods exist to achieve glycemic control, the basal bolus method is superior to the antiquated sliding scale method during hospitalization. Additionally, a diet low in carbohydrates and sugar and high in protein and fiber, combined with insulin therapy is most effective.