

POSTER PRESENTATION

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Nurses' practice concerning sedation during weaning from mechanical ventilation

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Introduction

Sedation management during weaning from mechanical ventilation is an important task for ICU nurses. Nurse-led sedation protocols have a favorable impact on weaning outcome [1,2].

Objectives

To identify sedation practices among ICU nurses and to determine barriers towards use of sedation protocols.

Methods

A cross-sectional, self-administrated survey was developed. Consensus on content validity was achieved through a Delphi procedure among experts. The survey was distributed and collected during the annual congress of the Flemish Society of Critical Care Nurses (Dec. 2014).

Results

423 attendants completed the survey (response rate: 66%) of which 342 ICU nurses were included for further analysis. These are employed in general (73%) or university hospitals (27%) and are working in mixed (66%), surgical (18%) or medical (13%) ICUs.

Short working agents are most frequently chosen for analgo-sedation. A majority of respondents administer sedatives in continuous infusion with bolus doses (81%). Less than half of nurses have a sedation protocol (44%) but only minority consistently uses it (8%). Nurses in university hospitals reported higher availability of sedation protocols compared to general hospitals (72% vs. 42%, $p < 0,001$). Patient-targeted protocols are most available (53%). They are mostly developed particularly by MDs (79%) and nurses (52%). Level of sedation is generally evaluated per 2 hrs (56%) and with use of a

RASS scale (59%). Daily interruption of sedation (DIS) is applied variably (never: 27%, rarely: 54%, mostly 14%, always: 2%) and usually to evaluate the neurological status (86%) and to shorten the duration of ventilation (44%). 78% of nurses report not to apply DIS at night. Patients' discomfort is the most important barrier to execute DIS (49%). Nearly half of respondents pointed out respiratory deterioration is the greatest concern during DIS (47%). For 40% of nurses it is risk of self-extubation and removal of the catheters. Agitation/confusion (66%) and lack of comfort and pain (46%) are the most frequently reported problems associated with sedation reduction.

Conclusions

There appears to be a considerable discrepancy between recommendations and sedation practice. This data demonstrate room for quality improvement initiatives.

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