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A Snapshot of Evidence-Based Nursing Practice: A History of Progress

Jennifer DeBerg
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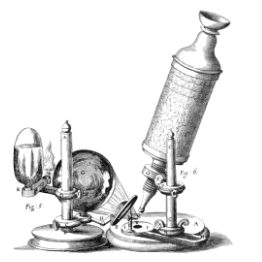




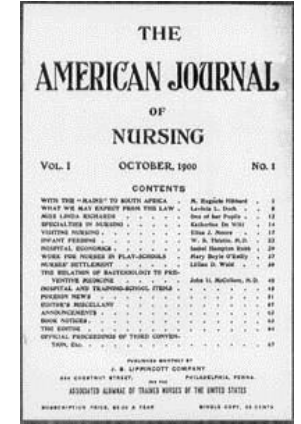

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A Snapshot of Evidence-Based Nursing Practice: A History of Progress

Jennifer DeBerg, OT, MLS; Clinical Education Librarian, Hardin Library for the Health Sciences; University of Iowa Libraries

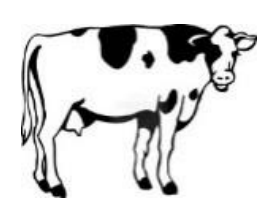
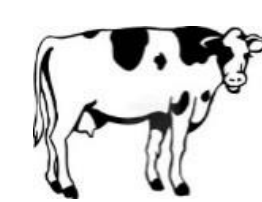
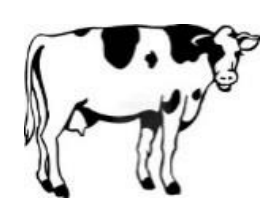
Precursors to Evidence-Based Nursing Practice

<p>1600's and 1700's</p> <p>Rise of hospital nursing during reformation. Hospitals are dirty, and staffed by unskilled female nurses (1600's)</p> <p>Development of microscope and discovery of bacteria (1630-1720)</p> 	<p>1800's</p> <p>Opening of first hospital in colonies: Pennsylvania Hospital (1751)</p> <p>Nightingale pioneers holistic care model. She also collects and analyzes data for policy change (~1858)</p> 	<p>Ether and chloroform used for anesthesia (1846 and 1847)</p> <p>Semmelweis enforced hand washing in obstetrical unit, resulting in 90% reduction in death rate (1848). He was ridiculed by peers.</p> 	<p>Nightingale's <i>Notes on Nursing</i> is published (1860)</p> <p>Germ theory is accepted in late 1800's, rubber gloves introduced in 1891</p> 	<p>Many instruments developed: hypodermic needles, stethoscopes, bronchoscopes, thermometers (1800's)</p> <p>Focus on nurse education rather than training, expanding standardization of education (1890-1940)</p> 	<p>1900-1940</p> <p>AJN launched (1900)</p>  <p>Drugs and vaccines development: insulin, penicillin sulfonamides, diphtheria, pertussis, tuberculosis, and tetanus (1920's)</p> <p>Great Depression results in loss of jobs in public health nursing (1929-1932)</p>	<p>1940-1980</p> <p>Drugs and vaccine development: polio, cortisone, antibiotics have great impact (40's and 50's)</p> <p>Nursing shortage expands scope of practice and necessitates nurses aide position (40's)</p>  <p>US government establishes nursing research office (1955)</p> <p>First nurse practitioner program (1965)</p> <p>Many nursing theories developed (60's-80's)</p> <p>NCLEX for competency assessment (early 80's)</p>
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A Glimpse of the Evidence Base for Nursing Practice: 1980 to Present

Evidence-based nursing interventions: the larger bolded font indicates stronger evidence. Color indicates start of research on topic: aqua= before 1985 purple= 1985-1990 green= 1991-1995 blue= 1996-2000 grey= 2001-2000 orange= 2006- present

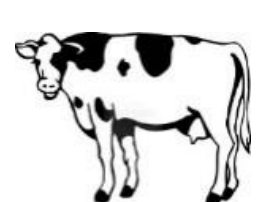
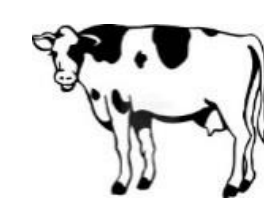
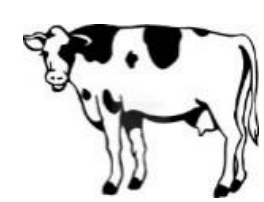
Use universal precautions	<p>concrete preoperative teaching</p> <p>reduce noise to promote sleep</p> <p>distraction for local pain</p> <p>rapid response teams</p> <p>ventrogluteal site for IM injection</p> <p>chlorhexidine for IV insertion</p>	handoff mnemonics	<p>assess for signs of pain in non-verbal patients</p> <p>minimize use of urinary catheters</p> <p>oral or tympanic temperature measurement</p> <p>use specialized IV team</p> <p>open visiting policy for cardiac patients</p>	keep bed and clothing clean for skin integrity	<p>preoperative hair removal by clipping</p> <p>Prompt to increase fluid intake</p> <p>acupressure to reduce nausea</p> <p>bundles for reducing HAI rates</p> <p>SCD for DVT prevention</p> <p>external rewarming for hypothermia management</p>	reduce pain for sleep promotion	<p>contact isolation</p> <p>rotational therapy for prevention of ARDS</p> <p>smart pumps for high risk medication administration</p> <p>Ice chips for mucositis prevention</p> <p>hydracolloid dressings for stage 2 ulcers</p> <p>antiembolism stockings to prevent DVT</p>	reposition every 2 hours	<p>multifactorial interventions for fall prevention</p> <p>Saline for line patency</p> <p>Regular foot inspection</p> <p>HOB elevated to 30-45 degrees for tube feedings</p> <p>pressure relieving support surface for patients on bedrest</p>	Reduce use of restraints	<p>protective dressings for stage 1 ulcers</p> <p>chlorhexidine for VAD dressing changes</p> <p>reduce pain to promote sleep</p> <p>HOB elevated to 30-45 degrees for tube feedings</p> <p>EMLA for localized pain</p>	Medication reconciliation	<p>therapeutic touch to reduce pain and anxiety</p> <p>early activity for DVT prophylaxis</p> <p>reality orientation for dementia</p> <p>measure heart rate with radial pulse</p> <p>aseptic technique for IV insertion</p>	Verify PICC placement
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The Sacred Cow Movement in Nursing

"A long habit of not thinking a thing wrong, gives it a superficial appearance of being right"

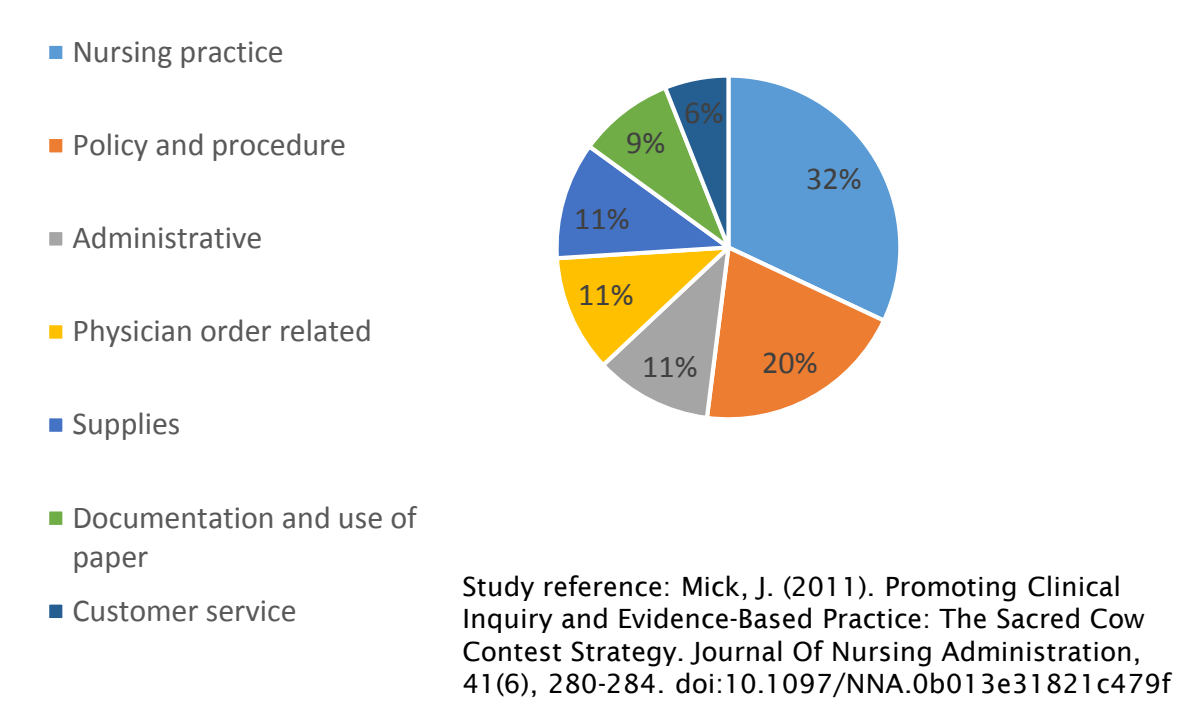
Thomas Paine, Common Sense, 1717



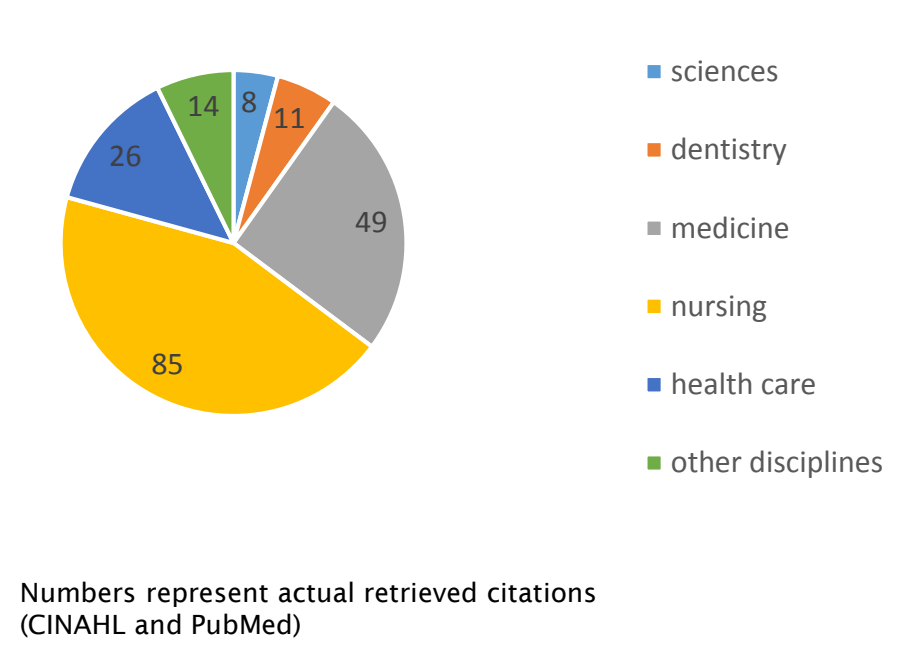
Sacred Cow Examples from Literature

- ☛ Trendelenburg positioning for managing hypotension
- ☛ Use of rectal tubes for fecal incontinence
- ☛ Measuring gastric residual volume to reduce aspiration risk
- ☛ Restricting visitation policies
- ☛ Use of cell phones in critical care areas
- ☛ Instillation of normal saline before endotracheal suctioning
- ☛ Using basins for bed baths
- ☛ Inconsistent approach to CAUTI prevention
- ☛ Using same size blood pressure cuff for all patients

Sacred Cows: Areas of Impact



Articles about Sacred Cows?



Tactics for Challenging Sacred Cows

- ☛ contests
- ☛ posters
- ☛ exhibits
- ☛ journal clubs
- ☛ blog posts



Poster presented by Kirsten Hanrahan at the 20th Annual National Evidence-Based Practice Conference, Iowa City.



Planter at University of Iowa Hospital and Clinics Magnet event