Nurses’ Hesitancy Calling Med-Alerts: A Decision-Making Algorithm

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PICO

- Does a decision making algorithm on criteria for Med-Alerts facilitate non-ICU pediatric nurses to feel more competent in their decision to call a Med-Alert?

Why Is This Topic Relevant to Nursing?

- Signs of clinical deterioration are shown prior to cardiopulmonary arrest
- Med-Alerts, when activated:
  - Decrease incidences of cardiopulmonary arrest
  - Provide resources to the bedside for prompt assessment and treatment
- Evidence supported nurse barriers and facilitators in Med-Alert decision making
Methods

- Used the Iowa Model
- CINAHL and PubMed
- Ten research articles, levels 1-3
- Development and administration of a Med-Alert Nurse Survey
  - 14 Likert-style questions
  - 4 open-ended questions
  - Sent to non-ICU nurses in 4 medical-surgical units
- Purpose: To identify facilitators and barriers influencing their Med-Alert decisions

Common Themes Found in Review of Literature

<table>
<thead>
<tr>
<th>Barriers to calling Med-Alerts</th>
<th>Facilitators in calling med-alerts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of experience</td>
<td>Expertise (&gt;5 years)</td>
</tr>
<tr>
<td>Uncertainty in the need to call</td>
<td>Rapid Response Team</td>
</tr>
<tr>
<td>Fear of negative response by Rapid Response Team</td>
<td>Support by staff</td>
</tr>
<tr>
<td>Fear of appearing &quot;dumb&quot;</td>
<td>Supportive Rapid Response Team</td>
</tr>
<tr>
<td>Lack of physician or other nurses’ support</td>
<td>Believing the RN has control of the situation</td>
</tr>
<tr>
<td>Believing the RN has control of the situation</td>
<td>Physician wanting to continue care of patient</td>
</tr>
</tbody>
</table>

Results

Med-Alert Nurse Survey:

Number of RN’s who responded to the survey:
• 45

Number of RN’s who have called a Med-Alert:
• 36/45
Results

- 75% of RNs provided reasons for hesitancy in calling a previous Med-Alert
  - Nursing inexperience
  - Fear of appearing “dumb”
  - Negative med-alert team response
  - Unit charge nurse or physician opinion

CCMC Med-Alert Nurse Survey Results

<table>
<thead>
<tr>
<th>Reason</th>
<th>Strongly Agree/Agree</th>
<th>Neither Agree/Disagree</th>
<th>Disagree/Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Resort Effort</td>
<td>6.60%</td>
<td>22.20%</td>
<td>71.20%</td>
</tr>
<tr>
<td>Lack of Unit Support</td>
<td>6.60%</td>
<td>22.20%</td>
<td>71.20%</td>
</tr>
<tr>
<td>Fear of Appearing “Dumb”</td>
<td>2.20%</td>
<td>22.20%</td>
<td>71.20%</td>
</tr>
<tr>
<td>Lack of Experience</td>
<td>2.20%</td>
<td>13.30%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Med-Alert Decision Making Algorithm

- Change determination in patient status
  - Concerned RN
  - Rapid reassessment of patient, rapid review of VS and lab trends and rapid re-do of PEWS scores and VS. Document accordingly
  - Charge RN/another RN at bedside, and RT if applicable

* A concerned RN can call a Med-Alert at any time

See back for reminders.
Implications for Practice:

- A concerned RN can call a Med-Alert at any time
- Remember to re-do PEWS (Pediatric Early Warning System) and vital signs with every change in patient status, both improvements and deteriorations
- Remember to include parents’ input in decision making and educate about FAST (Family Activated Safety Team)
- Use your resources: chaplain, child life, etc.
- Review Med-Alert/code sheet for completion of details and signatures
- DOCUMENT, DOCUMENT, DOCUMENT

References


Parker, C. (2014). Decision-making models used by medical-surgical nurses to activate rapid response teams. *MedSurg Nursing, 23 (1).*


