Pain Management Prior to Nasogastric Tube Placement: Atomized Lidocaine

Michele Farrington, BSN, RN, CPHON; Debra Bruene, MA, RN, CPHON and Michele Wagner, MSN, RN, CNRN

Nasogastric tube (NGT) insertion is often painful for patients of all ages. Randomized clinical trials in adult patients support the use of some form of topical lidocaine in reducing pain associated with NGT insertion. A review of pediatric evidence also confirms that NGT insertion is painful and provides guidance in determining lidocaine concentrations, dosages, and administration methods. The Iowa Model of Evidence-Based Practice to Promote Quality Care provided the framework for development of a weight-based standard of practice (SOP) for administration of atomized lidocaine prior to NGT insertion for all patients. To facilitate usage, the orders for NGT placement and atomized lidocaine administration were linked in the electronic health record (EHR). Atomized lidocaine was administered via a patient-specific intranasal mucosal delivery device. Evaluation measures included pre and post-implementation questionnaires which measured discomfort with NGT insertion in pediatric patients (0-10 scale; pre-implementation mean=7.4; post-implementation mean=6.5), monitoring utilization of atomized lidocaine via automated dispensing cabinet reports, soliciting comments from families and users, and monitoring institutional patient safety (incident) and adverse drug reaction reports. No patient safety or adverse drug reactions related to atomized lidocaine were identified post-implementation. Patients of all ages have benefited from administration of weight-based intranasal atomized lidocaine to decrease pain caused by NGT insertion. Ongoing safety evaluation and research is warranted since this is the first known report in the literature describing implementation of a weight-based dosing SOP.
Feature

Issues Faced by Family Caregivers of Hospice Patients with Head and Neck Cancers
Susan C. McMillan, PhD, ARNP, FAAN; Carmen Rodriguez, PhD, ARNP-BC, AOCN; Hsiao-Lan Wang, PhD, RN, CMSRN, HFS and Amanda Elliott, PhD, ARNP

Purpose: The purpose of this study was to explore issues reported by caregivers of Head and Neck cancer (HNC) patients newly admitted to hospice homecare.

Methods: 26 caregivers providing hospice homecare to patients with HNC were included. Caregiver depressive symptoms, social support and perceived health data were analyzed.

Results: The caregivers reported few depressive symptoms, good perceived social support, and good perceived health; however, there was large variation in the group with some individuals having significant problems.

Discussion: Caregivers appeared to be doing well physically, emotionally and socially, but baseline data were used, so follow-up data are needed. Further research is warranted.

Conclusions: Family caregivers also are affected by the experience of cancer and may have depressive symptoms needing assessment and management. Hospice patients with HNC have a variety of symptoms specific to their disease and treatment that need assessment and management by their family caregivers. Caregivers of HNC patients in hospice and palliative care need and deserve attention from hospice providers as they care for patients.

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Wendy Mackey, APRN-BC, CORLN

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Carolyn Waddington, MS, RN, FNP-C, CORLN
Feature

Decreasing Emergency Department Visits and Hospital Admission in the Pediatric Tracheostomy Population
Kristi McGowin, DNP, RN, CPNP

Providing a child with a tracheostomy is often a life saving intervention. However, the impact on the family is frequently life changing. Parents of children with tracheostomies require specialized training in order to provide safe care for their child in the home setting. The purpose of this project was to investigate the outcomes of a parent education program delivered by a nurse practitioner and its impact on patient follow up for children with tracheostomies living at home. This quasi-experimental evidenced based project was based on an intervention group of five parent-child dyads and a control group of 23 parent-child dyads. It took place at a local children’s hospital. This project compares the number of emergency room visits, inpatient admissions, phone calls, and ENT clinic visits between the two groups. A significant increase in the number of phone calls to the clinic was found in the intervention group (p=0.018). However, there was no significant change in the number of emergency room visits or inpatient admissions in the intervention group. The small number of participants in the intervention group limits the applicability of the results, however clinical significance exists. This study demonstrated that a structured parent education program with scheduled follow up with a nurse practitioner provides a positive impact on the care of the pediatric tracheostomy patient.

Children With Sensorineural Hearing Loss and Referral To Early Intervention
Terri Giordano, DNP, CRNP, CORLN; John A. Germiller, MD, PhD and Amanda M. Marchegiani, AuD, PASC

Diagnostic Considerations of Ultrasound versus Computed Tomography for Pediatric Inflammatory Neck Infections
Kristina L. Keppel, DNP, RN, APNP
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Guest Editorial
Utilization of a Preemptive, Multimodal Analgesic Regimen in Adult Ambulatory Septoplasty Patients: A Quality Improvement Project

Brett Morgan, DNP, CRNA and Julie Stanik-Hutt, PhD, ACNP/GNP-BC, CCNS, FAAN

This paper describes a quality improvement project designed to decrease postoperative pain, decrease post-operative nausea and vomiting (PONV), decrease time in the recovery room, and increase patient satisfaction in adult ambulatory septoplasty patients using a multimodal, preemptive analgesic regimen. The project was conducted in a community hospital setting with nine operating rooms, and a twenty one bed recovery room. Project participants included certified registered nurse anesthetists, anesthesiologists, operating room nurses, recovery room nurses, and otolaryngology surgeons. Following a period of departmental education, adult patients scheduled for outpatient septoplasty surgery received a preoperative regimen of medications that included gabapentin, celecoxib, and acetaminophen. Using a pre-post test design, (intervention group n=17, non-intervention group n=17) data was collected from patient and analyzed using SPSS version 18.0. The change in practice resulted in a significant decrease in pain scores in the recovery room and on discharge from the recovery room. In
addition, patients who received the preemptive regimen also required significantly fewer opioid medications and were ready to be discharged from the recovery room in less time.

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Samter’s Triad to Aspirin-Exacerbated Respiratory Disease: Historical Perspective and Current Clinical Practice
Helene J. Krouse, PhD, ANP-BC, CORLN, FAAN and John H. Krouse, MD, PhD, MBA

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