



## Student Corner

# Advocating with confidence; does past experience help?



Diane Chalkright, RSCN, ENNP, Neonatal Staff Nurse<sup>a,\*</sup>,  
Sharon Nurse, MSc, BSc, RM, RN, RCNT, ENB704, Senior  
Lecturer<sup>b</sup>

<sup>a</sup> Royal Jubilee Maternity Service, Regional Neonatal Unit, Belfast, N.I., United Kingdom

<sup>b</sup> School of Nursing & Midwifery, Queen's University, MBC, 97 Lisburn Road, Belfast BT9 7BL, United Kingdom

Available online 9 September 2016

### KEYWORDS

Advocacy;  
Decision-making;  
Judgement and  
reflection

**Abstract** Advocacy has long been described as an inherent part of our role as nurses. Patient vulnerability is cited as a common reason that nurses assume the role of an advocate and no population is more vulnerable than a sick or premature newborn. In this article Diane Chalkright examines the issues surrounding advocacy for patients, and how her previous experience and current knowledge assisted her in challenging medical decisions whilst acting as an effective advocate for a sick baby in her care.

Crown Copyright © 2016 Published by Elsevier Ltd on behalf of Neonatal Nurses Association. All rights reserved.

This article is a reflective account of an incident when I acted as an advocate for a baby in the Neonatal Intensive Unit (NICU). Advocacy is specifically mentioned in the Nursing and Midwifery Council code where it states that 'nurses must act

as an advocate for patients to ensure that they receive relevant health care.' (NMC, 2015, p2).

Due to the increasing complexity of the clinical environment, there has been greater emphasis on informed decision-making in order to ensure effective and safe practice (Parsonage, 2010). This is encompassed in the Toolkit for High Quality Neonatal Services (Department of Health, 2009), which emphasises that in order to deliver the highest standards possible, treatment should be

\* Corresponding author.

E-mail addresses: [dianewilliams74@live.co.uk](mailto:dianewilliams74@live.co.uk) (D. Chalkright), [s.nurse@qub.ac.uk](mailto:s.nurse@qub.ac.uk) (S. Nurse).

based on best evidence. According to [Lamb \(2011\)](#), nursing judgement and decision-making can contribute significantly to the safety and quality of patient care, but they may only be highlighted when an individual is reflecting on something that has gone wrong. Borton's model of reflection will be utilised to structure this reflective paper ([Borton, 1970](#)); the aim is to reflect on an event where I acted as an advocate for a baby when I felt an omission had been made in the decision-making process involving medical staff. I will discuss and critique my role as an advocate and the factors which influenced my decision-making. Borton's reflective model consists of 3 stages: 'What?' 'So what?' and 'Now what?', enabling the author to describe the event, examine it using pertinent literature to provide evidence and explore a way forward after learning has taken place.

## What?

The motivation for questioning the decisions of the medical staff surrounded the management of a one week old term baby, who had a complex duct dependant cardiac anomaly (the patient will be referred to as Matthew complying with patient confidentiality ([NMC, 2015](#))). Matthew was self-ventilating in room air but required a prostaglandin E2 infusion to maintain oxygen saturations within normal parameters. He was receiving full enteral feeds increased according to the high risk protocol for the NICU. Matthews's vital signs were stable but he presented with bloody stools which I promptly reported. The medical staff agreed that his feeds should be stopped as a precautionary measure, but they were not overly concerned about his condition. Matthew was not my patient, but I felt very strongly that the decision they had made in merely stopping his feeds with no other intervention was insufficient. According to [Spence \(2011\)](#), nurses' experience and knowledge allow them to reflect on previous situations which will drive them to act as an advocate and influence decision-making. With acquired knowledge and clinical skills gained over time, I was very concerned that Matthew had developed Necrotizing Enterocolitis (NEC).

I suggested that Matthew should have an abdominal X-ray, as this would be the least invasive investigation for him. If NEC is suspected then a radiological image of the abdomen and blood tests should be taken to confirm or rule out the diagnosis ([Laukaityte, 2013](#)). The medical staff did not feel an X-ray was justified as the Matthew was not showing

the classic signs of NEC such as abdominal distension, increased volume of gastric aspirates and instability of vital signs and that patients did not always display all the classic signs and symptoms ([Giannone et al., 2008](#)). I pointed out that Matthew was at a high risk of developing NEC because of his cardiac anomaly and having prostaglandin E2 infusion and full enteral feeds. This was based on extensive, past experience of caring for babies with complex cardiac anomalies who received exactly the same management regime as Matthew and developed NEC. The medical staff reiterated that bloody stools were most likely just a side-effect of the prostaglandin E2 infusion. Unhappy with their argument, I reminded them that part of the prostaglandin E2 protocol indicated that the cardiologist was to be informed if a baby presented with bloody stools and as they viewed Matthew's condition as stable, this would be unnecessary. Some time later, after Matthew passed more bloody stools, the registrar finally agreed for him to have an abdominal X-ray which confirmed that Matthew had NEC in his colon. He had urgent blood samples taken and was commenced on the intravenous antibiotics regime for NEC.

## So what?

[Schon \(1983\)](#) proposes that there is reflection in action where the individual is reflecting whilst still involved in the situation and reflection on action when a person is reflecting on a previous experience. I reflected on similar cases that I had been involved in many times before, hence my decision-making was influenced by my past experience. I also reflected after the event to examine current evidence and determine how I might have managed the situation differently or more effectively. Over the years there has been an increasing emphasis on using knowledge and evidence to support and guide clinical decision-making ([Gladstone, 2012](#)). Evidenced based practice (EBP) is a combination of linking the best evidence with clinical expertise in providing individualised patient care ([Sackett et al., 2000](#)). I was attempting to implement EBP by drawing on past experience, using the best evidence available to me at the time, whilst adhering to unit protocols. However on reflection, I felt the protocol hindered my effectiveness as an advocate because bloody stools were listed under the side-effects of Prostin, whereas it should have been made clear that this can be indicative of NEC. Nurses generally make decisions by using their previous experience and

Download English Version:

<https://daneshyari.com/en/article/5565341>

Download Persian Version:

<https://daneshyari.com/article/5565341>

[Daneshyari.com](https://daneshyari.com)