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The implementation of a guideline of care for patients with a Sengstaken–Blakemore tube in situ in a general intensive care unit using transitional change theory

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Force-field analysis;
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Summary The use of the Sengstaken–Blakemore tube as a life-saving treatment for bleeding oesophageal varices is slowly becoming the least preferred method possibly due to the potential complications associated with its placement. Nursing practice pertaining to the care of this patient group appears ad hoc and reliant on local knowledge and experience as opposed to recognised evidence of best practice. Therefore, this paper focuses on the application of Lewin's transitional change theory used to introduce a change in nursing practice with the application of a guideline to enhance the care of patients with a Sengstaken–Blakemore tube in situ within a general intensive care unit. This method identified some of the complexities surrounding the change process including the driving and restraining forces that must be harnessed and minimised in order for the adoption of change to be successful.

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Introduction

Clinical guidelines in the promotion of evidence-based practice are an important tool in the quest to improve patient care (Richens et al., 2004).

The United Kingdom's Government white paper 'A First Class Service: Quality in the New National Health Service (NHS) (Department of Health (DoH), 1998) established the need to move away from counting numbers to ensuring quality resumes its rightful place at the heart of the NHS. The key principle, combined with the clinical governance framework (Department of Health, (DoH) 1999), is the need for care to be patient focused. All the

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elements of clinical governance must be focused on improving the quality of patient care (Royal College of Nursing, 2003).

It is within this setting of organizational change that the development and implementation of a guideline for the safe and effective care of patients admitted to our Intensive Care Unit experiencing bleeding oesophageal varices was introduced.

Limitations of current practice

Direct compression from balloon tamponade to control bleeding from oesophageal varices is achieved by the placement of a Sengstaken–Blakemore tube (SBT) (Burroughs, 1992). Yet, the placement of Sengstaken–Blakemore tubes is becoming less common due to the potential for active re-bleeding once balloon deflation and tube removal had occurred (Burroughs, 1992) and the high incidence of complications such as aspiration pneumonia, airway obstruction, tube migration and oesophageal ulceration and rupture (McCormick et al., 1990). This technique has been superseded in most cases with the advent of newer and possibly less problematic treatment techniques such as sclerosing, banding and pharmacological management (Burroughs, 1992). However, it still remains a life-saving treatment and an adjunct to the aforementioned techniques (Jalan and Hayes, 2000), particularly in those situations where bleeding is difficult to control such as that seen in patients with alcoholic liver disease (Pasquale and Cerra, 1992).

Clinical evidence at a local level suggested caring for patients with a SBT lacks formal guidelines/protocols. Clinical practice was based upon individual experience and expertise whereby the care of these patients was not standardised or even evidence based. Anecdotally, the care given appeared to have some commonalities between specialties, for example ICU and the hepato-biliary wards. There appeared to be no uniformity across the hospital and hands on care of the SBT tube itself appeared to be somewhat ad hoc. Moreover, procedures and care were based on instructions from the consulting gastroenterologist (this being the case in our ICU). Again whilst this may be deemed adequate, it is questionable as to whether nurses within this organisation were able to ask the appropriate questions of specialist medical practitioners if they themselves did not have a sound knowledge base to inform their practice (Christensen, 2004). The Nursing and Midwifery Council NMC (2004) states that nursing staff should provide patient care based on current evidence and best practice.

It was imperative that an awareness of the assessment and prevention of potential complications, emergency situations and the action to be taken should these occur needed to be at the forefront of any knowledge base. Nurses working with these patients should have an understanding of the care required (McEwen, 1996) in order to be accountable practitioners (NMC, 2004). There are serious shortfalls when trying to address the supposed knowledge deficit because the implications of this are two-fold. Firstly the reduction in the number of medical practitioners skilled in the techniques of SBT placement (Sherlock and Dooley, 1997). Secondly, a reduction in the total number of patients admitted to the ICU with a SBT in situ because of alternative treatment options. Consequently, nurses working within this ICU had little opportunity to practice these skills and in some case were being advised by junior doctors who had little experience of the techniques (Christensen, 2004).

Proposed change to practice

It was therefore proposed that the introduction of a guideline for care for those patients with a Sengstaken–Blakemore tube in situ within the ICU could be implemented on a pilot basis with continual assessment and peer review, thereby allowing refinements to practice to be made. The added advantage being that the current nurse/patient ratio of 1:1 in our ICU would permit the easy implementation of this guideline. Therefore, to accomplish this proposed restructuring to patient care the following aims and objectives were formulated:

- Identify and diagnose the current problems associated with patient care with regard to the nursing management of patients with Sengstaken–Blakemore tubes in situ.
- Scope current nursing practice within our ICU and the hospital.
- Identify the method by which the assessment and provision of nursing care is delivered in our ICU.
- Introduce an interventional model relevant to the change proposal.
- Identify the stakeholders involved in the change proposal.
- Identify key learning points of the change proposal.

An overview of the literature

As a continuation of previous work (Christensen, 2004) an overview of the literature reiterated

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