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Educating Parents on Gastrostomy Devices: Necessary Components to Achieve Success



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Often parents leave the hospital without the education needed to care for their child's gastrostomy device. Lack of nurse knowledge and the use of various types of devices contribute to their confusion and inability to adequately educate parents. An enhanced methodology and process to standardize gastrostomy education were designed and implemented. Data results confirmed an improvement in the knowledge and competency of both staff nurses and parents. Empowering staff nurses with knowledge and the necessary resources and tools to confidently educate parents, along with a standardized process, has improved overall outcomes.

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PARENTS OF CHILDREN with various medical conditions are often faced with tough healthcare decisions, such as the best way to provide adequate nutrition. Failure to thrive, aspiration, intestinal malabsorption and swallowing disorders often cause children to have altered nutrition. Surgical intervention may be needed. One method of treatment is to place a gastrostomy device. A gastrostomy device is a flexible polyurethane or silicone tube placed in the stomach through an opening in the abdominal wall. This device provides access to administer nutrition in children who are unable to eat or take in adequate nutrition orally.

Giving up all chances of feeding their child normally can produce feelings of fear, frustration and anxiety. Guerriere's (2003) study of mothers' uncertainty concerning gastrostomy device insertion in their children found that many mothers experienced a sense of failure as a parent by accepting the gastrostomy device. If professionals empower parents to make the decision they believe to be in the best interest of their child, it will improve the quality of life for the whole family.

It is imperative that families are given the most complete and accurate information about gastrostomy devices. Nurses report parents are overwhelmed with the large amount of technical information given (Todd, Van Rosendaal, Durgeon & Verhoff, 2005). Variation in practice by nurses and physicians can lead to confusion for the families which usually results in a lack of trust in their providers. Todd et al. studied nurses' involvement in gastrostomy device placement and found that they perceive their role in the decision-making process to be important.

The purpose of this project was to standardize education of gastrostomy devices to improve the nurses' skills to prepare families for discharge and reduce their self doubt at home.

The processes in this paper are based on the authors' experiences with families of medically fragile children cared for in a large Midwestern children's hospital.

Background

Children with certain medical conditions require gastrostomy devices to maintain adequate nutrition, hydration and to administer medications. In most situations, the child was

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fed via a nasogastric (NG) tube, nasojejunal (NJ) tube or received total parenteral nutrition (TPN) prior to the gastrostomy device placement. When it is anticipated that a child will require long-term nutritional support, a gastrostomy device is recommended (Soscia and Friedman, 2011). Lord (2011) noted more than 245,000 gastrostomy devices are placed annually in the United States.

Knowledge and confidence of nursing staff are important when teaching parents how to care for a gastrostomy device at home. Limited knowledge of the subject for which a nurse is responsible for teaching a parent of a medically fragile child increases the potential for inconsistent care, according to Edwards et al. (2007). As noted by Sarro, Anthony, Magtoto and Jauceri (2010), standardizing care of devices will increase the comfort level and self-confidence of the nurse, which will in turn increase the self-confidence of the parent.

Gozdzialski, Schlutow, and Pittgilo (2012) claimed that non-emergent use of emergency departments (EDs) has increased over the past 10 years. They suggested that the increase is due to lack of knowledge and resources. Improved discharge teaching is one way to reduce the misuse of the ED. Comprehensive parent education is integral to ensuring that parents feel comfortable and confident enough to safely care for their child's needs at home. A study by Lerrett (2009) found that one of the biggest predictors of parent readiness for discharge was the quality of education provided by the bedside nurse.

Sanford (2010) recommended the provision of continued training of nursing staff in order to encourage accountability and empowerment. Decreasing variance in nursing practice will in turn increase parent satisfaction. The current healthcare environment necessitates the development and utilization of better methods to educate parents to improve patient outcomes and reduce readmission rates.

Background of the Problem

At this Midwestern children's hospital, a trend showed parents had increasing questions and concerns regarding gastrostomy device care. The ED also noted increased non-emergent visits related to leakage, granulation tissue or the accidental dislodgement of the gastrostomy device. In addition, the nursing staff verbalized confusion regarding the different devices and what to teach families due to multiple physician preferences.

Three different medical services place gastrostomy devices at this hospital: pediatric surgery, gastroenterology and interventional radiology. Approximately 365 children of all ages receive gastrostomy devices each year. The majority are placed by the pediatric surgery service. Seven surgeons place a variety of gastrostomy devices both surgically and percutaneously. Each physician had his or her own plan of care for each device placed. Manufacturers develop new products that surgeons may bring into the system at any time. All of these

elements elicited staff confusion and an inability to keep up with the nuances of these devices when teaching parents care. Follow up with parents after device placement consisted of return appointments to the outpatient clinic in 4–12 weeks, depending on physician preference. The Wound, Ostomy and Continence (WOC) nurses are available if parents have questions. The WOC nurses log the telephone calls they receive. An increase in calls with questions about gastrostomy devices was noted. Over a 6-month time frame, the telephone calls increased approximately 20%. The calls revealed parents were not sure what type of device their child had, what to do if the device came out, when to return for their follow-up appointment and if their child could bathe or swim.

Bedside nurses were often inconsistent when teaching parents about a new gastrostomy device. The education nurses received regarding gastrostomy devices appeared inadequate to help them identify the type and confidently teach parents how to care for their child's gastrostomy device or what to do if it prematurely came out. A standard education plan regarding what to teach parents had not been developed. Additionally these children were admitted to a variety of units, resulting in some nurses who were very familiar with the devices and others who were not. This made it a challenge for nurses to keep current with the varying recommendations for practice.

During new hire orientation, pediatric staff nurses receive a 45-minute lecture about various gastrostomy devices and how they are placed. The short lecture also includes how to troubleshoot complications that may occur with different devices, such as skin irritation and leakage. Online resources regarding the devices are available on the hospital intranet system, but many staff did not access them because they either did not have time or did not know how to easily find them.

If a patient's gastrostomy device accidentally came out at home, the child was often brought to the ED, sometimes via ambulance, because parents did not have the education or resources to replace it. Follow up with ED nurses revealed they were not comfortable identifying the various gastrostomy devices and how to best meet the needs of this type of patient.

Unnecessary trips to the ED for gastrostomy replacement, an increase in telephone calls and questions at follow-up appointments and frequent consults to the WOC nurses brought this problem to the forefront. How could staff best standardize their approach to educating parents whose child received a gastrostomy device? What needs to happen to ensure that these parents are able to confidently care for their child after discharge?

Problem Identification

Two WOC nurses and two patient education coordinators formed the primary team. It was decided that one reasonable approach would be to teach the parents in a structured class.

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