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Postoperative Vital Signs: Traditional Versus Evidence Based

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<ul style="list-style-type: none"> • Evaluation of Nursing Experience of Caring for Patients at the End-of-Life in Units without an Established Bereavement Program
<p>This research study is an effort to identify and describe nursing attitudes and experiences with caring for patients at the end-of-life in a unit without an established bereavement program. The study will assess attitudes and experience pre and post implementation of a facility-wide bereavement program. The anticipated benefit will be acknowledging the impact of death on nurses who provide end-of-life nursing care. When nurses have support for bereavement, patients and their families will benefit.</p>
<p>PI: Lisa Morgan BSN, RN, CNRN Contact: lisa.morgan@ Parkview.com</p>
<ul style="list-style-type: none"> • Retrospective Chart Review to Determine Effect of Continuous Glucose Monitoring on A1C Levels in Patients with Type II Diabetes (T2DM)
<p>The purpose of this study is to evaluate the effects of continuous glucose monitoring on A1c reduction in adults with type 2 diabetes mellitus as compared to conventional finger-stick self-monitoring. The findings from this study will provide insight on the benefits of CGM to inform and improve treatment options in the T2DM population.</p>
<p>PI: Rachel Gabet, BSN, RN, LDE Contact: rachel.gabet@parkview.com</p>
<ul style="list-style-type: none"> • The incidence of chemotherapy extravasation in the inpatient and ambulatory infusion areas of a community cancer center
<p>Few studies have been conducted in non-National Cancer Institute (non-NCI) designated cancer centers and even less have included both the inpatient and outpatient settings. This study is being conducted in order to establish a benchmark for the incidence of chemotherapy extravasation in an inpatient oncology unit and outpatient infusion center at a non-NCI-designated community cancer center. This retrospective review is to determine the common chemotherapy agents involved in extravasation, patient factors contributing to the extravasation, and severity of extravasations.</p>
<p>PI: Nancy Ehmke MN, RN, AOCN Contact: nancy.ehmke@parkview.com</p>
<ul style="list-style-type: none"> • Fatigue in the Nursing Workforce
<p>Many injuries or adverse events related to patient care may be caused by fatigue in nurses. This phenomenon is under-reported and has not been a focus in healthcare. The purpose of this survey is to identify fatigue in Parkview Nursing Workforce and determine causes that potentially could be mitigated in the future with a change in practice. By determining the amount of fatigue and identifying potential causes, interventions can be implemented to mitigate these risks.</p>
<p>PI: Vicki Maisonneuve MSN, RN, CRRN Contact: vicki.maisonneuve@parkview.com</p>
<ul style="list-style-type: none"> • Postoperative Vital Signs: Traditional Versus Evidence Based
<p>This study compares the current standard vital sign frequency in postoperative recovery patients to an investigator-designed vital sign algorithm, the Trax Algorithm. This tool guides</p>

<p>nursing care based on assessments of the postoperative patient to determine appropriate vital sign frequency.</p> <p>PI: Linda Otis, BSN, RN Contact: linda.otis@parkview.com</p>
<ul style="list-style-type: none">• A Quantitative Study to Assess the Effect of Weighted Blanket Intervention for Pre-Surgical Anxiety and Pain and Post-Surgical Restlessness and Nausea in Planned Surgery Patients.
<p>The purpose of this study is to assess the effectiveness of a weighted blanket for the reduction of pre-surgical anxiety and pain, as well as post-surgical restlessness and nausea. This research may be beneficial in offering an alternative non-pharmacologic intervention for patients with anxiety.</p> <p>PI: Jaime Vinson, BSN, RN, HN-BC Contact: jaime.vinson@parkview.com</p>
<ul style="list-style-type: none">• Does Nurse Awareness of Sepsis Increase by Participating in an Interactive Sepsis On-line Education Program?
<p>This study is to evaluate if there is an increase in knowledge gain and competence in sepsis among Parkview Health Caregivers after completion of sepsis course/s offered by Apex Innovations. This includes aligning sepsis care based on Centers for Medicare & Medicaid Services (CMS) core measures and regulatory requirements to improve patient outcomes through early recognition and initiation of treatment.</p> <p>PI: Jennifer L Rechter MSN, RN-BC, AGCNS-BC Contact: jennifer.rechter@parkview.com</p>
<ul style="list-style-type: none">• Effect of Warming IV Fluids During MICU Transport on Patient Comfort and Temperature
<p>This study is to determine if during the transport of critically ill patients receiving intravenous fluids (IVF), the use of an IVF warmer may increase comfort, reduce pain, and prevent hypothermia.</p> <p>PI: Jennifer Esslinger BSN, RN, CFRN, CTRN Contact: jennifer.esslinger@parkview.com</p>
<ul style="list-style-type: none">• A Randomized Control Trial to Compare NPO status against a Specialized Pre-Cardiac Cath Diet
<p>The purpose of this research study is to identify best practice for NPO status prior to a cardiac catheterization through a comparative evaluation. This prospective, randomized control study will evaluate current standard of care NPO guidelines and a specialized pre-cardiac catheterization diet in low-medium risk patients undergoing elective cardiac catheterization.</p> <p>PI: Carri Woods MBA, MSN, RN; Michelle Wood MSN, RN-BC Contact: carri.woods@parkview.com; michelle.wood@parkview.com</p>
<ul style="list-style-type: none">• Outcomes with a Full-Service Mobility Impacting Program in Critically Ill Trauma Patients
<p>The purpose of this study is to compare the outcomes associated with using a full-service mobility program including dedicated mobility staff, proper mobility equipment, and a</p>

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software data collection tool to complete progressive upright mobility (PUM), which is the current standard of care. It is hypothesized that the use of a dedicated mobility team along with the proper mobility equipment will provide more efficient mobilization and lead to reduced length of stay, reduced ventilator days, fewer complications, fewer catheter days, a more frequent favorable discharge disposition, decreased cost of care, decreased readmissions, improved nursing satisfaction, and decreased caregiver injury rates.

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