

Neonatal Sedation Scale Implementation to Facilitate Safe Medication Administration

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Problem Statement

Problem:

- In the NICU, sedative use has increased substantially over the last few decades
- The Joint Commission mandates that PRN sedatives have an objective numerical indication to facilitate safe medication administration
- At the site, 0% of PRN sedatives contain an objective indication for administration
- Patient level of sedation is often a nurse's subjective assessment, which is difficult to quantify
- A sedation scale can provide an objective score but is not used at the site

Purpose of Project/Goals

Quality Improvement: Implement the N-PASS sedation subscale to comply with Joint Commission standards, facilitate safe medication administration, and decrease variability in PRN administration

Process goal:

- 100% of patients will have a sedation score documented at least once per shift
- 100% of PRN sedatives will contain an objective indication for administration based on N-PASS scoring

Outcome goal:

- 100% of administered PRN sedatives will adhere to ordered indications

Methods

Setting: 49-bed Level IV NICU in an urban academic center

Population: All NICU patients over a 15-week period

Intervention: Adoption of the N-PASS sedation scale and creation of a NICU sedation policy

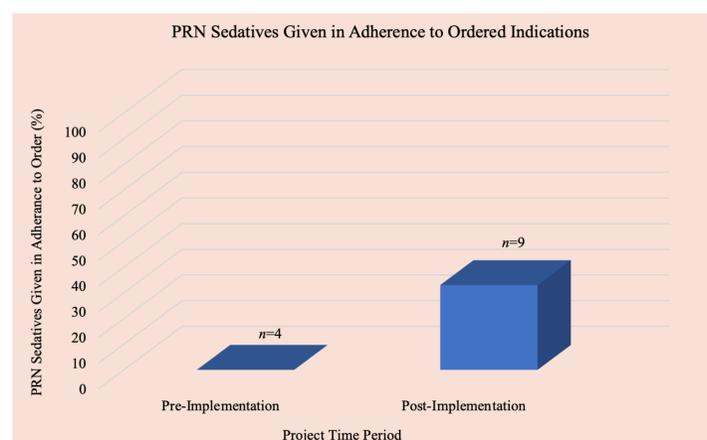
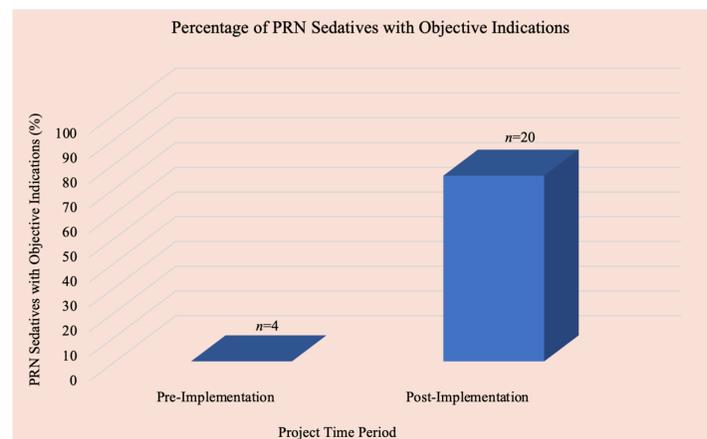
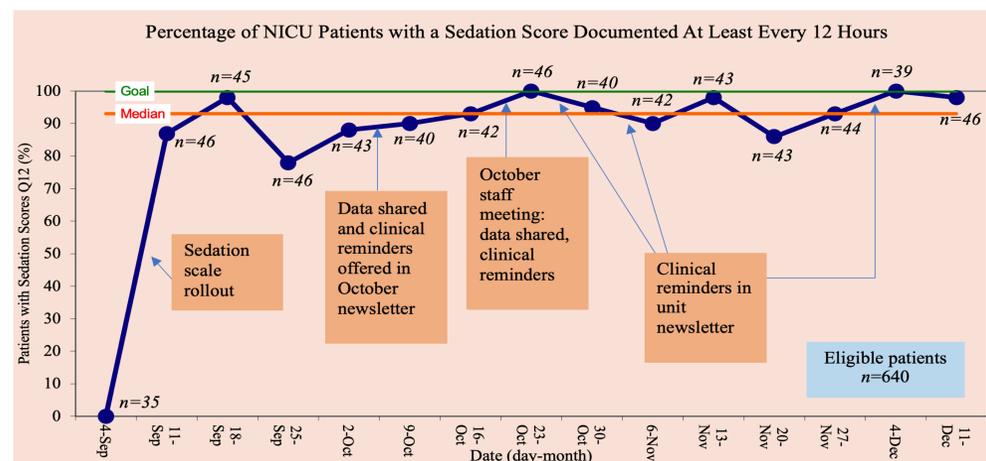
Implementation strategies:

- Collaboration with medical director and nursing champions
- Education and clinical reminders to staff
- Distribution of rounding tool and bedside resource

Measures:

- Post-education completion survey via QR code
- Triweekly chart audits via REDCap tool for documentation and order adherence

Results



Discussion

Impact:

- 98% of nurses and 53% of providers completed education
 - Champions accounted for 50% of education completion
- 92% of patients had sedation score documented once per shift
 - 100% adherence achieved weeks 8 and 14 with ongoing clinical reminders and data sharing
- PRN sedatives with an objective indication for administration increased by 75%
- PRN sedatives given in adherence to ordered indications increased by 33%

Literature findings support the use of a validated sedation scale to improve neonatal sedation assessment and facilitate safe sedative administration

Limitations: high staff turnover, multiple unit initiatives, minimal PRN sedative data, limited use in paralyzed patients

Conclusions

Implementation of the N-PASS to assess level of sedation increases objective sedation assessments and PRN sedative order adherence to Joint Commission standards

- However, findings suggest continued subjective assessments when determining patient need for PRN sedatives

The N-PASS is an easy-to-use, cost-effective tool to standardize sedation management among neonates

Next steps:

- N-PASS adoption on other pediatric units caring for neonates
- Identify practice gaps in PRN sedative administration
- N-PASS education in orientation and annual competencies
- Explore role of N-PASS with paralytic and epidural use
- Continue chart audits and clinical reminders to facilitate ongoing data collection and N-PASS use

References/Acknowledgement

Scan for complete reference list



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