

# Ward nurses' observations

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Basic observations  
and observations of  
the deteriorating  
patient.

Reflections and co-  
operation

# Tendencies in daily practice

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The following is based on results from

- A pilot study of all calls for the heart attack rescue team to general ward patients in 2008 at Hvidovre University Hospital, Copenhagen
- A recent observational study of 16 ward nurses' daily practice at Hvidovre University Hospital, The Capital Region of Copenhagen

The study was carried out in April 09 and it is therefore un-published

# How often do Danish ward nurses make measurements?

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- Once, maybe twice but never three times/24 hours
- Nurses often make decisions on their own of how frequently measurements should be done
- Nurses try to minimize the frequency of measurements being taken
- Information do not reach the basic ward nurse

# Which parameters are measured?

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- No one in general wards measures RR
- Blood pressure is only measured until the epidural catheter/line is removed
- Nurses and doctors in surgical wards pay most attention to the patient's temperature
- In medical wards blood pressure is often measured with large intervals

# When is the general ward nurse triggered to act?

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- Depends on her level of experience
- She is *guided* by the MET calling criteria
- The MET calling criteria are often not consulted
- High temperature makes a nurse react
  - Low urine output and low blood pressure are parameters which are often neglected or “excused/explained”

# Reflections in the general ward

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- A ward nurse tends to make follow-ups on the one parameter which is directly related to the patient's symptoms. Misses to think broader and to connect observations
- A ward nurse tends to choose an often used explanation e.g. "epidural pain treatment causes low blood pressure" and not to search for other more demanding explanations

# Which ways of acting is chosen?

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- A less experienced nurse mentions her observations to the doctor on the first coming occasion
- A less experienced nurse waits for the doctor to arrive before acting
- An experienced nurse gives iv fluids and oxygen
- An experienced nurse takes a complete set of measurements when finding a single deviation

# Co-operation

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- The experienced nurse
  - supplies the doctor with valuable information
  - demands that actions is taken in order to stabilize the deteriorating patient
- The less experienced nurse
  - tends to give the doctor a narrow picture of the patient
  - relies on the doctors decision
  - has difficulties arguing for more actions to be taken

# What is needed to improve level of observations?

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- Inter-professional and multi-disciplinary education
- Discussions of cases taken from the nurse's own ward
- Implementation of a systematic ward practice of observation
- Inter-professional algorithm for acting

# Thank you for listening

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