Dear Editor:

After dealing with falls while working in the emergency department for the past 14 years, I was pleased to read the article in the February 2013 issue, “Journey to a Safe Environment: Fall Prevention in an Emergency Department at a Level 1 Trauma Center,” by Danette Alexander, Terry Kinsley, and Christine Waszinski. Falls within the hospital are a major patient safety concern and one of the most commonly reported adverse events. Because falls are a consistent problem throughout the hospital stay, some studies have suggested doing an initial and thorough fall evaluation and screening in the emergency department to mitigate risks associated with high-risk patients. I work in a level III trauma-designated facility and am aware that falls in the emergency department occur less frequently than in in-patient units; however, I would like to see the implementation of a more complete fall assessment tool at triage for prompt identification of patients at risk of falling.

Although the emergency department at the hospital where I currently work in is not a level I trauma center, we are the busiest in the city and see annual volumes of 80,000+. I will be in touch with the director of that unit to review the inpatient fall assessment tool presented in the article and determine whether implementation is feasible at our facility. Ensuring that a culture of fall prevention is prevalent in our emergency department is vital, and nursing leadership is the key to leading that charge. Hourly rounding and identification of at-risk patients are 2 additional elements to the fall risk assessment tool and should be implemented to provide our patients with the best and safest care possible. After reviewing the article, I have some definite ideas for utilization in my emergency department and look forward to meeting with senior leadership to win their approval.—Valeh Ghaemmaghami, RN, BSN; E-mail: valeh.ghaemmaghan@hcachsc.com

http://dx.doi.org/10.1016/j.jen.2013.03.019

REFERENCES

Simulation as a Tool in Early Recognition of Sepsis

Dear Editor:

As a clinical educator with a background in emergency nursing, early recognition of systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis, and septic shock is a passion. Morbidity and mortality rates associated with sepsis are on the rise and are of significant concern for emergency departments worldwide.

In the literature review, “Implementation of Early Goal-Directed Therapy for Septic Patients in the Emergency Department: A Review of the Literature,” findings suggest that by implementing the Surviving Sepsis Guidelines into practice, morbidity and mortality are reduced. However, the review also advises that barriers still exist that prevent us from successfully executing early goal-directed therapy. The authors suggest that in addition to protocol-based care, education is a key component to effectively implementation of the guidelines.

Perhaps clinical educators and nurse managers should focus on innovative ways of providing staff with educational opportunities. Norman advises that the use of simulation training enhances a learner’s know-how, builds confidence, and provides a creative learning environment.

Simulation training uses 3 domains that are essential for a comprehensive learning environment: affective, psychomotor, and cognitive. By using patient-care simulation and integrating the learning domains, nurses will have decreased anxiety and increased confidence when applying this training to the actual patient care setting. It is crucial that organizations explore these opportunities and teaching strategies because simulation is in high demand, is gaining popularity, and is considered to be the gold standard. The use of simulation as a learning method is gaining momentum and should be considered when hospitals are advocating for evidence-based practice, including the use of the Surviving Sepsis Guidelines.—Kristen Marin, BSN, RN, BCEN; Clinical Educator, Ukiah Valley Medical Center; E-mail: marinka@ah.org

http://dx.doi.org/10.1016/j.jen.2013.03.021

REFERENCES