

EXAMPLE OF EBP/RESEARCH UTILIZATION ABSTRACT

Presentation Topic:	Please type an X into the box next to your selected topic:		
		Completed Original Study	Study in Progress
	x	Completed Evidence-based Practice Project	Project in Progress

Title Incorporation of Guided Imagery into the Care of Patients Undergoing Diagnostic and Interventional Cardiac Catheterization

Preference-Presentation Display (Please choose one)		Easel (poster mounted on a 30" x 40" foam board)	<i>NOTE: Number of easels limited. Assignment of display format will be included in acceptance letter</i>
	x	Table-top (poster mounted on a 36" x 48" tri-fold poster board)	

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Credentials: xxx (Add degrees, certifications for principal presenter and co-presenters)

Organization: University of Delaware and Christiana Care Health Services

Abstract text: (300 words max; Please type 12-pt font, Times New Roman or Arial, single-spaced, within the box below.)

Purpose: This research utilization project was designed to incorporate guided imagery (GI) into the routine care of patients undergoing cardiac catheterization and interventional procedures.

Background/Significance: Evidence exists that complementary therapies, such as GI, can initiate a relaxation response and contribute to a reduction in procedural pain, anxiety and length of procedure. The Iowa Model of Evidence-Based Practice to Promote Quality Care guided this project.

Methodology: Pre-procedure, all patients admitted to the Heart Center for same day cardiac catheterizations were invited to participate in GI. Patients who agreed to participate were provided with a cassette player, guided imagery tape and disposable headset. Outcomes were collected on 50 participants and 50 non-participants pre and post procedure. Patient satisfaction with the GI program and the catheterization procedure, and pain were measured using a 0-10 Likert scale. Anxiety was measured using the Spielberger State Anxiety Inventory. Descriptive and comparative analyses were performed on the groups of participants and non-participants. Approximately 2 of every 3 patients who were invited to participate in the GI program reported high levels of satisfaction with the GI program (87.5%). Higher levels reported by participants undergoing their first catheterization procedure (90%) than those who had had a procedure before (80%). Both groups reported high levels of satisfaction with the catheterization procedure (90%) in both groups however significantly more patients using GI still had femoral sheaths in place (10%) than those who did not (5%) on the post-procedure survey. All patients reported significantly less anxiety post procedure.

Conclusions/Nursing Implications: Evaluation of this evidence-based practice change supports the continuation of GI in patients undergoing diagnostic/interventional cardiac catheterization and expansion of the GI program to the broader patient population. Staff support of the program was greatly enhanced by allowing staff to experience GI prior to the practice change. Development of an evidence-based clinical practice guideline for GI is recommended and underway. Outcome studies to evaluate GI use in other acute/critically ill patient populations are also recommended.

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