What is Bedside Reporting?

**Bedside Report** - Nurses providing shift to shift report at the bedside so the patient can be more involved in his or her care. Individualized reports take about 2-3 minutes per patient. After receiving report the nurse would prioritize and communicate with the Care partner. It is encourage to have team huddles every 3-4 hours. (Anderson, 114)

What does it start with?

**Communication** - This is the foundation of nursing care. Effective nursing requires clear communication with the client, the family, and other members of the health care team.

The essential components of communication include the sender, the receiver, the message, the message channel, and the feedback to the message. The nurse and the patient both act as sender and receiver, communicating messages and feedback.

![Communication Diagram](sender_receiver_feedback)

There are two goals of therapeutic communication:

1. To formulate and send clear messages
2. To be able to receive, interpret, clarify, and respond to the messages sent by the patient and other members of the health care team.

Two key elements:

1. **Active Listening**
   - Hearing and interpreting words
   - Watching for and interpreting gestures and postures
   - Identifying and surfacing feelings, undercurrents or themes
2. **Communication Barriers**
   - Gender and sociocultural differences
   - Language differences
   - Pain
   - Cognitive or sensory deficit

(Coxon, 236-237)

With the introduction of Bedside reporting one needs to look at the concepts behind it. Bedside report involves **Imogene King’s Theory of Goal Attainment**. This involves 3 interacting systems:

1. Personal
2. Interpersonal
3. Social

It also incorporates the Care Model. That is the basic assumption that nursing is a process that involves caring for human beings whose ultimate goal is Health.

King theory states that the greatest influence on quality of care is the **Interpersonal systems**. 2 strangers meet in healthcare - to help and be helped. Bedside Nurse Reporting allows the nurse and the patient an opportunity to:
1. Share information
2. Ask questions
3. Plan individualized interventions and outcomes the patient requires and deserves.

The underlying principle is the PATIENT IS AT THE CENTER. The must have Factors are:

1. Communication
2. Collaboration
3. Informing
4. Nursing Care
5. Patient Data
6. Holistic Care
7. Clinical Excellence
8. Teams
9. Compassion

(Anderson, 113)
The bottom line is that we keep the patient informed.

So what are the Driving Forces for bedside reporting?
1. Acute care patients want more active involvement in their illness trajectory.
2. Today’s healthcare consumers are the patients desire to move from a parental model of care to a more collaborative model of care.
3. The nurse needs information about the patient he or she will be caring for.

(Anderson, 113)

Also, at Vanderbilt we are driven by a multidisciplinary force. We are lead by Virginia Henderson Theory that we are in the service of helping human beings with their daily activities. This involves all of us - physicians, nurses, care partners, the patient and everyone else that comes in contact with this group. It involves us helping the patient carry out what needs to be done to facilitate them back to a state of functioning that will allow them to return home. Communication is Multidisciplinary. All have to be involved. (Clark, 33)

Vanderbilt started in 2006 involving the staff in communication that will help guide us the staff with the care of our patients. This involves incorporating AIDET and SBAR in Bedside Reporting. So let’s review both.

**AIDET**

AIDET is a process that includes 5 fundamentals of Communication. It can assist in building confidence between the employee and the customer or patient.

**Acknowledge**  **Make Eye Contact**

Smile
Stop whatever you are doing so your customer knows they are important.

**Introduction**  **Welcome**

Introduce yourself, your skill set, your professional certification, your training, and what department you are in.
State your role in the customer's care

**Duration**

Explain how long before ___ starts
Explain how long ____ will take
Explain after the _____ what the report process will be and how long it will take

**Explanation**

Explain ___
Explain who is involved I providing your customer’s care
Explain if ____ will cause pain or discomfort, or if any additional instructions are necessary
Find the opportunities to Manage up Others on the healthcare team and VUMC.

- Manage up your boss
- Manage up your staff
- Manage up yourself and your skill set
- Manage up your coworkers, other departments and physician

**SBAR**

The SBAR Process - A Hand Off communication that is an interactive process of passing patient specific information from one caregiver to another, or from one team of caregivers to another, for the purpose of ensuring the continuity and safety of the patient's care.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Identify yourself and the patient</th>
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<tr>
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<td>5-10 seconds - the punch line</td>
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<tr>
<th>Background</th>
<th>Context: objective data; how did we get here</th>
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<td>What are the patient's pertinent history, clinical background, and additional information?</td>
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<th>Assessment</th>
<th>What is the problem?</th>
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<td>What is happening?</td>
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| Recommendation | What needs to be done and when? |

In creating a change in practice to Bedside Reporting we will be promoting informed choices to our patients. This will allow the patient an expanded role in making decisions about their healthcare. By doing this the patient will have an increase in their autonomy and move even more toward a patient-centered model to engage the patient in decision making. It will also provide the patient with a broader access to their information. (Rednova)

But what will be the benefits or why change?

**Benefits**

1. Reassures the patient that the staff works as a team and that everyone knows the plan of care.
2. Patients can ask questions or add information.
3. Better informed patients are less anxious and more likely to follow medical advice.
4. Patients are apt to start treatments earlier
5. Patients involved in their care are more satisfied and litigate less
6. Patient satisfaction translates into loyal customers
7. Oncoming Nurse's ability to visualize patients immediately and prioritize care for the shift
8. Nurses more prepared to answer MD's questions
9. Nurses and care partners can better delegate care activities.
10. Experiential learning occurs
11. Accountability is shared by both shifts

(Anderson, 114)

Another thing is assure and be accountable to what the order is for the IV's, PCA's and Epidurals. This also includes the tracing of lines that are coming and going from the patient and labeling of those respective lines.
Case Study I

59 year old white male admitted to 9N post Thoracotomy - Pulmonary Wedge resection left lower lobe. Surgery was today. Chest tube is present to left side. He has an epidural, IV and Foley.

Night Shift is reporting off to Day Shift
RN to RN

Ann (Nights): Good Morning Mr. J. My shift is ending and this is Mary and she will be relieving me this morning. Mary has been with us for a couple of years and I know you will be in excellent hands with her today.

Mr. J.: Good morning Mary. I am glad to know who will be taking care of me today.

Ann: Mary, Mr. J. came back from his Lung surgery last night to us at 8:15. He has a chest tube on the left side that is to dry suction and as you can see the dressing around it is dry and intact. His lungs are clear and he is currently not on O2. O2 sats have been 98%. His Chest tube Drainage has been 200 ml for the shift.

Mr. J.: Is that okay?

Mary: Mr. J. that is the normal amount for us to expect.

Ann. Mr. J. BP has been running 98-110/ 58 - 64 tonight and Mr. J. that is what we expect from this surgery. His pain has been around 1-3. He does have an epidural present. Since his sensory in his legs has been good we have had him to sit up in the chair last night. I told him that you would be having him to walk this morning and later. Dr. M wants him up 3 times today. By the way Mr. J., How is your pain right now?

Mr. J: It is good, I would say a 2. What time will we have to take a walk? I would like to get clean up before we try this.

Mary: What about 9 that will give us 2 hours for breakfast and cleaning up. Also, Kathy is the care partner that will be helping with your care and she gives excellent care to our patients and helps with baths and may be helping with getting you up. If you have not met her I will come with her and introduce you.

Ann: Mary Mr. J also has a Foley. His output for the past 8 hours has been 250. His IV is D5 ½ NS at 125/hr. I drew his BMP at 3 am and that should be back shortly.

Mr. J.: Ann that was the lab that has the potassium that you watch in it. Right?

Ann: Yes it does and remember if the potassium is low you will see Mary giving you replacement with your IV Fluids.

Ann: Lets check the epidural and then we will go to the next patient

Epidural and IV’s Check, trace lines

Mary: Is there anything you need right now Mr. J.?

Mr. J.: Not right now
Mary:  I should be back around here in 45 minutes, if you need anything before that here is your call light to call us.

RN to Carepartner

Mary: Kathy this is Mr. J. and I have told him that you would be giving him excellent care today. He has requested that we do his bath this Morning and then get him up to walk. Dr. M wants us to get him up 3 times today.

MR. J.: It is good to meet you Kathy.
Mary: Kathy he does have a chest tube, Foley and epidural. His BP has been in the 90’s to 110’s. His chest tube is to dry suction and he can be attached to the portable suction to walk. He is not on O2 so if he becomes Short of breathe let me know. His urinary output has been running at 30 /hour. His chest tube drainage was 200 last night.

Kathy: Mary when do we need to walk him.

Mary: Kathy Mr. J and I discussed trying to start at 9.

Case Study II

38 year old white female, Mother of 2, Open Gastric Bypass was yesterday. Night shift reporting off.

Ann (Nights): Ms K this is Sarah and she will be taking over your care for today. Sarah has been here for over 5 years with Vanderbilt on 9 South. I know that you will be in excellent hands today since Sarah has taken care of numerous patients with this surgery.

MS K.: Hi Sarah.

Ann: Sarah, MS K has been in quite a bit of pain during the night. She does have a PCA that she has been using but her pain was at a 6 at 4 am. I called and got an order to give her an extra 2 mg of Morphine which was given at 4:30 am. At 6 am she was doing better, we are at a 3. How are you doing now Ms.K?

MS K. I am doing better now it is a 2.

Sarah: Ms. K. I will be asking but it is important that we keep your pain under control so make sure I know it the PCA is not enough.
Ann: Her lungs are clear with some decrease breathe sounds in the bases. Ms. K has been doing great with the Volurex and doing it every hour. She is on the nasal cannula at 2 liters and O2 sats have been at 99%. She did bring her own CPAP that she uses at night and there is an order for an open CPAP. Ms. K. I am going to show Sarah your suture line. She has a little amount of drainage as you can see. The G tube has been draining and there are no problems there. She does have a Foley and her output has been adequate. Her IV is LR at 200/hr. As you can see her IV site looks great and the tag came off so I marked it with the Sharpie to assure we are keeping up with the date for changing it if needed. Also, at 4 am we drew a BMP and CBC so you should have those results this Morning. I talk with Ms K that it was important to turn and that we would be getting her up today and start getting her back on track with walking.

Sarah: Stacey is going to be your care partner today and she is great. She will help us get you up.

Ann: I think that is it. We just need to verify the PCA and IV fluid.
RN to Care partner

Sarah: MS. K. this is Stacy that is the care partner that will be working with me today. This will be a great day with Stacy; you will find that she gives excellent care to her patients. She will also help with getting your bath and getting you up today.

Stacy: Hi Ms. K When would you like to start on your bath

Case Study III

29 year old male involved in a MVA last night. Admitted through the ED for Blunt Trauma to the chest.

Andy (days): Mr. Q this is Tony and he will be taking over your care for this evening. Tony has been an RN on this floor for 10 years and provides excellent care. I feel very confident in him taking care of you. Tony Mr. Q started having some chest pain about 10 minutes ago. We have notified his doctor. His O2 sat was about 86% and O2 was started at 4L/min. His lungs he has decreased breathe sounds on the right. Mr. Q is aware that X-ray is coming and we will be getting a chest x-ray to see what is going on. We have given him 2 mg of MS IV about 5 minutes ago, which has help his pain some. He is aware that we need to find out what is going on before we give him any more at the present. His BP has been 120 /84 and Heart rate has been right at 100. Respiratory rate has been 28.

Tony: Mr. Q we are going to take care of you. If you do not mind I am going to take a listen here also. How is your pain?

Mr. Q: Right now it is pretty bearable.

Tony: What would you rate it on the scale of 0-10?

Mr. Q: It is about a 5 or 6.

Andy: That is a little better. It was an 8. Here is x-ray.

Tony: This film will be a little cool on your back.

Chest X-ray completed

Andy: While we are waiting, Tony and I are going to check your IV line and Dr. H is here and checking on your x-ray.

Case IV

42 y/o Laryngectomy patient.

Judy: Mr. L this is Joan and Tom. Tom is new to 9South and will be working with Joan today to deliver excellent care to you. Joan and Tom Mr. L had a right radical neck dissection with a free flap and total laryngectomy 4 days ago. His dr. is Dr. N. He does have a history of Smoking for 20 years, HTN and Psoriasis. He came to 9 South from SICU yesterday on Days. He has a right chest incision with muscle flap with staples. Right arm has a dressing with an ace wrap and splint. Dressing changes has been done by Dr. N. His fingers are warm to touch with good movement of his fingers. There is a donor site on the left thigh with xeroform gauze that is dry and intact. As we can see, he has 2 JP drains. This one is attached to self suction and this one is to the LWS. There has been a small amount of SS drainage from each drain. He has orders to strip and drain every 8 hours. On the Neck incision we are to use bactricin ointment q 8 hours.
The last time I did this was ____. He is on routine trach care q 4 hours. He coughs well. There has been moderate amount of thick mucus with blood streaks. I have not had to deep suction him today. As you can see the trach cart is here with all the supplies that are required. (Double check together equipment). He has a magic slate and communicates great with it. It has work out great has it Mr. L.

Mr. L.: It has Judy.

Joan: Who is this in the room with you?

Mr. L.: This is my wife

Judy: His wife has been assisting with his care. She has the printed materials from e-docs and the foam bibs and the shower collar. She has watch me instill the saline into the stoma and will need to do it the next time.

Mrs. L.: I am nervous about this, but will do it.

Tom: we will be here and help you both through this.

Judy: We have also talked about needing to get a cool mist humidifier for their home.

Judy: He also has a dobb hoff tube in the right nare and it is secured with sutures. He is receiving FS osmolyte at a continuous rate of 20mL/hr. His target is 75mL/hr. We are to increase it at a rate of 10 mL/hr. There has been no residual and he has been tolerating it well. Otherwise he is NPO.

He has a little more edema of the neck than I like and the HO has looked at it. We are just monitoring it right now. See what I am talking about. Right in this area. He of course is on Doppler Checks every 4 hours and this is where we have been assessing it.

He had his Foley removed at 6 am today and has voided 300 since that time. That is good isn’t it Mr. L.

He has had a lot of visitors today. The social worker, case manager saw him about going home and the speech pathologist has been by.

He knows don’t you Mr. L. that he needs to get up in the chair and walk in the hall today. And again tonight.

Literature Review:


