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Using a Mid-Level Theory to Implement a Geriatric Screening Tool in the Bariatric Surgery Setting

Rhea Williams, RN

Abstract

The purpose of this presentation is to demonstrate using the Representational Approach, a mid-level nursing theory, in implementing a tool repurposed from another area of specialty. This seven-step theory leans heavily on the Common-Sense Model as the cornerstone of conceptual change and consists of seven components: representational assessment, exploration of individual knowledge gaps or concerns or misconceptions, creation of conditions for change, new information, goal setting and management strategies, summarization, and evaluation of strategies with revision. This multitiered approach is uniquely suited to cross-application of tools between medical specialties because it allows for continuous reevaluation, synthesis of new goals, and modifications of procedures to meet those goals.

In the bariatric surgery field, one of the most commonly cited reasons for emergency department (ED) referral in post-surgical patients is dehydration, 20-25% of post-operative patients on average nationally. Experienced symptoms following bariatric surgery can range from nausea/vomiting to post-operative pain, which can all contribute to dehydration. Untreated dehydration may lead to kidney injury, seizures, hypovolemic shock, and/or death. Consequently, dehydration-prevention measures in post-bariatric surgery patients could positively impact the number of these patients referred to the ED for treatment through early identification and treatment. The proposal is to utilize a dehydration screening tool used primarily in geriatric health in the bariatric surgery setting of the outpatient bariatric surgery clinics of a large academic medical center centrally based in a medium-sized urban community. This tool, though not originally designed for bariatric patients, was selected as it encompasses several different indicators of dehydration that include intake, thirst, activity, and urine quality. These categories are all directly applicable to symptoms reported by post-surgical bariatric patients.

As this is an active initiative, all of the steps of this mid-level theory have already been applied in preparation for the implementation phase. For the remainder of the project, the evaluation/new information step will be applied weekly. New information gained will then be analyzed and compiled on a monthly basis for presentation at status meetings with stakeholders. This will allow for new goals or strategies to be applied, increasing probability of success and long-term

sustainability of the intervention, with increases in at-risk patient identification and initiation of outpatient treatments. The ultimate goal is expansion that allows for the initiation of similar programs using the same dehydration tool at various bariatric settings, leads to standardization in post-operative outpatient bariatric care, and improves patient outcomes.