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Staff Education to Enhance Nurses' Knowledge in Managing Alcohol Withdrawal

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Walden University

College of Nursing

This is to certify that the doctoral study by

Nodeen Glen

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University

2024

Executive Summary: Staff Education Project

Staff Education to Enhance Nurses' Knowledge in Managing Alcohol Withdrawal

by

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MS, Walden University, 2017

BS, New Jersey State University, 2012

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Summary

This DNP clinical practice staff education was developed to address the lack of nursing knowledge, and skills needed to assess and manage alcohol withdrawal effectively in an observation unit. Ineffective assessment and management of patients' withdrawal symptoms may result in deterioration of their condition and require further aggressive treatment. The project aimed to educate nurses on evidence-based strategies for assessing and managing alcohol withdrawal using an evidence-based assessment tool. Sixteen nurses participated in the program to increase their understanding of alcohol withdrawal and the use of the Richmond Agitation-Sedation Scale (RASS). They completed a pretest before participating in the program and a posttest after the program. Descriptive statistics of the test data using the Microsoft Excel Statistical Analysis program. The mean pretest score was 8.94, the posttest was 10, and the p-value was < 0.001 . The results obtained validated that the educational program significantly improved the nurses' understanding and confidence in assessing and managing patients with alcohol withdrawal using the RASS. I recommend including the education program in all new nursing orientation programs. The education program has the potential for positive social change by increasing nurses' competency in assessing and managing the care of patients with alcohol withdrawal. In addition, providing evidence-based care to patients with alcohol withdrawal has the potential to lead to better patient outcomes. I recommend integrating the use of the RASS scale for the assessment and treatment of patients with alcohol withdrawal. The project empowers nurses to deliver high-quality care to diverse patient populations affected by alcohol use disorders, supports equity in healthcare delivery, and fosters an inclusive environment in nursing practice.

Background

Patients admitted to the emergency room in a 600-bed academic medical care center located in the Northeast region of the United States with alcohol withdrawal are not assessed using an evidence-based assessment tool that will detect changes in the patient's condition and allow the nurses to intervene with the appropriate treatment. As a result, some patients' withdrawal symptoms deteriorated and required further aggressive treatment and admission to the general medical or critical care units. There is a need to increase the nurse's knowledge about the appropriate interventions when patients are admitted with alcohol withdrawal. The management of alcohol withdrawal symptoms is a crucial element of patient care in hospitals (Mo et al., 2018). However, suboptimal management of these symptoms can severely impact the quality of care provided. De Lemos et al. (2017) recommend that healthcare providers address this issue using the Richmond Agitation-Sedation Scale (RASS) as an assessment and management tool. Several critical aspects of this issue must be addressed to ensure high-quality patient care, including inconsistent symptomatic control, limited nurse proficiency with RASS, delayed or inappropriate interventions, potential patient safety concerns, lack of standardized practices, educational gaps, missed opportunities for early intervention, and communication breakdowns (Aldawood et al., 2023). By addressing each of these components with confidence, healthcare providers can ensure that patients experiencing alcohol withdrawal receive the appropriate care they need in a timely, consistent, and effective manner.

The DNP project question is as follows: Will educating nurses about evidence-based strategies to assess patients with alcohol withdrawal and provide timely

intervention increase their knowledge to assess and provide appropriate care for patients during alcohol withdrawal? This question addresses a significant gap in practice, recognizing that nurses need specialized knowledge to assess the severity of alcohol withdrawal symptoms, ensure patient safety, and intervene promptly to mitigate complications. The Richmond Agitation-Sedation Scale (RASS) is a central tool in this educational initiative. It is a validated tool that provides a standardized method for monitoring sedation levels, agitation, and delirium that often accompany alcohol withdrawal, thereby enabling nurses to provide more effective and timely care (Sessler et al., 2002).

The project's purpose was to design and implement an education program aimed at enhancing nurses' competency in managing patients with alcohol withdrawal. This program is a vital component of the project's objectives, as it equips nurses with evidence-based strategies to improve their ability to assess patients systematically and intervene effectively when caring for those experiencing withdrawal symptoms. The structured education can help nurses better understand the clinical manifestations of alcohol withdrawal, apply the RASS scale accurately, and take timely actions to prevent complications like seizures and delirium tremens. The program contributes to the project's goal of promoting safer patient outcomes and better managing this complex condition in the observation unit.

An extensive literature review involved a comprehensive search of academic and clinical resources available through the Walden University Library. I searched the following databases: PubMed/MEDLINE, CINAHL, PsycINFO, Embase, and Scopus to identify peer-reviewed articles, clinical trials, and evidence-based guidelines for nursing

practice and patient care. I used the following search terms *Richmond Agitation-Sedation Scale (RASS); Alcohol Withdrawal; Nurse Education; Symptomatic Control; Nursing Practice; Nursing Interventions; Alcohol Use Disorder; Patient Safety; Quality Improvement; Clinical Protocols; Nursing Competency; Substance Abuse Education; Healthcare Education; Nursing Best Practices*. Initially, the search yielded 1,200 articles. To narrow down the search, Boolean operators (AND, OR, NOT) were used. After applying limiters and filters and screening for relevance and quality, 15 final articles were chosen and categorized based on the levels of evidence and quality using the John Hopkins Research Evidence Appraisal Tool. The levels included Level I Evidence (2 studies), Level II Evidence (3 studies), and Level III Evidence (10 studies), and the quality ranged from good to strong.

The comprehensive literature review highlighted the importance of integrating RASS into the management of alcohol withdrawal, particularly when combined with comprehensive nurse education programs. The evidence strongly supports the role of structured nursing education in enhancing patient safety and optimizing the use of RASS for agitation and sedation management (Rashidi et al., 2020). The range of evidence levels (I-III) ensures that the proposed quality improvement project is based on a solid empirical foundation. These findings have significant implications for nursing practice, suggesting that by implementing the proposed education program and incorporating the RASS scale, nurses can provide more effective care for patients experiencing alcohol withdrawal, with the potential for more positive care outcomes.

Staff Education Project Development

Sixteen nurses in an observation unit participated in an educational intervention focused on managing alcohol withdrawal using the Richmond Agitation-Sedation Scale (RASS). The education was provided in two sessions to accommodate the nurses on the day and night shifts and ensure consistent use of the RASS tool across all shifts. I developed the learning objectives and teaching content using a PowerPoint presentation (Appendix A) and 10 multiple-choice test questions (Appendix B). The teaching content included information about alcohol withdrawal basics, using RASS for patient assessment, and best practices for timely intervention.

After completing the Walden University Ethics Pledge, I presented the teaching documents to three experts: a nursing educator, a unit manager, and a clinical administrator. They agreed that the program's content was evidence-based, relevant, and aligned with current clinical practices (Table 1, Appendix C). The nurses completed the pretest before participating in the education program. I presented the education program at the nursing station using the PowerPoint presentation. During the education sessions, the nurses participated in education sessions and simulation exercises to gain hands-on RASS experience in clinical scenarios. After participating in the education program, the nurses completed the posttest and the course evaluation (Appendix D). The pre-test assessed baseline knowledge and competency, while the post-test evaluated changes in knowledge and skills.

The pre- and post-test data were uploaded to an Excel datasheet and analyzed for descriptive and t-tests using the Microsoft Excel Statistical Analysis program. The project underwent evaluation at different stages, including expert panel review, monitoring

participant engagement and feedback during implementation, and analyzing pre- and post-test results. The evaluation process also included quantitative feedback from participants, supporting the program's practical applicability and suggesting areas for further refinement.

Results

The data analysis using descriptive statistics and paired t-tests showed a significant improvement in post-test scores, indicating the educational intervention's effectiveness. The pre- and post-test data (Appendix E) were analyzed for the mean and t-test using the Microsoft Excel Statistical Analysis paired t-test analysis tool. The pretest mean score was 8.94, the posttest mean score was 10, and the p-value was < 0.001 (Table 1). This p-value indicates that the improvement in scores is statistically significant, strongly supporting the effectiveness of the educational program. The near-universal achievement of the maximum post-test score further underscores the impact of the intervention in enhancing the nurses' competencies to a consistently high level. Overall, the results supported expanding the educational program, indicating that ongoing training could improve nursing practice and patient outcomes in alcohol withdrawal management.

Table 1

Participants' Mean and T-Test Scores

Test	Mean Score	t-Statistic	p-Value
Pre-test	8.94	-3.99	0.00116
Post-test	10.00		

Impact on the Organization

The information in the educational session empowered nurses by equipping them with valuable skills to improve patient care quality in the observation unit. The initiative boosted nurses' confidence and competence, reflected in the high scores on the post-intervention survey (Appendix D) among the nursing staff; it also set a positive trajectory for the organization, fostering a culture of excellence and continuous improvement. Educating nurses with evidence-based information to manage patients undergoing alcohol withdrawal can increase timely interventions and reduce adverse outcomes such as delirium tremens and seizures. Additionally, the organization's commitment to evidence-based practice was strengthened, setting a precedent for future quality improvement initiatives.

Limitations and Their Impact

One of the primary limitations of the project was the small sample size of 16 nurses, which may limit the generalizability of the findings to other settings or larger populations. Additionally, the project was conducted in a single observation unit within one organization, which may not fully capture the diversity of clinical environments where alcohol withdrawal management is required and the short follow-up period also limited the ability to assess the long-term sustainability of the educational intervention's impact. These limitations suggest that while the results are promising, further research with larger, more diverse samples and extended follow-up must confirm the findings and establish broader applicability.

Importance Beyond the Local Site

This project's significance extends beyond the local site, as managing alcohol withdrawal is a common challenge in many healthcare settings. The project demonstrates that targeted education can significantly enhance nursing competency through evidence-based tools like RASS, highlighting the potential for similar interventions to be implemented in other units, hospitals, and healthcare systems. It emphasizes the importance of investing in nurse education to improve patient care and safety on a broader scale. It contributes to the growing evidence supporting integrating standardized assessment tools and structured educational programs into clinical practice.

Furthermore, the project promotes the adoption of best practices in nursing, offering the potential for positive social change by improving outcomes for patients with substance use disorders, a population often stigmatized and underserved. By equipping nurses with the skills to provide compassionate, evidence-based care, the project supports efforts to reduce health disparities and enhance the overall quality of healthcare delivery, aligning with broader goals of diversity, equity, and inclusion in nursing practice.

Conclusions

The literature review emphasizes the importance of incorporating RASS into alcohol withdrawal management, especially when combined with comprehensive nurse education programs. This can help nurses provide more effective care for patients experiencing alcohol withdrawal, leading to positive outcomes for patients experiencing alcohol withdrawal. Implementing the educational program to enhance nurses' skills in managing alcohol withdrawal using the Richmond Agitation-Sedation Scale (RASS) significantly benefited the organization. Standardizing assessments with RASS facilitated

more consistent and accurate patient evaluations, reducing complications and enhancing patient care outcomes. I recommended that the educational program be integrated into the organization's regular training schedule and expanded to other units to standardize care. Continuous monitoring and feedback on using RASS are crucial to maintaining high standards. Simulation-based learning could allow nurses to practice and refine their skills.

Improving nursing competencies in managing alcohol withdrawal reduces stigma and ensures equitable, compassionate care for all patients. This aligns with the principles of diversity, equity, and inclusion. In summary, this project enhances organizational practice, advocates for systemic changes, and supports social justice in healthcare.

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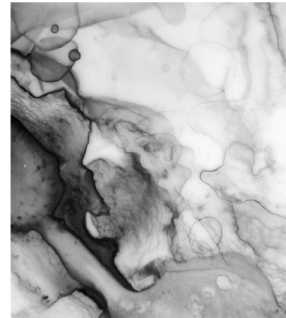
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Appendix A: PowerPoint Presentation

Richmond Agitation-Sedation Scale (RASS) Education for Nurses in an Observation Unit

Assessment of Knowledge and
Application of the Richmond
Agitation-Sedation Scale (RASS)
in Managing Alcohol Withdrawal
in an Observation Unit

Nodeen Glen MSN, RN
DNP student



Introduction

This session aims to educate nurses in the observation unit to accurately assess and manage patient sedation and agitation levels using the Richmond Agitation-Sedation Scale (RASS).

RASS provides a standardized method for assessing sedation levels, which is crucial in the observation unit where patients with Alcohol Withdrawal Syndrome (AWS) are frequently monitored.

By improving communication among healthcare providers and reducing complications associated with AWS, this session will present clinical guidelines that you will use to enhance patient outcomes significantly. This training is part of our commitment to continuous professional development and excellence in patient care within the observation unit.

Learning Objectives

Be	At the end of this education program, the nurses will be able to:
Identify	Identify the need and importance of assessing patients for alcohol withdrawal when presented in the ED.
Discuss	Discuss the purpose and importance of RASS in an observation unit.
Discuss	Discuss the implications of RASS scores on patient management in an observation unit.
Discuss	Discuss how to accurately assess patients using RASS in an observation setting
Discuss	Discuss how to apply RASS in various scenarios typical of an observation unit

Optimizing AWS Care with RASS



Alcohol Withdrawal Syndrome (AWS) occurs when someone with alcohol dependency suddenly stops or significantly reduces alcohol consumption. It often appears in emergency departments and affects those with chronic alcohol use disorders.




"Nurses play a crucial role as they are often the first to interact with patients exhibiting symptoms of alcohol withdrawal. Early identification and intervention by nurses can help prevent the worsening of symptoms, reducing the risk of complications such as seizures, delirium tremens, and cardiovascular issues."



Using standardized tools like the Richmond Agitation-Sedation Scale (RASS) ensures consistent and accurate assessment of sedation and agitation levels, guiding treatment decisions for AWS management.

Introduction to RASS

Definition: RASS is a medical scale used to measure the agitation and sedation levels of patients.



Purpose: It helps in assessing and managing patients, ensuring appropriate sedation levels, which is crucial in an observation unit where patient conditions can rapidly change.

The RASS scale

Scale Overview:

+4: Combative

+3: Very agitated

+2: Agitated

+1: Restless

0: Alert and calm

-1: Drowsy

-2: Light sedation

-3: Moderate sedation

-4: Deep sedation

-5: Unarousable

Assessing RASS in an Observation Unit

Steps for Assessment:

observe the patient's behavior.

If alert, rate 0 to +4.

If not alert, speak the name and ask to open your eyes, then rate -1 to -3.

If no response, physically stimulate and rate -4 to -5.

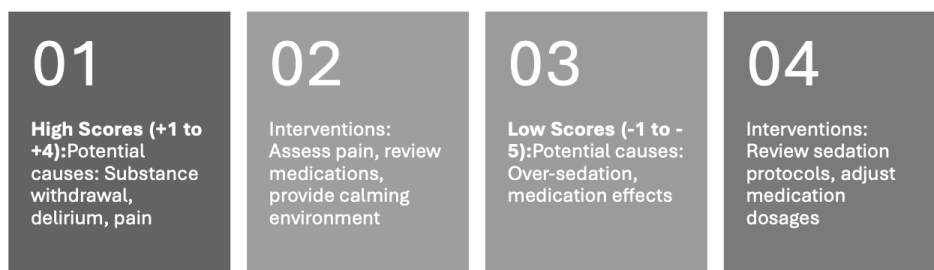
Frequency:

Regular assessments every 4 hours.

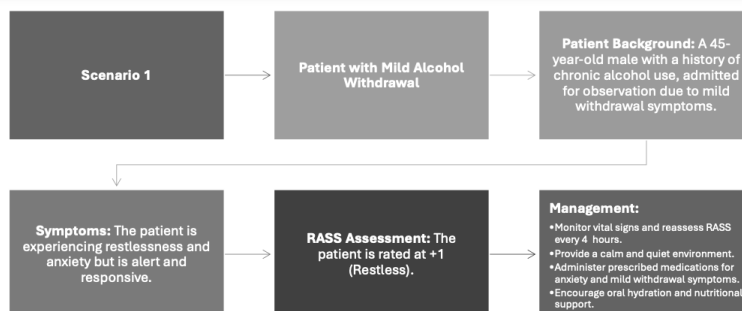
Role of Nurses in an Observation Unit

Nursing	Nursing Responsibilities:
Conducting	conducting assessments
Interpreting	Interpreting scores
Implementing	Implementing appropriate interventions
Monitoring	Monitoring patient response

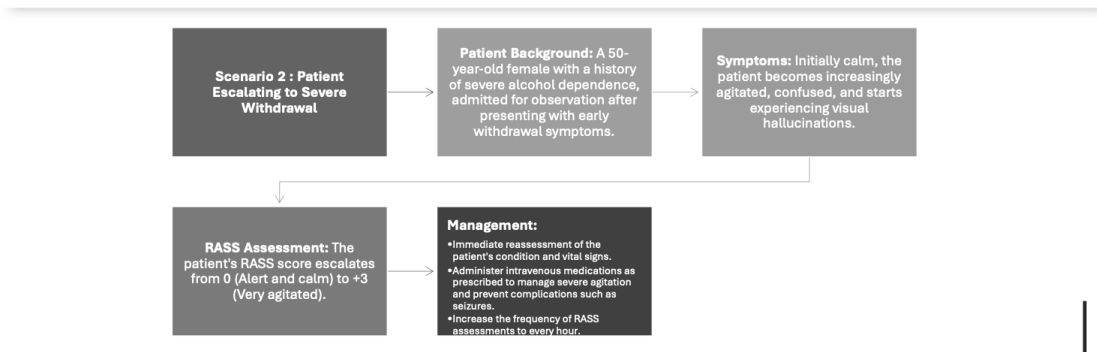
Implications of RASS scores on an Observation Unit



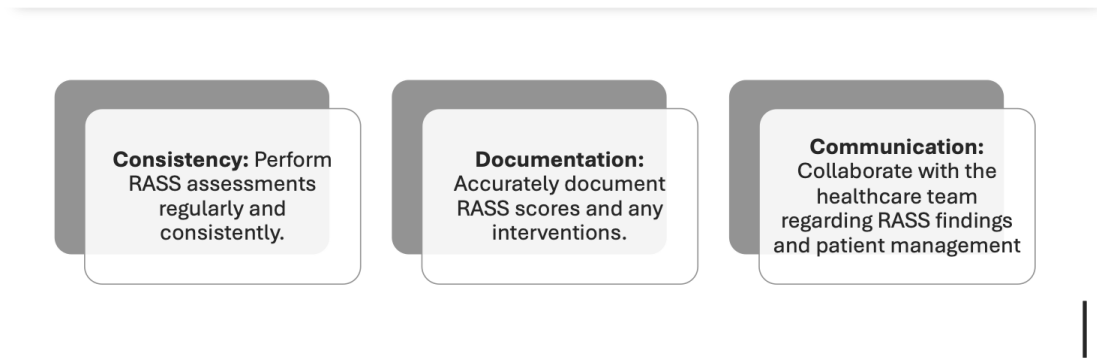
Clinical Scenarios



Clinical Scenarios



Best Practices for RASS in an Observation Unit



Resources and References

Resources and References

Reference:

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- Unit guidelines and protocols are available online.

Additional Resources:

- RASS tool Vertical Badge Card
- Contact information for further training and support – Nodeen Glenn glennn1@uhnj.org

Question and Answer session

Discussion: Addressing questions and providing clarifications.



Conclusion



Summary:



Recap the key points covered in the presentation



Final Thoughts:

Emphasize the importance of RASS in patient care in an observation unit



Thank You: I would like to thank all attendees for their participation in this presentation.



Appendix B: Pre- and Posttest**Title: Education Questionnaire****By Nodeen Glen****Walden University**

Please answer the following ten multiple-choice questions by circling the correct response below.

Question 1:

What is one of the primary objectives of the Richmond Agitation-Sedation Scale (RASS) educational session?

- A. To reduce the number of nurses required for patient care.
- B. To enhance nurses' ability to accurately assess and manage patient sedation levels.**
- C. To introduce a new form of patient medication administration.
- D. To replace existing patient assessment tools with RASS.

Question 2:

How does mastering the use of RASS contribute to patient care?

- A. Ensuring patients receive consistent and appropriate levels of sedation, thus improving overall outcomes.**
- B. By allowing nurses to independently alter sedation levels without consulting a physician.
- C. By decreasing the time nurses spend with each patient.
- D. By eliminating the need for other monitoring equipment.

Question 3:

What is the primary role of nurses in using the Richmond Agitation-Sedation Scale (RASS) in an observation unit?

- A. To administer medications based on their judgment.
- B. To consistently assess and document patients' sedation levels to guide appropriate care.**
- C. To determine patients' discharge status.
- D. To replace existing patient assessment tools with RASS.

Question 4:

When using RASS, what is the nurse's responsibility if a patient's sedation level exceeds the desired range?

- A. Adjust the patient's medication dosage independently.
- B. Notify the attending physician or healthcare team to adjust the sedation plan.**
- C. Discharge the patient from the observation unit.
- D. Ignore the deviation if it seems minor.

Question 5:

Which of the following strategies is commonly used for managing alcohol withdrawal in a hospital setting?

- A. Providing only non-pharmacological interventions.
- B. Using benzodiazepines to manage withdrawal symptoms.**
- C. Isolating patients until withdrawal symptoms subside.
- D. Administering sedatives without any standard assessment tool.

Question 6:

How can RASS be utilized effectively in managing patients with alcohol withdrawal?

- A. By allowing nurses to assess the need for sedation and adjust treatment plans accordingly.**
- B. By replacing the need for any other monitoring or assessment tools.
- C. By reducing the frequency of patient monitoring.
- D. By facilitating patient discharge without further evaluation.

Question 7:

Which of the following best describes the process of using the RASS?

- A. Observing the patient and estimating their level of agitation.
- B. Asking the patient to rate their own level of sedation.
- C. Systematically observing and scoring specific behaviors and responses.**
- D. Using the scale only during night shifts.

Question 8:

Which of the following is a benefit of using standardized assessment tools like RASS in the observation unit?

- A. Reducing the number of nursing staff required.
- B. Providing a consistent framework for assessing and managing sedation levels.**
- C. Eliminating the need for physician oversight.
- D. Allowing nurses to administer sedatives without consulting protocols.

Question 9:

In the context of alcohol withdrawal management, why is it important to use tools like RASS?

- A. To minimize the use of medications.
- B. To ensure objective and consistent evaluation of sedation and agitation levels.**
- C. To allow for rapid patient discharge.
- D. To reduce the overall cost of patient care.

Question 10:

What should nurses do if they identify a high risk of severe alcohol withdrawal symptoms in a patient using RASS?

- A. Immediately discharge the patient.
- B. Increase the dosage of sedatives independently.
- C. Alert the healthcare team to initiate appropriate interventions.**
- D. Wait for symptoms to subside on their own.

Appendix C: Expert Evaluation

Table A2

Expert Reviewers' Mean Score on the Evaluation of the RASS Education Program for Nurses

Evaluation Statement	Rating (1-5)
1. The course objectives are specifically described.	5
2. The course content is congruent with the course objectives.	5
3. The content in the PowerPoint slides is appropriate and clear for the nurses to understand.	5
4. The information in the PowerPoint presentation is appropriate for guiding the nurses in understanding the principles and skills related to RASS.	5
5. Information is presented clearly to allow the nurses to put the related principles and skills into practice.	5
6. The test items are specific and unambiguous.	5
7. The test items are congruent with the course objectives.	5

Appendix D: Course Evaluation**Table A3***Course Evaluation of Staff Education Program*

Evaluation Statement	Rating (1-5)
1. Was the information clearly presented?	5
2. Was the content specific to what you needed to know?	5
3. Do you believe that the method of presentation made it easy for you to understand the content?	5
4. Was the time of the presentation enough for you to understand the information presented?	5
5. Were the questions clear and related to the content presented?	5

Appendix E: Participants' Pre-and Posttest Scores**Table 1***Pre-Test and Post-Test Scores of Participants*

Participant	Pre-Test Scores	Post-Test Scores
1	10	10
2	8	10
3	10	10
4	9	10
5	10	10
6	8	10
7	9	10
8	9	10
9	10	10
10	9	10
11	8	10
12	10	10
13	9	10
14	9	10
15	9	10
16	6	10