Remifentanil in Labor Analgesia
Courtney Silberberg, BSN, RN, SRNA
Southern Illinois University Edwardsville

PROBLEM INTRODUCTION
- Neuraxial anesthesia, which includes spinal, epidural, or a combined spinal-epidural technique, is the gold standard for pain control in laboring patients.
- Remifentanil, an ideal opioid for labor analgesia, is an ultra-short-acting synthetic opioid with fast onset and rapidly metabolized by non-specific plasma and tissue esterases in both the parturient and fetus.
- In Central Illinois, a Level 3 Perinatal center encounters parturients with contraindications to neuraxial anesthesia. These women’s pain control options are limited to nursing-driven nitrous oxide and intravenous bolus doses of opioids.
- This project aims to educate obstetrical anesthesia providers, obstetricians, residents, and pharmacists on remifentanil patient-controlled analgesia (PCA) for laboring parturients as an alternative to neuraxial analgesia for this subset of parturients.

LITERATURE REVIEW
- Databases: CINAHL Plus with Full Text, Cochrane Database of Systemic Reviews, MEDLINE Complete, PubMed, and EBSCO Host
- Literature focused on determining the efficacy of remifentanil compared to other alternative to neuraxial anesthesia including nitrous oxide, fentanyl PCA, and meperidine.
- The literature supports remifentanil PCA as an acceptable alternative to labor pain with neuraxial anesthesia is contraindicated.

PROJECT METHODS
- Meeting with stakeholder to identify need.
- Proposal of project and objectives to stakeholder.
- Review of literature and current evidence-based practices.
- Development of educational PowerPoint presentation.
- Live presentation of current medical literature to key stakeholders.
- Assess knowledge and buy-in through pre-test post-test design.
- Results compiled and made accessible to primary investigator via Qualtrics.

EVALUATION
- Knowledge Assessment
  - 10-question multiple choice pre-test & post-test
  - Overall 100% increase
  - 7/10 questions were answered accurately by all participants in post-test

- Likert Scale Items
  - 2 five-point Likert scale questions, ranging from strongly disagree to strongly agree was utilized
  - 100% of participants either strongly agreed or agreed that remiPCA was a feasible alternative to neuraxial anesthesia when contraindicated and providers were willing to use

- Open-ended items
  - Two participants commented on barriers to utilization of remifentanil PCA at their facility
  - Common themes: cost of remifentanil & providers unwilling to adapt to a change in practice

LIMITATIONS
- Research utilized in literature review demonstrated clinical heterogeneity. Different study protocols with respect to implementation methods, dosing, timing, rate of administration, lockout intervals, and comparative drugs made it difficult to conduct comparison
- Participants in studies were mostly healthy ASA I or ASA II who met strict criteria
- Limited sample size (n=7) in relation to education intervention

IMPACT ON PRACTICE
- According to results from pre-test post-test, participant knowledge regarding remifentanil increased, suggesting knowledge gained.
- According to Likert Scale, participants favored implementation of remifentanil PCA protocol on obstetrics unit.
- A sample standardized remifentanil protocol for labor analgesia was suggested, including safety measures and dosing regimen.
- Information presented in the literature review will be shared with additional pharmacy staff, obstetricians, and anesthesia providers at an unknown time.

CONCLUSIONS
- Remifentanil’s unique pharmacokinetic properties make it an ideal opioid for labor analgesia in women with contraindications to neuraxial anesthesia.
- Remifentanil PCA appears to provide the most effective non-neuraxial labor analgesia, with high levels of maternal satisfaction and favorable delivery and neonatal outcomes.
- However, safety measures, including a high-quality standardized protocol, should be implemented at a facility using remifentanil PCA for labor analgesia due to concerns for maternal adverse events.
Development of Neuraxial Anesthesia Educational Videos for Nurse Anesthesia Students

Kaylie LaJeunesse, BSN, RN, SRNA & Mackenzie Schutt, BSN, RN, SRNA
Southern Illinois University Edwardsville

PROBLEM INTRODUCTION

- Performance and evaluation of neuraxial anesthesia procedures are a core component of nurse anesthesia curriculums.
- Teaching methods must provide nurse anesthesia students with the proper tools and knowledge to perform skills confidently and proficiently.
- Traditional teaching methods have been shown to fall short in providing the necessary instruction for optimal student success.

LITERATURE REVIEW

- The important takeaway from understanding the learning styles of students is that learning is not a 'one-size-fits-all' approach. J. P., G. A., & Ranadev (2018) urge faculty to determine the learning preferences of their pupils and incorporate those styles into their teaching to make the learning process more effective.
- A blended approach to the delivery of learning materials provides a more comprehensive opportunity for knowledge gain and understanding in comparison with a singular delivery form (Forbes et al., 2016).
- Student examination of hands-on skills has been found to be enhanced by having access to procedural videos when compared to more traditional methods of content delivery (Zhang & Chawla, 2012).
- In the healthcare setting, implementation of educational videos significantly improves adherence to protocol as well as competence during a complex medical procedure (Kandler et al., 2016; Higgins et al., 2019).
- Implementation of procedural protocols has the potential to enhance care provision by providing clear guidance based on the current best evidence related to the specific performed procedure (Ahmed et al., 2017). Rubrics allow students to understand an instructor’s expectations on an assignment, understand how the assignment aligns with the course objectives, improve their performance by integrating instructor feedback, and evaluate their own work (Chaaban, 2019).

PROJECT METHODS

- Explored literature surrounding video-learning
- Evaluated suggestions for protocols and rubrics
- Determined best-practice recommendations for neuraxial anesthesia
- Collaboration with SIUE Mass Communications Team
- Production of Neuraxial Videos
- Knowledge based pre-test given to first year Nurse Anesthesia students
- Students granted access to educational videos
- Post-test given to determine efficacy of videos
- Survey provided to determine student thoughts and perceptions of project

EVALUATION

- 93.8% of students agree that the supplemental videos were easy to access, easy to understand, and aided in their learning and performing neuraxial anesthesia.
- Students identify that small group hands-on learning, supplemental videos, and real-time guidance from peers was most impactful on their learning of neuraxial anesthesia.

IMPACT ON PRACTICE

The incorporation of video-learning resources pertaining to neuraxial anesthesia into course curriculums has the potential to significantly improve nurse anesthesia practice by better preparing nurse anesthesia students for the clinical setting.

CONCLUSIONS

- This quality improvement project implementation was successful in improving student knowledge of neuraxial anesthesia.
- In addition, it allows for an improved multimodal approach to this education module.
- Video learning as a component of multimodal learning should be incorporated in all nurse anesthesia skills modules as well as in other graduate level nursing programs.

FUNDING

This project was funded by the American Association of Nurse Anesthesiology Dean Hayden Student Research Grant.

REFERENCES
Three main themes emerged from the literature:

• Performance
• Emotional
• Academic

Training can be utilized to improve emotional intelligence. Emotional intelligence is an important concept critical access hospitals to level I trauma centers.

Clinical requirements involve 40 hours per week with rotations at sites that include clinics, and successful completion of a doctoral nursing practice project.

Emotional intelligence is an important concept evolving in development of healthcare professionals, specifically anesthesia providers.

• Emotional intelligence can contribute to positive academic and clinical outcomes.
• Training can be utilized to improve emotional intelligence levels.

LITERATURE REVIEW

Three main themes emerged from the literature:

1. Higher emotional intelligence levels are observed following emotional intelligence training for nursing students and medical sciences students (Goudarzian et al., 2019; Lobatly et al., 2012). Emotional intelligence is a component of promoting effective leadership and communication (Cerrone et al., 2017; Farver et al., 2016; True et al., 2020).

2. Research presented within this review advocates that students with higher levels of emotional intelligence perform better in the clinical setting, with focus areas being managing conflict and collaboration (Al et al., 2017).

3. Nursing students and SRNAs perform better academically, including areas such as critical thinking, peer learning, collaboration, and self-directed learning, with higher emotional intelligence scores (Fernandez et al., 2012; 2018; Kim & Shin, 2021).

PROBLEM INTRODUCTION

• Doctoral nurse anesthesia curriculums are challenging and demanding, involving intense academic and clinical requirements.
• Academic requirements include frequent examinations, class and group participation, presentations, and successful completion of a doctoral nursing practice project.
• Clinical requirements involve 40 hours per week with rotations at sites that include clinics, and critical access hospitals to level I trauma centers.
• Emotional intelligence is an important concept evolving in development of healthcare professionals, specifically anesthesia providers.
• Emotional intelligence can contribute to positive academic and clinical outcomes.
• Training can be utilized to improve emotional intelligence levels.

PROJECT METHODS

1. Distribution of pre-intervention MSCEIT scores to students with explanation of breakdown in sub-categorical scores based on the MSCEIT manual.
2. Implementation of a presentation by an expert in the field of emotional intelligence.
3. Two active learning sessions administered by a second year SRNA to reinforce content presented by the expert.
4. Student re-take of the MSCEIT following the intervention and obtaining of subjective student feedback via a Likert-style survey.
5. Data analysis of pre- and post-MSCEIT scores along with survey feedback.

EVALUATION

The benchmark for project success was based on the achievement of statistical significance from data showing improved post-MSCEIT scores.

CONCLUSIONS

• The increase in total MSCEIT scores was not statistically significant, but this project implementation promoted emotional intelligence education, which students found to be beneficial with overall positive feedback.
• Research from the literature, in addition to results found from this project yielded a positive relationship between emotional intelligence levels and student success.
• The outcomes related to this project demonstrated the beneficial aspects of incorporating emotional intelligence education into the first year of nurse anesthesia programs.
• Early introduction of emotional intelligence education allows students to incorporate emotional intelligence into academic and clinical settings throughout the duration of the program, thus promoting well-rounded nurse anesthesia students and future nurse anesthesia providers.
• Healthcare, and specifically anesthesia, is an ever-evolving field that requires the ability to understand and adapt to emotions within dynamic situations. Therefore, the importance of students being multifaceted, outside of academic and clinical performance continues to grow. High levels of emotional intelligence contribute to such.

LIMITATIONS

• Small sample size of the study
• Implications of presentation and active learning strategies taking place right before a required didactic course

REFERENCES
Diversity in Nurse Anesthesia Education: Understanding the Perceptions of Racial-Ethnic Minority Nurse Anesthesia Students
Jeanette Inez, BSN, SRNA & Lorette Osun, BSN, SRNA
Southern Illinois University Edwardsville

**PROBLEM INTRODUCTION**

One way to increase access to these services is by addressing Diversity, Equity, and Inclusion (DEI) in nurse anesthesia educational programs to expand diversity in the workforce and eventually eliminate health disparities (Gould, 2021).

However, ethnic minority SRNAs face institutional racism and discriminatory processes affecting recruitment, admission, and retention (Kilburn et al., 2019).

If admitted to nurse anesthesia programs, ethnic minority SRNAs in Predominantly White Institutions (PWIs) face microaggressions, discrimination, and bias, all of which white students do not have to face during their educational experiences (Carter & McMillian-Bohler, 2020).

**PROJECT METHODS**

| Project design | Quality improvement project incorporating nationwide survey of SRNAs to capture the experience of racial-ethnic minority SRNAs and their perspectives as current students at PWIs. Qualitative data collected through Likert-Style survey and open-ended questions. |
| Study population | Inclusion criteria encompass participants who are both native and non-native to the United States, and who identify as racial-ethnic minorities. Exclusion criteria include attendance at a historically black university. |
| Sample frames and techniques | The participants were obtained using volunteer sampling techniques. The survey contained twenty-seven total questions. Twenty-four questions were Likert-style questions, and three questions were open-ended. Three questions asked about demographics. |

**LITERATURE REVIEW**

- Faculty Awareness
  - Gould (2021) found that the lack of a diverse faculty contributed to the lack of diversity in the nurse anesthesia student population.
  - Bond et al. (2002) noted that having faculty who are often uncompromising and unable to address challenges that diverse students may face.

- Peer Awareness
  - Seguin et al. (2000) found that racial ethnic minority students feel underrepresented, isolated, alienated, frustrated, overlooked, misunderstood because of their race or ethnicity.
  - Having an ally who understands their experiences and who can train racial ethnic minority students on how to handle the challenges they encounter would increase resilience and help form healthy coping skills (Carter & McMillian-Bohler, 2015).

- Mentorship
  - Johnson, Bryan, & Perizzolo (2013) found that participants in the study were expected to put their heads down and tolerate, accept, and adjust to the system to continue their educational journey.
  - Being White comes with certain privileges. Privilege is not entirely financially based, but includes their skin color, they are excluded from inequitable treatment and offered protections (Murray & Gould, 2021).

- Coping Strategies
  - Bohler (2021) found that minorities experience higher rates of microaggressions than their fellow White counterparts.
  - Respondents would like to be taught how to handle interactions with preceptors and other students from their diversity to help with their preparation to do so (Barger & Hummel, 2015).

- Diversity, Equity, and Inclusion best practice recommendations
  - A racially diverse faculty positively impacts student recruitment, retention, and education, and reduces the likelihood of institutional racism and discriminatory processes affecting recruitment, admission, and retention (Ackerman, 2011).
  - Ackerman (2011) found that the lack of a diverse faculty contributes to the lack of diversity in the nurse anesthesia student population (Gould, 2021).

- Financial barriers
  - More than one race
  - Asian

- Cultural and nursing education
  - Curricular components and accepting faculty, preceptors, and students play a role in the success of racial-ethnic minority students (Diefenbeck et al., 2016). The implementation of a Wholeness in Culture program at Southern Illinois University Edwardsville (Inez, 2018).

**IMPLICATIONS ON PRACTICE**

- A racially diverse nursing workforce would help to address the lack of access to healthcare for underserved populations (Johnson et al., 2008).

**EVALUATION**

- Demographic differences of sample n=130

**REFERENCES**

- Ackerman, M. (2011). A racially diverse faculty positively impacts student recruitment, retention, and education, and reduces the likelihood of institutional racism and discriminatory processes affecting recruitment, admission, and retention (Ackerman, 2011).
- Barger & Hummel (2015) found that participants in their study were expected to put their heads down and tolerate, accept, and adjust to the system where they were faced with racism, discrimination, and unkind behaviors to continue their educational journey.
- Carter & McMillian-Bohler (2015) found that the majority of SRNAs are White. Being White comes with certain privileges. Privilege is not entirely financially based, but includes their skin color, they are excluded from inequitable treatment and offered protections (Murray & Gould, 2021).
- Gould (2021) found that the lack of a diverse faculty contributes to the lack of diversity in the nurse anesthesia student population. The majority of SRNAs are White. Being White comes with certain privileges. Privilege is not entirely financially based, but includes their skin color, they are excluded from inequitable treatment and offered protections (Murray & Gould, 2021).
- Barger & Hummel (2015) found that participants in their study were expected to put their heads down and tolerate, accept, and adjust to the system where they were faced with racism, discrimination, and unkind behaviors to continue their educational journey (Ackerman, 2011).
- Bohler (2021) found that minorities experience higher rates of microaggressions than their fellow White counterparts.
# Utilizing the Anatomage Virtual Dissection Table for Learning Neuroanatomical Structures in Nurse Anesthesia Programs

Domenica Camaci-Douleh, BSN, SRNA  
Nicole Gorris, BSN, SRNA  
Southern Illinois University Edwardsville

## Problem Introduction
- Students at the host Nurse Anesthesia Program lack a means of learning neuroanatomical structures pertinent to neuraxial anesthesia practice in a laboratory setting.
- Research has demonstrated immense potential in using virtual dissection learning techniques to enhance knowledge and understanding of anatomy.
- The aim of this project was threefold:
  - Integrate utilization of the anatomage virtual dissection table into the host Nurse Anesthesia Program’s curriculum
  - Develop learning modules to aid nurse anesthesia students in future cohorts
  - Determine student perceptions of this method of virtual learning

## Literature Review
- A search was performed using Cochrane Collection Plus, Cochrane Database of Systematic Reviews, CINAHL, MEDLINE, PUBMED, Google Scholar, and the Anatomage Table website.
- Searches were limited to peer-reviewed articles in academic journals published within the last 10 years.
- Not only has research found that utilizing virtual dissection is an effective tool for learning anatomy, but it has also found that the application of virtual dissection in the procedural setting is promising.
- Abundant evidence demonstrates that virtual dissection is an effective tool for learning anatomy and students have also expressed positive perceptions with using the anatomage table to learn anatomy (Anand and Singel, 2014)

## Project Methods
- IRB and stakeholder approval was obtained
- Review of literature and evidence-based guidelines
- Development of modules to facilitate learning about neuraxial anesthesia on the anatomage table
- Demonstration of learning modules on the anatomage table to second-year anesthesia students
- Distributed anonymous pre- and post-surveys to the participating students using Qualtrics
- Evaluated the pre- and post-surveys completed by participants

## Impact on Practice
- The anatomage table offers a more cost-effective and readily available resource to help students learn human anatomy.
- The use of the anatomage table will improve the SRNA’s knowledge and skills in a more effective and cost-efficient manner.
- This knowledge improvement can promote patient safety and satisfaction with students administering neuraxial anesthesia.

## Evaluation
- Results of the pre-and post-survey surveys were analyzed using a Paired Two Sample t-test.
- Variation in familiarity and experience with the anatomage table among participants
- Time limit for learning module
- Statistically significant improvement in students’ knowledge and confidence when administering neuraxial anesthesia

## Conclusions
The SRNAs at the host Nurse Anesthesia Program felt more knowledgeable and confident when identifying the anatomy necessary for administering neuraxial anesthesia after completing modules associated with the anatomage table.
**PROBLEM INTRODUCTION**

CRNAs have tremendous pressure to continue working even after a recent adverse event (Wands, 2021). A healthcare professional involved in an adverse event is labeled as a second victim (McCay & Wu, 2012). Thirty anesthesia providers from a central Illinois hospital viewed a PowerPoint presentation, completed a survey, and ranked scenarios.

Nurse anesthetists frequently experience workplace-related stress (Andrade & Dantas, 2015). Inadequately dealing with chronic stressors can have negative implications, such as leaving the career or even suicide (Sachs & Wheaton, 2021). However, studies show having supportive management and a trustworthy network of peers improve outcomes for healthcare providers experiencing second victimhood symptoms (Vinson & Randel, 2018).

**LITERATURE REVIEW**

**Victim**  
( Arnal-Velasco & Barach, 2021)
- Pt experiences adverse or unexpected event pre- or post-hospital arrival
- x 2-4 higher in surgical and critically ill patients

**Second Victim**  
(Callahan et al., 2021)
- Provider caring for patient during adverse event
- CRNA working independently in the operating room theater

**Mental Health**  
(McCay & Wu, 2012)
- Fear of medicolegal repercussions → suffering in silence
- Quality of care delivered
- Leave the profession
- Suicide

**Peer Support**  
(Ozke et al., 2019)
- Create support programs
- Leadership creating just culture attitude

**PROJECT METHODS**

A sample of convenience was used to collect data. Inclusion criteria for this project included anesthesia providers present and willing to participate on the day of the presentation; there were no exclusion criteria. Demographic data was collected via an eight closed-ended questionnaire. A PowerPoint presentation was given to participants before the questionnaire in order to be able to assess effectiveness of education.

All responses were kept anonymous and were destroyed upon data analysis. Participants ranked various scenarios on a 5-point Likert scale to assess the degree of support currently present at their facility and the level of second victimhood experiences that participants have perceived from the past.

**EVALUATION**

**Table 1**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total Sample (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>14 (46.7%)</td>
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<tr>
<td>Male</td>
<td>16 (53.3%)</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
</tr>
<tr>
<td>25-35</td>
<td>7 (23.3%)</td>
</tr>
<tr>
<td>35-45</td>
<td>8 (26.7%)</td>
</tr>
<tr>
<td>45-55</td>
<td>8 (26.7%)</td>
</tr>
<tr>
<td>&gt; 55</td>
<td>7 (23.3%)</td>
</tr>
<tr>
<td><strong>Level of Education</strong></td>
<td></td>
</tr>
<tr>
<td>Master’s</td>
<td>22 (73.3%)</td>
</tr>
<tr>
<td>Doctorate</td>
<td>8 (26.7%)</td>
</tr>
<tr>
<td><strong>Years of Experience (years)</strong></td>
<td></td>
</tr>
<tr>
<td>&lt; 2</td>
<td>2 (6.7%)</td>
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<tr>
<td>2-5</td>
<td>7 (23.3%)</td>
</tr>
<tr>
<td>5-10</td>
<td>9 (30%)</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>12 (40%)</td>
</tr>
</tbody>
</table>

**IMPACT ON PRACTICE**

- Mentorship Program
- Team Building Activities
- Time Out
- Easily Replicable

**CONCLUSIONS**

All participants stated the presentation increased second victimhood knowledge, and the majority admit to experiencing second victimhood. Respondents chose talking to a trusted peer as the most beneficial type of support. Inadequately resolving chronic stressors can have severe negative implications, but studies show supportive management and trustworthy peers improve outcomes.

Working while intoxicated is never accepted, nor should working under the influence of emotional trauma be accepted. Further research should focus on preventing second victimhood symptoms and how to mitigate the adverse effects. In addition, research is needed regarding how these adverse effects on healthcare workers impact patient care outcomes.

**Acknowledgements**

Thank you to Dr. Mary Zerlan for her continued support throughout the culmination of this project. Thank you to my stakeholder, Dr. Rahul Sinha, for his guidance and assistance in obtaining project participants. Thank you to the research participants and to Dr. Tracy Cooley, my second reader.
Developing an Advocacy Campaign to Minimize Barriers to SRNA Political Awareness

Alejandra Villescas, BSN, RN, SRNA
Southern Illinois University Edwardsville

Problem Introduction

The continuous advocacy movement and political participation of CRNAs have resulted in:
- The official recognition of the nurse anesthesia profession
- Direct reimbursement for the anesthesia care provided by CRNAs
- Better work conditions for current and future CRNAs

(Mund, 2018)

Project Methods

This project aimed to identify SRNA barriers to political participation and CRNA advocacy, educate SRNAs on current issues that affect the CRNA profession and patient care, and guide SRNAs on how to get involved in the political process.

Pre-lesson survey
- To identify SRNAs’ barriers to political participation
- To assess SRNAs’ political literacy and political engagement

PowerPoint lesson
- Legislative process
- CRNA political concerns
- How to contact legislators
- How to become more politically engaged

Post-lesson survey
- To assess the effectiveness of the lesson in improving political literacy and the likelihood of SRNAs partaking in advocacy.

Impact on Practice

ADVOCACY
- Allow CRNA full practice authority

Cost-effective anesthesia services
- Alleviate lack of anesthesia services in rural and underserved areas

Patient SAFETY

Literature Review

- The CRNA solo practice model is the least costly per procedure and the one that produces the highest net revenue (The Lewin Group, 2016).
- Studies have shown that nurse anesthesia care is equally safe as the care provided by anesthesiologists (Dulise & Cromwell, 2010).
- Despite these studies, other professional societies and policymakers continue to claim anesthesia care is safer when anesthesiologists supervise CRNAs (Hoyem et al., 2019).
- The legislative process is not a linear task. It is a process where different interests try to influence policymaking by “creating bargains” to persuade legislators that their agenda is the most suitable and the best (Zaccagnini & White, 2017).
- In this process, CRNAs can educate legislators about the benefit of allowing more degree of independence and autonomy for CRNAs.
- Studies have shown that nursing students who receive advocacy education are more likely to have strong political skills (Primomo & Björling, 2013).
- Students who participated in political events, such as legislative day, demonstrated an increased level of political knowledge and were more likely to participate in the policy process as nursing professionals (Primomo & Björling, 2013).

Evaluation

Analysis of the modified PAI scores indicated that SRNAs possess a minimal understanding of legislative and policy processes and lack the motivation to participate in the political process.

This study suggests that the focus on increasing political astuteness among SRNAs should be educating them on how policy works.

Results and analysis of the post-lesson survey demonstrated that the lesson successfully helped SRNAs understand how to find bills that affect CRNAs and their representative's voting records, how to contact the IANA lobbyist, and how to help the IANA PAC.

However, it is unlikely that this study increased SRNA’s willingness to participate in the political process. This, along with the lack of participation, indicates that better efforts should be placed to facilitate student engagement in the political process.

LIMITATIONS:
- Lack of participation among SRNAs. The low response rate from the targeted population limits the power and generalizability of the results of this project.

Conclusions

- Analysis of the modified PAI scores indicated that SRNAs possess a minimal understanding of legislative and policy processes and lack the motivation to participate in the political process.
- This study suggests that the focus on increasing political astuteness among SRNAs should be educating them on how policy works.
- Results and analysis of the post-lesson survey demonstrated that the lesson successfully helped SRNAs understand how to find bills that affect CRNAs and their representative's voting records, how to contact the IANA lobbyist, and how to help the IANA PAC.
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LIMITATIONS:
- Lack of participation among SRNAs. The low response rate from the targeted population limits the power and generalizability of the results of this project.

References

QR Code to access Advocacy PowerPoint lesson.

QR Code to access References List.
Prophylactic TXA to Prevent Postpartum Hemorrhage After Cesarean Delivery
Stephanie Lafikes, BSN, SRNA & Alexandra White, BSN, SRNA
Southern Illinois University Edwardsville

PROBLEM INTRODUCTION
- Postpartum Hemorrhage (PPH): estimated blood loss (EBL) of ≥ 1L with signs and of hypovolemia within 24 hours of delivery (Allen, 2017)

LITERATURE REVIEW
- TXA reduces clinical sequela associated with hemorrhage in trauma patients and in patients diagnosed with PPH (Shakur et al., 2010; Shakur et al., 2017)
- Earlier TXA administration is associated with the greatest clinical benefit (Roberts et al., 2011)
- Prophylactic TXA is associated with decreased risk of PPH and reduced EBL after CS (Franchini et al., 2018; Sentilhes et al., 2021)
- Administration of prophylactic TXA reduced the risk of post-delivery blood transfusion requirement after CS (Franchini et al., 2018)
- TXA administration is not associated with increased risk of severe adverse events
- Maternal TXA administration has not been associated with adverse outcomes in breastfed neonates—stronger research is needed (Gilead et al., 2014; Shakur et al., 2017)

IMPACT ON PRACTICE
- Improving knowledge in healthcare providers improves patient outcomes.
- Increase awareness of the incidence and implications of PPH.
- Increase knowledge of research that demonstrates clinical benefit of prophylactic TXA for CS.
- Highlight areas where future research should focus to expand on this topic.

PROJECT METHODS
- Presented with research question by stakeholder
- Current review of literature
- Implement project via PowerPoint & survey
- Evaluate survey responses and effectiveness of material

EVALUATION
- 13 healthcare providers with diverse roles in OB patient care participated in a powerpoint presentation and Pre/Post Questionnaire
- 6/9 questions had an improved score and 2/9 questions had no change from 100%
- Post-survey, all participants answered they would consider giving prophylactic TXA to OB parturients at high-risk of PPH

REFERENCES
- TXA reduces clinical sequela associated with hemorrhage in trauma patients and in patients diagnosed with PPH (Shakur et al., 2010; Shakur et al., 2017)
- Earlier TXA administration is associated with the greatest clinical benefit (Roberts et al., 2011)
- Prophylactic TXA is associated with decreased risk of PPH and reduced EBL after CS (Franchini et al., 2018; Sentilhes et al., 2021)
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ACKNOWLEDGEMENTS
Our biggest thanks goes to Dr. Mary Zerlan, as well as Dr. Collier, Dr. Heischmidt, and St. John’s Hospital for their guidance and support.
Post-Operative Pruritus Related to Neuraxial Opioid Use

Paige Buckner, SRNA & Kaleigh Kuhlman, SRNA
Southern Illinois University Edwardsville

PROBLEM INTRODUCTION

- Pruritus is a common side effect of neuraxial opioids. (Nguyen, 2021)
- Pruritus greatly affects patient satisfaction.
- Dexmedetomidine was suggested as an alternative to opioid use for neuraxial anesthesia.
- Eastern Illinois level 2 trauma hospital expressed an interest in a standard protocol for the treatment of pruritus.

LITERATURE REVIEW

- The literature showed that the use of dexmedetomidine as an additive to neuraxial anesthesia, instead of using opioids, was associated with similar or increased pain control levels and less postoperative pruritus. (Swain et al., 2017)
- The literature also showed the use of opioid agonist-antagonist drugs, like nalbuphine and buprenorphine, are successful treatment options for postoperative pruritus related to neuraxial opioid administration. (White et al., 2018)

PROJECT METHODS

- A PowerPoint presentation and protocol were formulated.
- A pre and post-survey design assessed current knowledge and providers’ comfort level with dexmedetomidine in neuraxial anesthesia.

EVALUATION

- A pre-survey and a post-survey were administered to those in attendance during the presentation.

LIMITATIONS

- Several limitations affected implementation.
  - The literature review was limited in data due to lack of current quality data.
  - The information regarding dexmedetomidine is limited currently.
  - The audience for implementation and survey was small.

CONCLUSIONS

- The results of the surveys showed those in attendance were open to trying the protocol in their daily practice.

IMPACT ON PRACTICE

- The presentation sparked in-depth discussion amongst the providers at the implementation hospital.
- Predicted long-term effect: continued discussion of changing practice regarding the use of nalbuphine and dexmedetomidine.