

Sliding with Sally Tubes.

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Sliding with Sally Tubes

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Background

- Registered nurses rank in the top 10 of healthcare providers that are at risk for work-related musculoskeletal disorders (WRMD).
 - “Overexertion” – is the cause of 48% of WRMD
 - (Bartnick & Rice, 2013).
- Post cardiac catheterization patients have strict bedrest orders.
 - Patients must be flat for 2 hours and bedrest for a total of 4 hours
 - If arterial or venous sheaths are in place, patients must be flat until sheath is removed.
 - Mechanical lifts cannot be utilized related to the pressure they place on the femoral artery access site.
- Shear and friction injuries related to traditional cotton occur when they are used for lifting.
- The United States Department of Labor recommends that an individual should not lift more than 50 pounds unassisted (2017).
- IPCU had 2 lower back injuries between 1/1/15 to 12/31/17.
- The Nursing Administrator of the Cardiovascular Division while rounding noted a potential risk of injury to the nursing staff during movement of the post interventional cardiac population.

Purpose

Project Purpose: Determine whether the Sally Tube reduces injury as well as improving nursing satisfaction.

PICO Question:

P- Patients post cardiac catheterization

I - Implement a repositioning device, the Sally Tube

C- Comparing the use of the Sally Tube versus the traditional pull sheet

O- Reduce nurse injury and improve nurse satisfaction

REFERENCES

- Bartnick, L. M., & Rice, M. S. (2013). Comparison of caregiver forces required for sliding a patient up in bed using an array of slide sheets. *Workplace Health & Safety*, 61(9), 393-400.
- Rich, S.E., Shardell, M., Margolis, D., & Baumgarten, M. (2009). Pressure ulcer preventive device use among elderly patients early in hospital stay. *Nursing Research*, 58(2): 95-104.
- United States Department of Labor. (2017). Occupational Safety and Health Administration. Retrieved from <https://www.osha.gov/SLTC/etools/electricalcontractors/materials/heavy.html#weight>
- Wiggermann, N. (2014). The sliding patient: How to respond to and prevent migration in bed. *American Nurse Today*, 9(9), 17-19.

Evidence

- Bartnick and Rice (2013) stated, “Friction-reducing slide sheets produce less internal spinal load than traditional cotton sheets”.
- “Slide sheets have the potential to reduce injuries” (Bartnick & Rice 2013).
- “Current use of preventative devices is suboptimal as evidence indicates only 15% of patients having preventative devices implemented.” (Rich, Shardell, Margolis, & Baumgarten, 2009).
- “Nurses pulled patients up in bed an average of 9.9 times per shift” (Wiggermann, 2014).
- “If lift equipment isn’t available, use a friction-reducing sheet and place the bed in a Trendelenburg position” (Wiggermann, 2014).

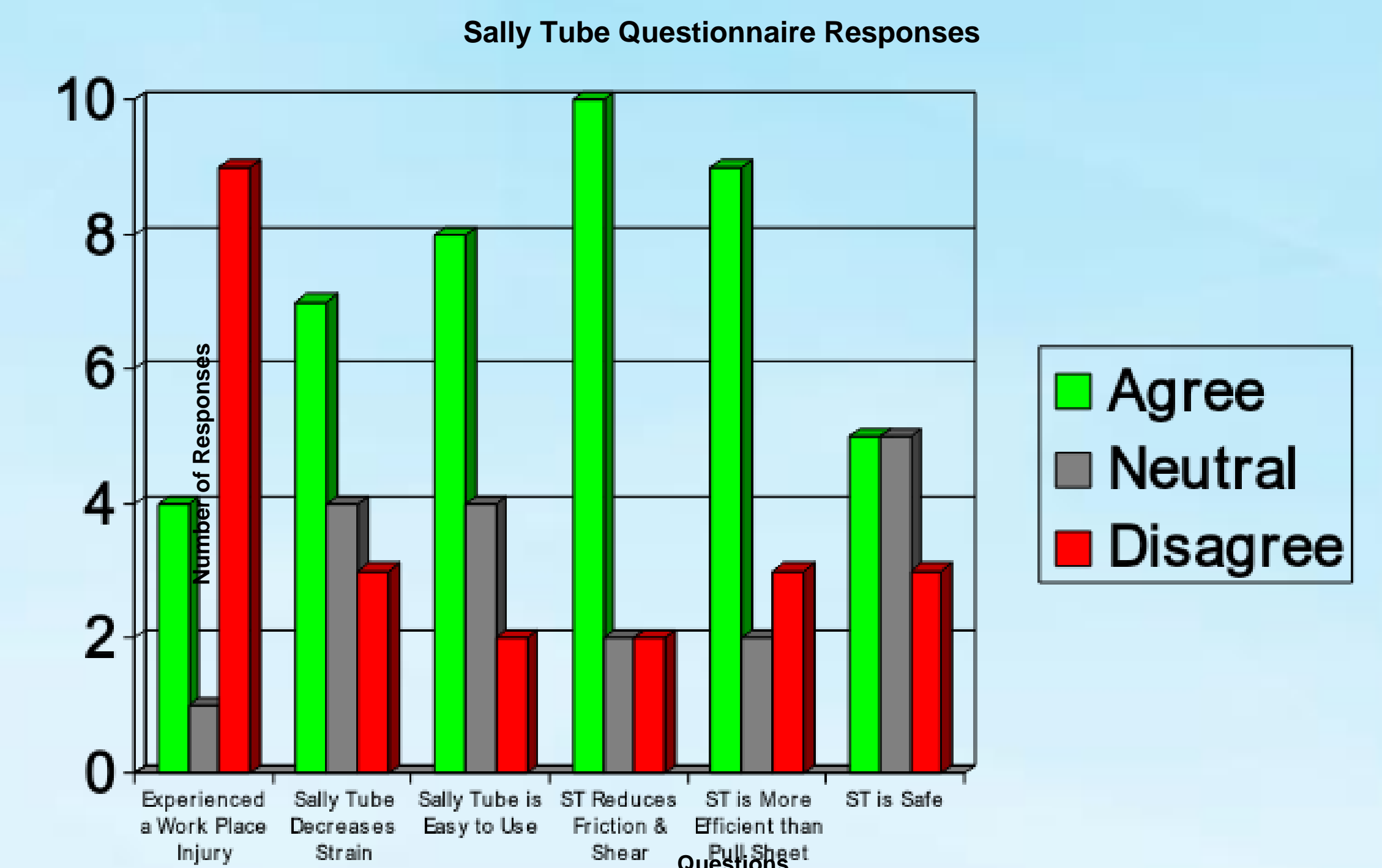


Implementation

- Demonstrations were conducted by a Tollo sales representative for the nursing staff on 3A IPCU (n=29) on 3 separate dates.
 - Demonstrations were conducted during work hours to educate all staff.
 - Demonstrations lasted approximately 15 minutes.
- Post-implementation surveys were created to determine nurse satisfaction and ease of use of the Sally Tube.
- The product was implemented on 3A IPCU February 6, 2017.

Outcomes

- IPCU registered nurses will continue to use the Sally Tube post implementation period.
- Total of 14 respondents:
 - 57% of respondents believe the product is easy to use.
 - 64% agree the Sally Tube is more efficient than a traditional cotton pull sheet.
 - 71% agree that the Sally Tube reduces friction and shear injuries.
 - 50% agree the use of the Sally Tube decreases strain on RN while repositioning patients.



Lessons Learned

- Staff must remove the Sally Tube from under a patient immediately after repositioning
 - The Sally Tube has a slippery surface which increases a patient’s fall risk.
- Sally Tubes are single patient use only
 - After the patient is discharged, the Sally tube is disposed in the regular trash to prevent infection.

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