

# Nursing outcome evaluation case study examples

[Law](#), [Evidence](#)



## **The procedure identified for evaluation in this discussion is shaving a patient for preoperative surgery**

Preoperative shaving is described as removal of hair from the site in which an incision is to be made during a surgical procedure. A bath is usually taken first. The area is cleaned thoroughly after a bat

h, and then utilizing a hair removal device hair is taken from the skin. The mostly used device in the facility was a razor. If patients were allergic to this instrument then a shaving power/ cream was the alternative.

### **Determination of practice**

In many institutions shaving a preoperative site prior to surgery is a routine nursing intervention. However, with emerging speculations regarding whether it is necessary the surgeon has to prescribe shaving before this is undertaken by the nurse as part of preoperative preparation.

### **Rationale**

The rationale behind preoperative shaving is to limit infection at the site itself and post operatively if introduced by infected hair pieces. The evidence was based on the assumption mentioned earlier. When this practice was instituted there were no scientific research informing the action, but it was believed that shaving the incision site prevented infection.

### **Why the procedure is performed this way.**

Hair is believed to transmit dangerous microorganisms. Using a razor that has been sterilized or creams/powders, it is expected that organisms can be temporarily removed from the site. Prior cleaning with an antiseptic solution

before applying a razor or cream reinforces the aseptic technique intervention. The organization has adopted this method because it was consistent with the guidelines for preoperative care at the time.

### **APA Formatted Reference list**

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## **Clinical Implications**

Clinical implications suggestive of the literature review indicate that there are different views regarding the procedure. With regards to the patient, some surgeons believe that preoperative shaving prevents infection while others believe that it is a source of infection. For example, Nowinski (2012) advocated that patients should only be shaved if they have to. The necessity lies in the type of surgery to be performed and the areas of the body in which the incision has to occur. Further evidence was cited from studies conducted on spinal injury patients showing that there were fewer infections generally when the site was not shaved (Nowinski, 2012)

Also, concerns were raised regarding the methods and devices adopted for shaving that could contribute to incidences of infection. Data released from Northwestern Memorial Hospital revealed that using razors, creams and powders created more site infections. Rather, electric clippers were safer (Northwestern Memorial Hospital, 2012).

It would then mean that clinically, the organization under review would have to consider changing from razors and creams/powder to more sophisticated, contemporary and safer methods of preoperative shaving or eliminating the procedure altogether except when given a request from the surgeon.

## **Alternatives to the present intervention**

Studies conducted by Brysiewicz (2007) and colleagues confirmed from randomized trials that when shaving was omitted patients were far less likely to develop incision site or infection at all (Brysiewicz, 2007). The Association of Surgical Technologists (2008) have supported the view that changes

ought to be made in the way patients are prepared for surgery as it relates to removal of hair from the incision site. They have supported interventions advocated by the Institute of Health Improvements and National Patient Safety Foundation to affirm that shaving should be eliminated or if extremely necessary clippers ought to be used as the method of hair removal from the incision site (Association of Surgical Technologists, 2008).

### **Stakeholder involvement**

Obviously, the evidence has overtaken speculations on safe ways of preparing an incision site for surgery. The change from shaving to not shaving is imminent. If an operation site requires shaving due to special circumstances it must be done with a clipper. Stakeholders who have to make this change possible are nursing service administration; nursing educators; surgeons and operating theatre administrators.

Dissemination of evidence based data would be the initial technique in sensitizing nursing service that there need to be a change.

Administrators will be responsible for informing and implementing this change. However, surgeons must be convinced of the change for it to be enacted on a clinical setting. Workshops and seminars would then become necessary to teach the implementation process and help validate the change. Nurses working in the operating room are valuable stakeholders to ensure that the change occurs smoothly.

### **Difficulties in translating the evidence**

Difficulties contained in translating evidence to practice involves whether the practice is applicable to the particular setting. For example, if non shaving is

to replace shaving the probable question is whether the time selected to translate this evidence is appropriate? Are all the stakeholders ready to plunge into the change? Do some people still doubt the evidence? Is the clinical setting prepared for the implementation process? These are the questions which must be addressed since they can be the difficulty in translating evidence into practice. Importantly, interpreting concepts to accurately translate them could be difficult.

As such, possible barriers could be stakeholders' response to the change; administrators' reluctance due to personal values; nursing service may view the intervention as being initially costly and patients can reject the change since they were accustomed to being shaved preoperatively. Two strategies which can be very useful is training staff to actively participate in the process and designing educational pamphlets to be placed in conspicuous places around surgical wards for patients to be informed about the new intervention.

The foregoing literature review suggests that shaving should be replaced by more contemporary measures of preoperative care. Specifically, evidence advanced by the Association of Surgical Technologists (2008); Brysiewicz (2007); 3M Medical, (2009); Memorial Hospital (2012) and Nowinski (2012) show where patients were less likely to develop surgical site infection when clippers were used instead of shaving creams and razors. It was also proven that omitting shaving altogether reduced infection because patients could develop allergic reactions to creams, clippers and razors. The skin could

become damage predisposing to infection that is not associated with the surgery.

## References

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