

Nursing evidence based practice research paper example

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



Report on Acute Otitis Media in Children 2 months to 12 years old.

A. 1. Classify the type of each source of evidence as either a general information resource, a filtered resource, or an unfiltered resource.

A. 2 Discussion on whether each source of evidence is appropriate for this nursing practice situation

A. 3. Classify each source of evidence as primary research evidence, evidence summary, evidence-based guideline, or none of these.

Section B

Discussion on whether watchful waiting is an appropriate approach for treating children with acute Otitis media, based on the evidence presented in the article.

Section C

Discussion about application findings in attached article to improve nursing practice in the clinic.

Section D

Discuss ethical issues that could arise in researching and changing clinical practice guidelines, based on the evidence-based research.

Abstract

Evidence based practice has emerged as a very useful technique of informing nursing intervention in developed societies. Primarily it has added a scientific approach towards assessment, diagnosis, implementation and evaluation in nursing practice. Applying research findings is even more enriching to the discipline since nursing process can rely on conclusions

made by expert to avoid misjudgments and eliminate many errors which were paraded nursing science prior to the twenty and twenty-first centuries. As such, the following pages of this document the author will review the sources of evidence assess their efficacy in applied research for nursing intervention and review a sample article to scrutinize approaches of clinical Practice guidelines.

Nursing: Evidence Based Practice and Applied Research: Evaluation of Research

Report on Acute Otitis Media in Children 2 months to 12 years old.

Section A

Introduction

The articles to be reviewed in this presentation outlines research findings conducted on children between the ages of 2 months to 12 years old with uncomplicated Acute Media Otitis. Appropriate medical nursing intervention for Acute Otitis Media has caught the attention of specialists. Being a pediatric disorder it is imperative that research be conducted to reduce complication and the implications towards retardation for pediatrics during their childhood.

A. 1. Classify the type of each source of evidence as either a general information resource, a filtered resource, or an unfiltered resource.

General Source Info.

Evidence Source

Block, S. L. (1997).

Causative pathogens, antibiotic resistance and therapeutic considerations in

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acute otitis media

Pediatric Infectious Disease Journal, 16, 449–456

This is unfiltered source because the author conducted the research and reported findings

Kelley, P. E., Friedman, N., Johnson, C. (2007).

Ear, nose, and throat. In W. W. Hay, M. J. Levin, J. M. Sondheimer, & R. R.

Deterding (Eds.), In W. W. Hay, M. J. Levin, J. M. Sondheimer, & R. R.

Deterding (Eds.), Current pediatric diagnosis and treatment

New York: Lange Medical Books/McGraw-Hill

This is filtered evidence because it is not a primary source. The person is reporting based on someone else's research findings. Evidence is not available through filtered sources (Clover, 2006)

McCracken, G. H. (1998).

Treatment of acute otitis media in an era of increasing microbial resistance.

Pediatric Infectious Disease Journal, 17, 576–579

Unfiltered.

American Academy of Pediatrics and American Academy of Family Physicians. (2004).

Clinical practice guideline: Diagnosis and management of acute Otitis media

Retrieved May 17, 2008, from <http://aappolicy.aappublications.org/cgi/content/full/pediatr>

This is unfiltered source because the author conducted the research and reported findings

Parental Interviews

Parental Responses about Otitis Media infection in their Children

Parents

Unfiltered because responses were answered by parents themselves

A. 2 Discussion on whether each source of evidence is appropriate

For this nursing practice situation

American Academy of Pediatrics and American Academy of Family Physicians. (2004.) Clinical

Practice guideline: Diagnosis and management of acute Otitis media.

Retrieved May 17,

2008, from <http://aappolicy.aappublications.org/cgi/content/full/pediatr>

The American Academy of Pediatrics and American Academy of Family Physicians Study provides guidelines for implementing changes in treatment of Otitis media. They have presented research evidence from extended case studies and applications. Parents were also involved in the study since babies cannot respond verbally, but mothers can convey sentiments that could be misinterpreted by clinicians Block, S. L. (1997). Causative pathogens, antibiotic resistance and therapeutic considerations in Acute Otitis media. *Pediatric Infectious Disease Journal*, 16, 449-456

The evidence provided in this study emanates from a primary unfiltered source. Block (1997) discusses findings pertaining to the resistance of ‘

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Streptococcus pneumoniae, Haemophilus influenzae and Moraxella catarrhalis' (Block, 1997) to several administrations of amoxicillin. The conclusion was that there were newer strains of organisms found in Otitis Media Infection which necessitates new antibiotic therapy. As such, the evidence is appropriate for the nursing practice situation since pediatric nurses would be informed about resistance to antibiotic therapy in the treatment of Acute Otitis Media.

Kelley, P. E., Friedman, N., Johnson, C. (2007). ' Ear, nose, and throat.' In W. W. Hay, M. J. Levin, J. M. Sondheimer, & R. R. Deterding (Eds.), Current pediatric diagnosis and Treatment (18th ed., pp. 459–492). New York: Lange Medical Books/McGraw-Hill.

This could be a useful resource to nursing intervention since it looks at current trends, but being cited from a second hand source which is filtered there may be implications which are not pertinent as enough evidence to create a revolution in the practice.

McCracken, G. H. (1998). Treatment of acute otitis media in an era of increasing microbial

Resistance. *Pediatric Infectious Disease Journal*, 17, 576–579.

Even though considered filtered information with author discussing findings from a study conducted by others there is no substantial evidence to inform nursing intervention although the considerations are thoughtful.

Parental Interviews

This information derived from parents is very useful and appropriate for nursing practice because it came directly from parents who interact with their children during the infection and can truly testify concerning the reactions to various types of treatment. It is important because some children are incapable of expressing these sentiments to physicians and nurses.

A. 3. Classify each source of evidence as primary research evidence, Evidence summary, evidence-based guideline or none of these.

General Source Info.

Evidence Source

Block, S. L. (1997).

Causative pathogens, antibiotic resistance and therapeutic considerations in acute otitis media

Pediatric Infectious Disease Journal, 16, 449-456

Primary Research evidence

Kelley, P. E., Friedman, N., Johnson, C. (2007).

In W. W. Hay, M. J. Levin, J. M. Sondheimer, & R. R. Deterding (Eds.), In W. W. Hay, M. J. Levin, J. M. Sondheimer, & R. R. Deterding (Eds.), Current pediatric diagnosis and treatment New York: Lange Medical Books/McGraw-Hill

Evidence Summary

McCracken, G. H. (1998).

Treatment of acute otitis media in an era of increasing microbial resistance

Pediatric Infectious Disease Journal, 17, 576–579

None of these

American Academy of Pediatrics and American Academy of Family Physicians. (2004.)

Clinical practice guideline: Diagnosis and management of acute Otitis media
Retrieved May 17, 2008, from <http://aappolicy.aappublications.org/cgi/content/full/pediatr>

Evidence-based guideline

Section B

Discussion on whether watchful waiting is an appropriate approach for treating children with acute Otitis media, based on the evidence presented in the article.

With increasing cost of healthcare and difficulty encountered by parents being able to afford paying for drugs; this is a welcomed evidence to save on the use of antibiotics which are not necessary. Besides, it has been proven that many organisms are resistant to most used antibiotics.

Section C

Discussion about application of findings in attached article to improve nursing practice in the clinic.

Findings of observational case studies conducted by American Academy of Pediatrics and American Academy of Family Physicians are pertinent to changes in approaches of nursing service management addressing Acute Otitis Media among children between the ages of 2 months and 12 years.

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Application is imperative, but this is not without constraints of some physicians accepting that Otitis media does not have to be treated with antibiotics as a first line measure.

Recommendations are that for the first 72 hours of seeing the child clinicians can adapt a pain and fever management approach towards intervention rather than heavy doses of antibiotics. A major discovery was that some of these infections were related to influenza which is viral in origin and would not respond to antibiotics anyway. When symptoms subside after the initial onset it could be that organisms other than bacteria might be the causative element.

This does not exclude the need for culture and sensitivity investigations during this waiting period. Since 76% of patients' symptoms subsided within 72 hours, perhaps this cost could be eliminated as well because this too might be associated with an influenza virus.

Subsequently, these evidence based recommendations would not only improve nursing practice, but reduce the cost of care generally. Clinicians would not be pressured into implementing costly interventions. A major concern is how parents would react to the change. When in a crisis people tend to over react. Would this influence clinicians' response to agitated parents be prescribing antibiotics anyhow? Further studies will have to be conducted to evaluate the efficacy of this change overtime.

While we are all waiting understand parent's reaction to such changes clinicians could begin an education sensitization program. It can aim towards informing parents regarding benefits of such change even before any negative responses are received. Flyers can be distributed and posters

mounted in the clinic. There could also be a monthly evaluation survey to retrieve feedback from parents.

Section D

D. Discuss ethical issues that could arise in researching and changing clinical practice guidelines, based on the evidence-based research.

People are ever resistant to change even in the midst of profound evidence as established in the research under review. A strong hurdle to cross is getting cooperation from politicians who often do not have a clue to what is happening in health care science. Ethically, research conduct must be politically sound for researchers to receive approval.

Insidiously, specificities regarding research practices have not been established within nursing science. As such, ethical errors pertaining to inappropriate designs by unintentionally applying research tools that are culturally inconsistent within the targeted population can occur. Also, guidelines for traditional nursing research are not often updated to reflect contemporary trends. This can compromise the application of ethical standards towards evidence based practice since ethics is synonymous with quality of outcome (Nursing Research Section, 2011).

D. 1. Discuss issues that could arise in researching and changing clinical practice guidelines, based on the evidence-based research.

Evidence based research among children carry serious implications because they are minors and cannot give consent for their care much more to be targeted in a research project. As such, the relevant permission must be obtained from parents. Reports have been that researchers abuse their

privileges and may adapt interventions for which there was no previous consent (Nursing Research Section, 2011). .

Section D

The foregoing discussion outlined new measures, which can be adapted in nursing practice to treat children between the ages of 2 months and 12 years suffering from Acute Otitis media. Conclusions drawn pertaining to the sources researched is that antibiotic therapy is not always necessary as a first line intervention. Rather, a waiting period should be adapted since there is an increase resistance to these drugs.

Section D

American Academy of Pediatrics and American Academy of Family Physicians. (2004.) Clinical

practice guideline: Diagnosis and management of acute Otitis media.

Retrieved May 17,

2008, from <http://aappolicy.aappublications.org/cgi/content/full/pediatr>

Block, S. L. (1997). Causative pathogens, antibiotic resistance and therapeutic considerations in

Acute Otitis media. *Pediatric Infectious Disease Journal*, 16, 449–456

Glover Jan, Izzo David, Odat Karen, Wang Lei(2006) Evidence-Based Medicine (EBM) Resources

at UC Davis. Univesity Library

Kelley, P. E., Friedman, N., Johnson, C. (2007). ' Ear, nose, and throat.' In W.

W. Hay, M. J.

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Levin, J. M. Sondheimer, & R. R. Deterding (Eds.), *Current pediatric diagnosis and Treatment* (18th ed., pp. 459–492). New York: Lange Medical Books/McGraw-Hill.

McCracken, G. H. (1998). Treatment of acute otitis media in an era of increasing microbial Resistance. *Pediatric Infectious Disease Journal*, 17, 576–579.

Nursing research Section (2011) Statement on Ethics of Nursing Research: NRSNZO. Retrieved

(29th Dec, 2011) from

http://www.nursingresearch.co.nz/about/etics.php3?Nurses_Session=8598569d7b44cc90c01a8a6362ade526

Parents' Interviews (2011). Otitis Media Research Project.

<http://www.lib.ucdavis.edu/dept/hsl/resources/ebm-pyramid.php>

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