Barriers to standardization of sedatives and opioids weaning in pediatric intensive care unit (PICU): a focus group exploration.

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Aim
- To evaluate staff perceptions of standardization of the sedatives/opioids weaning process.
- To identify factors leading to an inadequate application of the current protocol.

Methods
- Data were collected through 4 1-hour focus groups (FG) (June-July 2017).
- Participants included 12 physicians and 24 nurses. One FG included both physicians and nurses while others included only nurses.
- FG methods:
  - Five-minutes individual brainstorming using post-it notes (participants had to write 1 idea / post-it note), followed by an open group discussion.

Results

Main perceived advantages
- Improves patient management (EBM)
- Harmonizes practices (quality of care)
- Increases recognition of withdrawal syndrome

Advantages vs disadvantages
- Main perceived disadvantages
- Increased risk of errors because of the use of various oral solutions with different concentrations.
- Not adapted to complicated patients (e.g., Patients with neurologic disorders).
- Insufficient precision and reliability of the SOS scale (delirium not included).
- Difficulties to integrate the rescue doses in the adaptation scheme.
- Difficulties with IV to oral conversion.
- Prescription software not adapted (esp. diagram of dose reduction).

Current protocol
- Clarifies the molecules to be weaned.
- Improves follow-up and documentation.
- Increases accuracy and rigor of calculations and conversions, facilitates calculations.
- Enables care planning, improves follow-up and interprofessional communication.
- Exhaustive, effective and clear: Works well when respected. Based on a systematic and Evidence-Based Medicine (EBM) approach.

New protocol
- Increases risk of errors (esp. diagram of dose reduction).
- Lack of a synthetic overview, protocol partially computerized (double patient record).
- Poor adhesion to protocol, necessity of a great rigor in its application, protocol not established in other units (transition of care).

Conclusion
- Standardization was perceived as improving quality of care and patient follow-up and comfort but as extending the length of PICU stay and being unable to adapt to all patients.
- Main factors against the current protocol were its presentation (software and paper layout) and a lack of confidence in the withdrawal evaluation scale.

Contact
- Weaning from sedatives/opioids in PICU is challenging.
- A weaning protocol1 was implemented 2 years ago but recurrent incidents are still reported.

Notes by authors (n= 138)
- The current protocol
  - Includes pediatric patients ≤ 3 months of corrected age
  - Is focused on the switch:
    - From IV opioids to oral methadone
    - From IV benzodiazepine to oral lorazepam
  - Refers to the SOS-scale for the monitoring of withdrawal symptoms
- Questions were asked to the participants on two dimensions:
  - Standardization
    - What are the advantages and disadvantages of having a standardized procedure for weaning sedatives/opioids?
  - Current protocol
    - What works and doesn’t work with the current protocol?

University hospital setting:
- 7 PICU beds (mostly cardiac patients) + 5 intermediate care beds
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