Scenario 1:

* Fever in patients with head injuries results in increased intracranial pressure and secondary brain injury. However, it was noted that management of fever in patients with traumatic brain injury varied widely in one neuroscience intensive care unit.
* A multidisciplinary team was formed who found, critiqued, and synthesized the literature. The resulting practice change delineated interventions for low, medium, and high fevers that progressed from noninvasive to invasive temperature management practices; a shivering guideline became an additional product.
* Implementation of the practice change resulted in a three-fold improvement in temperature management practices; monitoring of compliance with the practice change is ongoing. The results were presented at a local nursing conference and published in the Neuroscience Nursing journal.

Scenario 2:

* Research findings discussed at a unit journal club indicated that applying heat to the extremity facilitated IV catheter insertion. Nurses participating in the journal club questioned whether moist or dry heat was more effective. No literature was found addressing this question.
* A test was conducted in the oncology infusion center to determine which form of heat was more efficacious before IV cannulation. A proposal was developed, IRB approval was obtained, and a grant application was submitted to Sigma Theta Tau Research committee.
* It was found that dry heat was the best type of heat with respect to time to cannulation, number of cannulation attempts, and patient satisfaction. The results were presented at a local research symposium and published in the Oncology Nurses Forum.

Scenario 3:

* Routine lab audits revealed that the ED had a high blood culture contamination rate. The ED nurse manager shared this data with the staff and a clinical nurse volunteered to lead the effort to improve the contamination rate.
* The manager identified sources of variation in practice, standardized a blood culture draw procedure, developed educational materials for the nurses and techs, and verified competency of all staff on the new procedure.
* Repeat audits demonstrated that the contamination rate decreased from 6.38% to 2.7%, which is below the national benchmark.