

Title:

Traumatic Brain Injuries

Ashley Kay Crutchfield

Louise Herrington School of Nursing, Baylor University, Dallas, TX, USA

Session Title:

Rising Stars of Nursing Invited Posters - Group 1

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

Keywords:

Brain and Traumatic Brain Injuries

References:

Bergman, K., Maltz, S., & Fletcher, J. (2010). Evaluation of moderate traumatic brain injury. *Journal of Trauma Nursing*, 17(2), 102-108. doi:10.1097/JTN.0b013e3181ecc452

Cook, R.S., Gillespie, G.L., Kronk, R., Daugherty, M.C., Moody, S.M., Allen, L.J., Shebesta, K.B., & Falcone Jr., R.A. (2013). Effect of an educational intervention on nursing staff knowledge, confidence, and practice in the care of children with mild traumatic brain injury. *Journal of Neuroscience Nursing*, 45(2), 108-118. doi:10.1097/JNN.0b013e318282906e

Davenport, A., & Foster, A.M. (2011). The value of early intervention for moderate and severe traumatic brain injury. *Journal of the Australasian Rehabilitation Nurses' Association (JARNA)*, 14(3), 14-16. Retrieved from <http://ezproxy.baylor.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2011489241&site=ehost-live&scope=site>

Davenport, A., & Foster, A.M. (2013). Early hospital prediction of length of stay in a post-acute inpatient rehabilitation programme for traumatic brain injury. *Journal of the Australasian Rehabilitation Nurses' Association (JARNA)*, 16(3), 12-15. Retrieved from <http://ezproxy.baylor.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2012411301&site=ehost-live&scope=site>

McNett, M., & Gianakis, A. (2010). Nursing interventions for critically ill traumatic brain injury patients. *Journal Of Neuroscience Nursing*, 42(2), 71-79. Retrieved from <http://ezproxy.baylor.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010606793&site=ehost-live&scope=site>

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SP EAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example Critique selected definition of the term,	Example Definitions of "curriculum"	Example 20 minutes	Example Name, Credentials	Example Lecture PowerPoint presentation Participant feedback	Example Group discussion: What does cultural training mean to you?

"curriculum"	Course of study Arrangements of instructional materials The subject matter that is taught Cultural "training" Planned engagement of learners				
Understand how TBIs are classified.	Characteristics of mild, moderate and severe TBIs.	10 minutes.	Ashley Crutchfield, SN	Lecture, Poster Presentation, Participant Feedback.	Group discussion: classification of TBIs.
Apply treatment concepts of TBIs.	Four categories of nursing interventions explained.	15 minutes.	Ashley Crutchfield, SN	Lecture, Poster Presentation, Participant Feedback.	Group discussion: Care plans for TBI patients.

Abstract Text:

Each year in the United States, traumatic brain injuries are responsible for more than 200,000 hospital admissions and 3.2 billion dollars spent on healthcare. For children and young adults, TBIs are the primary cause of death and disability. A gap in knowledge exists for the standardized treatment of these patients, which leads to inconsistency in diagnoses necessary for quality patient care. Traumatic brain injuries range from a mild concussion to unresponsive and are scored based on the Glasgow Coma Scale (GCS). GCS of 13-15: mild, GCS of 9-12: moderate, GCS of 3-8: severe. Treating the patients in the moderate category is essential to optimal recovery – but often over or under diagnosed. Mild TBI patients have a set of universal guidelines, as do severe TBI patients. The moderate TBI patients do not, however, and treatment can either be too little- which leads to these patients retuning with post-concussion syndrome, or too much- which leads to extra time, money, and resources spent while in the hospital.

TBI patients require meticulous care with close monitoring since even a small change can indicate a big problem. Nurses who play a key role in caring for these patients are in need of a vast amount of knowledge to recognize when interventions are needed. When nursing education about patient care is a

priority, hospitals can expect efficient care and better patient outcomes. The research recommends increasing knowledge of specific nursing interventions routinely performed on TBI patients so standardized treatment and best practice guidelines can be established. This knowledge, when put into practice can lead to earlier diagnosis and shorter rehabilitation stay, both of which have resulted in better patient outcomes. One way these goals could be accomplished would be incorporating educational opportunities at different times of the year for health care workers to attend in order to stay current on best- practice guidelines. Another option would be having clearly documented patient care priorities for workers to follow and reference throughout treatment.