LITERATURE REVIEW

Patients Taking Acs Inhibitors:
- Causes refractory intraoperative hypotension when taken within 24 hours of surgery (Hedman, Mann, Spelucci, & Castner, 2016)
- Intermittent vasopressin bolus doses are highly successful in treatment of this hypotension (Hedman et al 2016)
- ACLS guided dose: 40 units vasopressin in comparison to 1 dose of epinephrine (ACLS, 2017)

Patients Undergoing Cardiac Surgery:
- Vasopressin useful for hypotension with adequate cardiac output (Hajjar, 2017)
- Vasopressin has less damaging side effects than other catecholamine vasopressors (Egelby and Sabry, 2012)
- Dose: 1-6 Units/hour titrated to goal blood pressure

Patients In Shock States
- Septic Shock: inverse relationship between survivability and endogenous Vasopressin levels (Holt & Haaij, 2010)
- Anaphylactic Shock: Vasopressin blocks the effects of inflammatory mediators via cyclic-GMP (Schumer et al 2008)
- Hemorrhagic Shock: Vasopressin’s vasconstrictive and water retention properties significantly improve status (Tsuneyoshi et al 2008)

METHODS

A PowerPoint presentation describing the mechanism of action, clinical uses, and appropriate doses of vasopressin was prepared and presented to a convenience sample of 23 junior SRNAs currently enrolled at Adventist University of Health Sciences. A pre and post test was administered and scores were analyzed using SPSS to track potential score improvement.

RESULTS

Pre and Post Test Results after Educational Presentation

ANALYSIS & CONCLUSIONS

Research Question: among SRNA students, will an educational clinical presentation improve their knowledge base and ability to integrate vasopressin into clinical practice in caring for perioperative hypotension among complex patients in specialty rotations?

The obtained t (-7.528, p < .001) is statistically significant. It therefore can be concluded that the average scores between pre-test and post-test increased significantly.
- No student had a decrease in score from pre-test to post-test
- The most significant increase in score was 7 out of 10 points

Ability to integrate this knowledge into clinical practice is a variable of the research question that was unable to be determined by the design of this study. Only inference can be made that an increase in practical knowledge will increase clinical success in Vasopressin use.

Limitations:
- Single site study
- Small sample size
- Convenience sampling
- Variety of previous education

FINDINGS

In conclusion, this study was successful in increasing the knowledge base of the 23 participants regarding the use of Vasopressin. This improved knowledge base can guide them during their clinical practice when determining whether or not Vasopressin is the best treatment for a hypotensive patient.

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REFERENCES

Available upon request