INTRODUCTION

This research was conducted as a quality improvement project to identify a patient de-escalation tool for the adult inpatient thought disorders unit of Vanderbilt Psychiatric Hospital.

A sensory room is the opposite of a seclusion room; it is a space that stimulates the senses of sight, hearing, taste, touch, and smell rather than depriving them.

Evidence shows sensory rooms increase patients’ relaxation and cooperativeness and reduce seclusion and restraint. Sensory rooms have also been shown to reduce patients’ stress and agitation.

GOAL

To determine if sensory rooms can positively impact areas for de-escalation (including confusion, boisterousness, verbal threats, irritability, physical threats, attacks on objects, anxiety, and hallucinations), along with PRN medication usage and sequencings and restraints

RESULTS

The sensory room had at least 85 patient visits in 2014. Of the total sample, 54 patient visits had records completed on signs and symptoms experienced before and after using the room, and patients requested to use the room but had no signs or symptoms for 8 visits.

There was a statistically significant reduction in the number of patient signs and symptoms recorded from before to after use of the room (p < .001).

There were not any differences found in type of restraint pre- to post-implementation. Furthermore, there was no statistically significant difference in the number of patients or duration of time in physical restraints.

The mean number of PRN medications administered per day did not differ from pre- to post-implementation. However, nearly twice as many patients in the baseline group received PRN medications as compared to patients post-implementation.

There were numerous positive reports from patients and staff. For example:

- “This is just what I needed.”
- “This room was very relaxing.”
- “It was the only thing that could calm him down.”

METHODOLOGY

The number of sequencings and restraints on the unit the year prior to sensory room implementation and the year of sensory room implementation were collected through a database.

PRN medication usage on the unit the year prior to sensory room implementation and the year of sensory room implementation (haloperidol 5 mg, lorazepam 2 mg, chlorpromazine 50 mg, ziprasidone 20 mg, olanzapine 10 mg, and diphenhydramine 50 mg injections) were collected through the pharmacy.

Signs and symptoms were recorded by nursing staff before and after a patient used the sensory room (confusion, boisterousness, verbal threats, irritability, physical threats, attacks on objects, anxiety, and hallucinations).

TABLES/FIGURES

Patient Scores Before and After Using Sensory Room

<table>
<thead>
<tr>
<th>Before</th>
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<td>40</td>
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<td>8</td>
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Figure 1: Sensory room logs were used to monitor 8 selected signs and symptoms of patients. Data are presented from before patients used the sensory room and after use.

REFERENCES


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