

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 seclusions and restraints

IMAGES

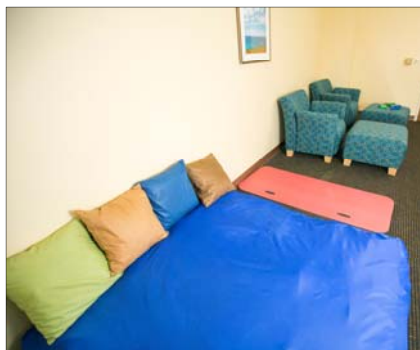


Image 1:
The sensory room has surround-sound speakers, carpeted flooring, recliners, pillows, a giant mattress, an exercise mat, dimming lights, and a serene décor. The space is markedly different from other areas of the hospital.

Image 2:
The sensory room is individualized for patients with the provision of items for relaxation and stress relief such as aromatherapy fans, fabric swatches, a projector, pom-poms, candy, music, glitter crayons, a rainmaker, weights, books, puzzles, stress balls, clay, foam, feathers, cards, a chalkboard, felt, scented markers, and a massager.



METHODOLOGY

- The number of seclusions 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).

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."

TABLES/FIGURES

Patient Scores Before and After Using Sensory Room

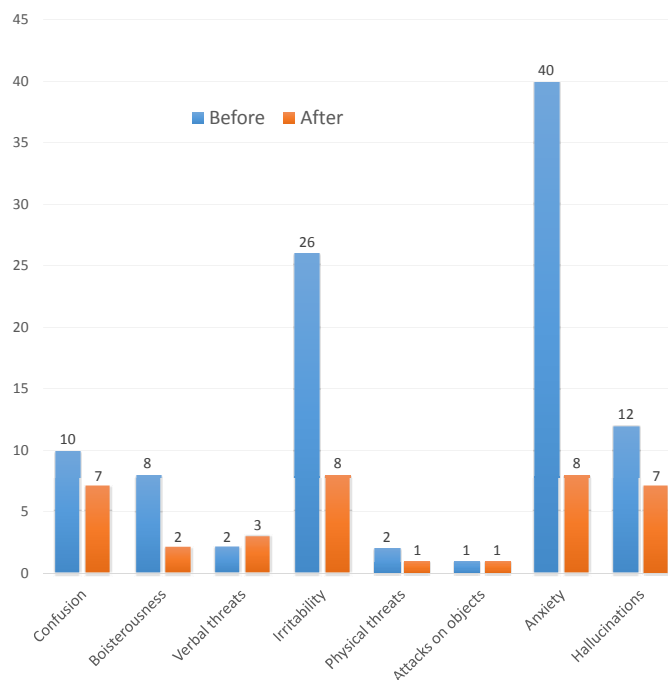


Figure 1:
Sensory room logs were used to monitor 8 selected signs and symptoms of patients. Data are presented from before patients used the sensory room and after use.

TABLES/FIGURES

PRN Medication Use at Baseline and Post-implementation

PRN MEDICATION	Baseline Total Patients = 240		Post-implementation Total Patients = 134	
	# doses	% within time	# doses	% within time
Chlorpromazine 50 mg injection	30	4.7	60	7.9
Diphenhydramine 50 mg injection	121	18.8	133	17.6
Haloperidol 5 mg injection	106	16.4	104	13.8
Lorazepam 2 mg injection	288	44.7	355	47.0
Olanzapine 10 mg injection	73	11.3	68	9.0
Ziprasidone 20 mg injection	27	4.2	36	4.8

Table 1:

Medication logs were monitored for PRN use of anxiolytic, sedative, and anti-psychotic medications. Data are presented from the year prior to implementation and post-implementation.

CONCLUSIONS

- In this study, there was a substantial impact on the patients' symptom report. There was also a decrease in number of people receiving medications.
- Sensory rooms are feasible to implement in hospitals and are beneficial to both patients and staff as an effective de-escalation tool.

REFERENCES

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ACKNOWLEDGEMENTS

- Vanderbilt University Medical Center's Evidence Based Nursing Practice Fellowship 2011-2012 (a year-long program that enhances skills in finding and using evidence to guide nursing practice) guided this project.
- Special thanks to: Jennifer Barut, MSN, RN-BC; Elizabeth Card, MSN, RN, APRN, FNP-BC, CPAN, CCRP; Avni Cirpili, RN, DNP, NEA-BC; Mary Dietrich, PhD; Lori Harris, BSN, RN-BC; Nancy Wells, DNSc, RN, FAAN; Johnny Woodard, BSN, RN-BC; VPH 1 Nursing Staff; and Jill Clendening