

"Bad to the Bone": A Basic Approach to Improving Timely Antibiotic Administration in Pediatric Open Fractures



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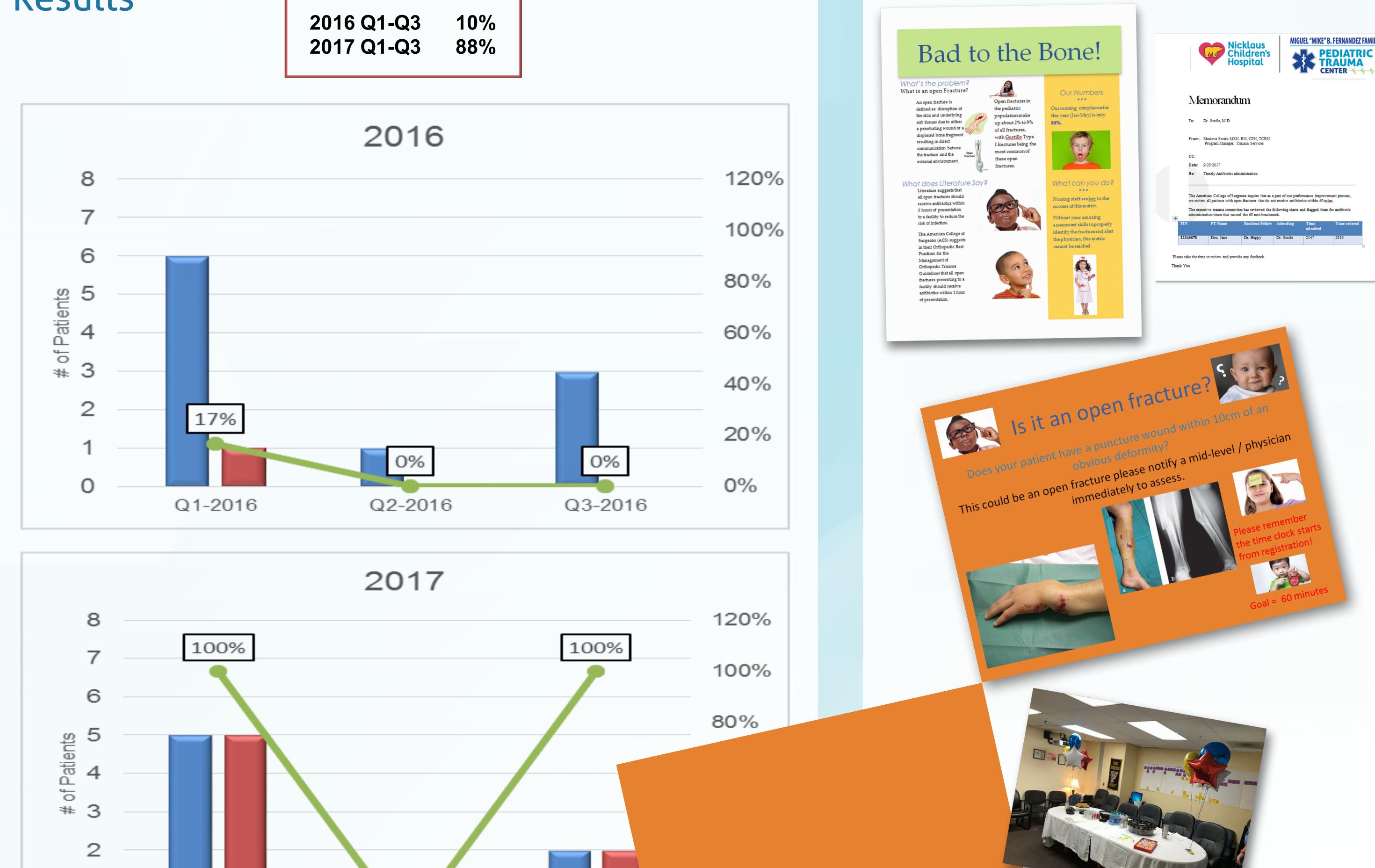


Results

Background

Open fractures constitute a small amount of all pediatric fractures. However, these fractures have the greatest risk for contamination and adverse complications. In the past, the treatment of pediatric open fractures has mirrored the management in adults. The consensus in a literature review conducted affirms that all open fractures should receive antibiotics within 3 hours of presentation to a facility to reduce the risk of infection.

Contrastingly, the American College of Surgeons (ACS) Best Practice Guidelines in the Management of Orthopedic Trauma, released in 2015, state that all open fractures should receive intravenous antibiotics within 60 minutes of presentation.



Objectives

Methods

- Discuss the importance of timely antibiotic administration in pediatric open fractures.
- Demonstrate how basic education can influence change in patient outcomes.
- Discuss ways to sustain change and comply with best practice guidelines.

0% 0 Q3-2017 Q1-2017 Q2-2017

- # of patients presenting to center
- # of patients that received antibitotics within 1 hr
- % compliance

References

• Godfrey, J., & Pace, J. (2016). Type I open fractures benefit from immediate antibiotic administration but not necessarily immediate surgery. Journal of Pediatric Orthopedics 36 (4),

- Review of prospectively collected trauma database of 503 patients for 2016.
- Multidisciplinary team comprising of Trauma and Orthopedic Surgeons and **Emergency Medicine physicians and staff** created "Bad to the Bone" educational campaign to address this issue.
- Education campaign completed in the form of email blasts, in services, trauma meetings and physician and nurse huddles.

Conclusion

Basic education can be a simple solution to improving clinically driven metrics. The sustainability of clinically driven metrics enhanced by education also require constant reminders, refreshers and communication of the status of the metric.

Education on the importance of early recognition of open fractures and the significance of expediting delivery of antibiotics will prompt providers to provide care according to best practice.

8-10.

• Hoff, W., Bonadies, J., Cachecho, R., & Dorlac, W. (2011). East practice management guidelines work group: Update to practice management guidelines for prophylactic antibiotic use in open fractures. The Journal of Trauma 70 (3), 751-754.

- Iobst, C., Spurdle, C., Baitner, A., King, W., Tidwell, M., & Swirsky, S. (2014). A protocol for the management of pediatric type I open fractures. Journal of Child Orthopedics, 8,71-76.
- The American College of Surgeons. (2015, June 15). ACS TQIP Best Practices in the Management of Orthopedic Trauma. Retrieved from https://www.facs.org/~/media/ files/quality%20programs/trauma/tqip/tqip%20bpgs%20 in%20the%20management%20of%20orthopaedic%20 traumafinal.ashx