Debriefing After a Code: Individualized Options for Nursing Staff
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6  Acute Care

Introduction
Clinical Problem:
There are little to no debriefing options affording nurses the opportunity to regain composure before returning to work after experiencing a code.

PICO:
Currently (P) nursing staff do not debrief following a code, what is the effect (I) of offering individualized debriefing options to nursing staff as opposed to (C) no debriefing following a code, for the purpose of (O) helping nurses regain composure before returning to work?

Methods
We surveyed our unit's nursing staff and implemented post code debriefing, which provided nurses with realistic options to help them regain composure after a code.

Searching the literature allowed us to gain insight into whether effects of debriefing after a code were current practice and if debriefing is helpful for nursing staff.

A survey of nurses on our unit who have experienced codes reveals realistic coping options that help them regain composure before returning to work after a code.

Key Research Results
Mitchell (2008) found physiological and psychological stress/damage was less in those who attended debriefing sessions.

Emotional and physical toll of death after a code prevails despite our "curtain of protection" Randomized study at the University of Pennsylvania in Philadelphia: Allowing time for feedback and debriefing improved rescue training, care for cardiac arrest patients and cardiopulmonary resuscitation quality.

From the Nurses on 6 Acute Care
Katherine: "I think it's good to debrief with someone after the code. Someone who ran the code, so you can understand what happened."

LeAnn: "On 6AC we talk to each other, with peers. To make sure they did things right, or discuss what we could improve upon."

Leigh: "My first code happened when I was still on orientation. My preceptor talked it through with me and told go take a break and go to Starbucks or something."

Conclusions and Recommendations
Research shows it is very beneficial to debrief nursing staff after a code. The physiological, psychological and emotional toll nurses experience after a code, especially ones that result in death, needs to be addressed.

Results from our pre-implementation survey on 6AC confirmed this and showed the need for realistic individualized coping mechanisms. Unfortunately, our results are limited due to the short amount of time spent implementing the study. Therefore, more research will be necessary for more conclusive data.

References