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Title

Pill swallowing interventions in pediatrics: A multidisciplinary approach to improve compliance and discharge readiness

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Pill Swallowing Interventions in Pediatrics: A Multidisciplinary Approach to Improve Compliance and Discharge Readiness

Davis 7 & Tower 6 Joint Pediatric Unit Based Practice Council and Child Life



Background

We performed a basic literature review and have identified pill-swallowing difficulty among our pediatric patients as a potential barrier to discharge and medication compliance. As pediatric nurses working on both Davis 7 and Tower 6, we recognized the importance of assessing developmental stages in our pediatric population, easing anxieties in an unfamiliar hospital setting and developing a collaborative approach when preparing a child and his/her family for discharge.

Purpose

Our objectives included identifying barriers in the pediatric population in regards to pill swallowing, implementing educational interventions and improving medication compliance and discharge readiness in order to promote positive patient experiences and outcomes.

Methods

We started with a multidisciplinary approach- a collaboration among nurses, doctors, nurse practitioners, pharmacists, child life specialists (CLS), patients and families. We focused on education for staff and for patients and families. The resources available included an educational pamphlet adapted from Dr. Keith Ramsey's "Pill Swallowing Tips" which was developed to share with patients. New pill swallowing kits were prepared and made available for staff use on both units.



During March we displayed flyers on units for staff to encourage prompt referrals to Child Life Specialists, early conversations with medical teams to discuss discharge planning & medications and coordination with pediatric pharmacists when needed. Staff were also educated during meetings and morning huddles. In April and, in coordination with Child Life, we collected information regarding medication assessments by CLS, referrals made by staff to CLS, the number of bedside teachings and total of successes.

Conclusion

Based on our early data collection, we have found that at least half of the pill swallowing bedside teachings end in successes. These findings support that it is imperative to identify barriers, as early as admission, to provide sufficient resources, time and interventions in order for our patients to adequately and comfortably develop new skills. The achievement of this implementation can further support improved patient outcomes, potentially decrease re-admissions and promote enhanced utilization of financial resources through a quality improvement approach.

Implication & Further Study

We plan to continue our data collection over the following months in order to develop more detailed patient and family education as well as implement early identification of medication difficulties into the admission process.

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