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NURSES ADVOCATE FIVE “WISE” RECOMMENDATIONS TO ELIMINATE UNNECESSARY PRACTICES AND IMPROVE PATIENT OUTCOMES

The Australian College of Nursing (ACN) has added its voice to the next wave of the Choosing Wisely initiative, urging nurses to continue to send a strong message of advocacy for their patients’ best interests.

Not all tests, treatments and procedures lead to a patient benefit. Unnecessary practices are not only a diversion from high quality care, but can actually lead to harm.

“Through extensive consultation with our members, the Australian College of Nursing has identified 5 common tests, processes or procedures that nurses can influence and lead changes to practices which evidence shows is unnecessary,” said Adjunct Professor Kylie Ward, Chief Executive Officer of ACN.

The five key recommendations by ACN and its members are:

- 1. Don’t replace peripheral intravenous (IV) catheters unless clinically indicated.**
Extensive evidence shows that replacing IV cannulae routinely, for example every 2 days, is of no benefit and does not reduce the incidence of complications such as infections, but may increase the them, in addition to exposing patients to undergo painful and unnecessary procedures.
- 2. Don’t restrict the ability of people with diabetes to perform their blood glucose monitoring.**
ACN advocates that nurses support patients with diabetes to perform their own blood glucose monitoring and not impose changes to the patient’s monitoring routine (including frequency and timing) without a reasonable clinical indication.
- 3. Don’t routinely administer antipyretics to reduce fever in undistressed children.**
Fever is a normal physiological response to infection and it will not place a generally healthy child at harm. There is well-documented evidence to show that fever slows the growth and replication of bacteria and viruses and it is not always beneficial to administer medication such as paracetamol or ibuprofen.
- 4. Don’t use urinary catheters to manage incontinence unless all other appropriate options have proved ineffective.**

Urinary tract infections (UTIs) are the most common health care-associated infections and the majority of these can be associated with the use of an indwelling urinary catheter (IDC). UTIs in hospitalised patients may prolong the length of hospital stay and necessitate the use of antibiotics.

5. Don't initiate plain x-ray for foot and ankle trauma unless criteria of the Ottawa Ankle Rules (OAR) are met.

Trauma and injury to feet and ankles are a common reason for people to attend the Emergency Department. The correct application of the OAR can identify patients who are likely to have a clinically significant fracture and those who are unlikely to require an x-ray, reducing the unnecessary use of diagnostic imaging resources by 30-40%.

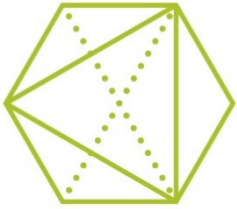
“As the voice of the nursing profession, the Australian College of Nursing has a responsibility to take a leadership role in representing the expertise of our members and amplifying their collective voice about improving health care for patients and their families. A crucial part of this is not only the responsible management of finite health care resources but also ensuring that nurses' expertise and recommendations are an important part of shaping health care practice and policy,” said Kylie Ward.

Ends.

For interviews, or for more information, please contact Wendy Hooke on wendy.hooke@acn.edu.au or 0448 004 039.



Adjunct Professor Kylie Ward, CEO of ACN.



Australian College of Nursing

Advancing nurse leadership

Notes to the Editors:

ACN, an organisation not afraid to intelligently challenge industry issues affecting the nursing profession or Australia's healthcare, is a well-connected and educated national body that drives change with people of influence to enhance the delivery of health services to the Australian community. ACN advances the skills and expertise of nurses to provide leadership in their contribution to the policy, practice and delivery of health care.

A membership organisation with members in all states and territories, health care settings and nursing specialities, ACN's membership includes many nurses in roles of influence, including senior nurses, organisational leaders, academics and researchers.

What is the role of the ACN to media?

- ACN provides trusted, well supported information about Australia's health care system, the delivery of health care, nursing leadership and the nursing profession.
- ACN has a number of media-savvy spokespeople within the organisation who can comment on Australia's health care system, the delivery of health care, nursing leadership and the nursing profession. • ACN offers media with an alternative voice to that of an industrial relations perspective.
- ACN is in-the-know and can comment on health care matters of interest.



- ACN can respond to media requests in a timely manner and with subject/clinical expert's available on-hand for further discussion.
- ACN regularly respond to government updates pertaining to Australia's health care system.

What role does the ACN play?

The ACN are here to act and deliver results as agents of change. They are working towards a brighter future through advancing nurse leadership to enhance the delivery of health care to all. The organisation provides nurse leaders with access to relevant information, support and education will enhance Australia's reputation on the world stage.

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