

# Clinical Habits Die Hard: Nursing Traditions Often Trump Evidence-Based Practice

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The rationale behind common nursing interventions is often based solely on tradition and not research or other evidence-based practice guidelines, according to an article in the April issue of Critical Care Nurse (CCN).

"Examining the Evidence to Guide Practice: Challenging Practice Habits" encourages nurses to critically evaluate and apply evidence to their daily practice to improve patient outcomes and to stop using practice interventions that are based solely on tradition.

Current reviews of clinical practice suggest that fewer than 15 percent of clinicians consistently implement evidence-based care and indicate that it can take up to two decades for original research to be put into routine clinical practice, the article notes.

Lead author Mary Beth Flynn Makic, RN, PhD, CNS, CCNS, is a research nurse scientist in critical care at University of Colorado Hospital and an associate professor at the University of Colorado, College of Nursing, Aurora.

"It is important for nurses to continually evaluate their practice to ensure that current best evidence is guiding practice interventions, rather than providing care based on tradition alone," Makic said. "As research and new evidence evolve, nurses are often the frontline catalysts for translating them into practice."

The article examines the evidence associated with four common clinical practices that are within the realm of nursing – turning critically ill patients, promoting sleep in the ICU, preventing venothromboembolism and managing feeding tubes in infants and children. Among the questions the article answers with recommendations based on current research:

- Should patients be repositioned at least once every two hours?
- How can nurse-driven protocols promote sleep in critically ill patients?
- What is the best way to verify correct placement of a feeding tube in infants and children?
- How can nurses help prevent patients from developing deep vein thrombosis and other venothromboembolism-related complications?

For each intervention, the authors examine current practice, critique the current best evidence and offer implications for practice.

Source: American Association of Critical-Care Nurses

