

The first multi-disciplinary SANE training was conducted in Charleston, S.C., in the summer of 2013. 50 nurses, law enforcement officers, detectives and advocates registered for training provided by Kathy Gill-Hopple, Ph.D., AFN-BC, RN, SANE-A, SANE-P, a SANE representative from the pediatric team, Ron Acierno and experts from South Carolina Law Enforcement Division (SLED), the solicitor's office and other advocacy groups. This training served as an opportunity for all team members to learn about each other's roles and responsibilities while becoming more familiar with victim-centered care.

Bed Rest Protocol Decreases Complications

Elizabeth Boessneck, BSN, RN, Meredith Sherman, BSN, RN, and Melissa Southard, BSN, RN, from the Heart and Vascular Center advocated for their patients by collaborating with cardiologists concerning the development and implementation of a standardized bed rest protocol for patients undergoing heart catheterizations. Positive outcomes achieved after implementation of the protocol include:

5Fr

- The average bed rest for femoral arterial sheaths decreased just over an hour.
- The average bed rest for femoral venous sheaths decreased by an hour and a half.
- Patients were given the option of elevating the head of their bed less than 30 degrees after the first hour of hemostasis, and 64 percent opted to do so.
- The complication rate following protocol implementation was less than 1 percent.

Pre-Intervention Bed Rest Ordered for Femoral Arterial Sheaths with no VCD 16 14 Number of Patients 12 2.5 Hours Bedrest 10 3 Hours Bedrest 8 6 4 Hours Bedrest 4 5 Hours Bedrest 2 6 Hours Bedrest 0

7Fr

6Fr

Arterial Sheath Size

