

Abstract

Background and Purpose. Outpatient follow-up adherence after emergency department (ED) discharge is inconsistent among pediatric patients following burn injuries. This quality improvement project sought to implement and evaluate standardized discharge instructions for pediatric burn patients in the ED to increase follow-up adherence to outpatient appointments.

Methods. Pre- and post-design patient electronic medical record chart reviews were conducted to evaluate two independent samples comparing the number of patients who received correct discharge instructions, attendance rates of outpatient follow-up, and the number of days between discharge and follow-up. The intervention was the implementation of standardized discharge instructions. Chi-Square and Mann-Whitney U tests were used for analysis.

Results. The sample size was 87 patients: mean age 5.1 years (SD 4.8), 63.2% male (n=55), and 49.4% African American (n=43). Results revealed a statistically significant increase in the number of patients who received correct discharge instructions after implementation (65.5% vs 97.4%; $\chi^2(1, N= 87) = 13.408, p<.001$). However, the number of patients who scheduled (77.6% vs 71.1%; $\chi^2(1, N= 87) = .478, p<.489$) and attended (71.4% vs 65.8%; $\chi^2(1, N= 87) = .318, p=.573$) follow-up, and the average number of days to attended follow-up (5.6 vs. 5.5 days; $U= 446.500, p=.900$) did not significantly change. Although no significant improvement in this sample, there was a statistically significant relationship between patients receiving correct discharge instructions and increased adherence to follow-up (8% vs 52%; $\chi^2(1, N= 87) = 6.376, p=.012$).

Conclusions. Although implementing standardized discharge instructions increased the number of patients who received correct instructions, follow-up adherence remained low indicating there are additional barriers that should be identified to help further increase follow-up.

Implications. Registered nurses should ensure standardized instructions are used for patients at discharge. Further studies must be performed to target additional barriers to follow-up in pediatric burn patients.

Keywords: follow-up, burns, pediatric, patient discharge summaries, emergency department