Abstract

Emergency rooms across the United States have an incredibly large number of shoulder dislocations that need to be manipulated and reset on a daily basis. A cost-benefit analysis in this Doctor of Nursing Practice Project will demonstrate a new form of care for shoulder dislocations in the emergency room with certified registered nurse anesthetists (CRNA) providing regional anesthesia with local lidocaine injections into the shoulder joint. A level II trauma center in Mississippi with many shoulder dislocations was the location that was used to evaluate conscious sedation, length of procedure, and pain scores. A retrospective chart review was performed at this hospital. The primary regional anesthetic evidence was provided using a focus review. The cost-benefit analysis suggested a decrease in cost with the direct variables of regional anesthesia and conscious sedation. The indirect variables were satisfaction through pain scores and length of procedure/stay. Descriptive statistics were used to evaluate the evidence. The findings suggested decreased cost with decreased pain scores and decreased length of procedures using regional anesthesia. The 54 patients in the retrospective review were calculated on the appropriate acuity level per procedure to determine cost. The calculated cost of conscious sedation patients per year was $25,704; the calculated cost of regional anesthetic patients per year was $15,660. The determined saving was $10,044, and the difference in turnover was an additional 2.18 patients that can be seen per day in the emergency room if regional anesthetics were used to manipulate shoulder dislocations. Decreased cost for the patient, increased revenue and reimbursement for the hospital, and improved quality of care should lead healthcare provider and systems to consider this positive change. Regional anesthesia for shoulder manipulation has been used by other providers outside the nation and in military bases providing evidence of safe and effective practice.