Article Critical Analysis

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**Statement of the Problem**

The research question of this study is ; how does the use of an enhanced EWS impact nursing practice? Malfunctions are evident from changes in physiological measurement values ​​such as heart rate, blood pressure, temperature, and respiratory rate. Most of the adverse events would be prevented if the patient's vital values ​​were monitored and the changes in them responded in time. To this end, a systematic assessment of patient's ability, or Early Warning Score (EWS), has been developed, based on the principle that clinical deterioration can be detected by changes in physiological measurements. The measured values ​​are scored based on how much they differ from normal values. The total score refers to the patient's risk class (low, medium, or high), comparable to the hospital's defined clinical measures, such as the on-site alert. The basic principle of EWS is to collect physiological parameters of usual and easy retrieval, combining them in a scoring scale that allows a fast and shared, through a common language, evaluation of doctors and nurses of the clinical status of patients. Thus patient safety is extraordinarily enhanced.

**Literature Review**

Previous researches only discusses the early warning sign alert system, but they did not explore the outcome of this system. For example; Claussen, Garner, & Crow (2014) revealed the importance of EWS in detention of the deterioration of clinical system as well as for its support. And according to Stewart, Carman, Spegman, & Sabol (2014), EWS show vital signs and alert nurses regarding indirect changes in condition of patients. o this end, many versions (over 100) of a simple tool for monitoring vital functions had been produced, the so-called "Early Warning Score" (EWS). Numerous and recent publications have clearly highlighted the need for " alarm systems " , like the Modified Early Warning Score (MEWS),originated from the National Early Warning Score which allows the identification of the prodromal phases of disease and the preparation of appropriate treatments; provides a clear indication of the severity level and helps to identify the cut-off for sending to the Emergency and Urgency Department.

**Method**

**Protection of Participants Rights**

Data collection using formal interview method is often called questionnaire. This method of data collection implies a desire for maximum standardization and unification of data collection, processing and analysis procedures. Compliance with such standardization and ensuring the procedural requirements for sampling and monitoring its compliance, data entry are the criteria that any researcher must make explicit and by which one can judge the reliability of the results of a quantitative study. (Mihas, 2019).

The basic category in the technique of any interview is the question. A lot depends on how and in what sequence to ask questions. The interview guide should follow the goal of translating research questions into special questions for informants, and also suggest questions that motivate the respondent to provide the requested information. Criminal energy and intentional damage cannot always be prevented with whistleblower systems, but at least make it more visible. According to researcher, statistical assessments of complications and deaths can also help here as a kind of early warning system. Therefore, the compares its results transparently with other clinics that have joined forces in the initiative Quality Medicine

**Population and Sample**

The sample size of 25 RNs and interview method used to get the data for this research. .

**Data Collection and Measurement**

Once the stages of collection and data processing completed, then the next important stage of an investigation is data analysis. In this phase, it is decided how to examine the data and which statistical analysis tools are appropriate for research. The type of analysis of the data rest on at any rate on the following factors.

a) The level of measurement of the variables

b) The kind of hypothesis framed.

c) The research design used designates the type of analysis obligatory for hypothesis testing.

The data analysis is the example for the interpretation action. The analysis is made in terms of the outcomes of the study. This action entails of creating interpretations regarding the relationships among the variables used in study to draw assumptions and recommendations (Pedhazur &Kerlinger, 1982). The explanation is carried out in two phases:

a) Interpretation of the relationships among the variables and the data that sustain them grounded on some level of statistical significance.

b) Create a larger sense of the research, that is, govern the degree of generalization of the outcomes of the research.

**Result: Data Analysis/Rigor**

**Findings**

Starting from “convenient patients” and “reducing errors”, the monitoring and early warning system supplements part of the nurse's work through the electronic process, avoiding artificial “errors” or “faults; and the informational “tips” are nurses. A check-up link has been added to avoid the risk of care; and then dynamic monitoring has improved the timeliness of care and overall improved the level of infusion safety and quality of care. This is the first study in this sense that it explores the effect of an improved EWS on nursing practice. The findings of this study demonstrates that the amplified EWS was alleged as valuable, operative and valuable to refining acknowledgment and apt interference for early signs of clinical decline. Rather than lessening the decision-making aptitude of nurses, as EWS opponents have optional, they found that an improved EWS allowed nurse critical rational and decision-making

**Discussion**

The patient infusion safety monitoring and early warning system constitutes a protective barrier from both infusion safety management and physical aspects. First, the patient safety monitoring network architecture, the nursing adverse event reporting system, the medication safety management system, and the establishment of infusion ternary color management constitute a management barrier for patient infusion safety, ensuring the effectiveness of safety management; on the other hand, through active development The modernized and informatized infusion safety monitoring and firewall system uses high-tech means to monitor and control the weak links that are prone to care errors in the drug-related and infusion processes, and constitutes a physical protective barrier. With the help of barrier analysis technology, the safety target is correctly identified, and the potential and problems in patient safety are analyzed in an all-round way. A series of improved methods to avoid patient insecurity are found, and the patient safety barrier is strengthened to ensure patient safety.

The nurse is the ultimate performer of the intravenous infusion operation, so in the process of ensuring the safety of the patient's infusion, the ability and behavior of the nurse directly determines the effectiveness of the management. The infusion safety monitoring and early warning system constructed by our hospital ensures the patient's infusion safety to a certain extent, and has the advantages of systemic, practical and innovative in practical clinical application, forming a patient infusion safety management and physical protection barrier. Improve the safety factor of patients with infusion. However, infusion safety covers a lot of content, so it needs to be continuously improved and improved in practical applications. Finally, it is essential to remember that the rapid alert system must be used as a tool of clinical decision-making and must in no way be considered a barrier or an alternative to the expert's traditional judgment.

References

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