

# Bridging Bedside and Bytes

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## A Role Built for This Moment

The alert fired quietly on the screen. A child had arrived in triage, fever, tachycardia, lethargy. The new pediatric sepsis screening tool flagged it, the bedside nurse paused, and within the hour, that child was receiving IV fluids and antibiotics. That moment didn't happen by accident. It happened because someone spent months earning the trust of skeptical nurses, redesigning clunky workflows, and teaching teams to see an alert as a partner in clinical reasoning.

Artificial intelligence and advanced clinical technology are reshaping care delivery, nowhere more urgently than in pediatric emergency medicine, where seconds matter and diagnostic complexity is high. The Clinical Nurse Specialist (CNS) who serves as a direct care provider and clinical informaticist occupies a uniquely influential position in this landscape.

This dual role creates a continuous feedback loop: what is learned at the bedside informs how technology is designed, and what is built into the system directly shapes what happens in the exam room. For Oklahoma, where nursing shortages, geographic barriers, and high patient acuity challenge care daily, this integrated role isn't a luxury, it's a necessity.

## Two Roles, One Mission

As an advanced practice provider, the CNS evaluates acutely ill children and delivers family-centered care in one of healthcare's most demanding environments. As a clinical informaticist, this same nurse leads clinical decision support initiatives and ensures that the tools placed in front of clinicians actually work, for the patients they serve and the staff who use them.

This value became clear during implementation of a pediatric sepsis screening workflow. Alert fatigue was high, engagement was minimal, and resistance was real. Rather than pushing through with a top-down mandate, the approach was deliberate: identify nurses willing to help solve the problem, then make them co-designers. That revised tool reduced unnecessary alerts, improved interprofessional communication, and contributed to significant reductions in time-to-treatment. The outcome wasn't just a better workflow; it was a team that trusted the technology because they helped build it.

## Three Spheres of Impact

The CNS role amplifies impact across all three NACNS spheres of influence. At the bedside, the CNS bridges the gap between the alert and the action, contextualizing data within the full picture of a child's presentation. In nursing practice, where Oklahoma vacancies stretch emergency departments thin, reducing alert fatigue is a workforce issue, the CNS designs smarter tools and builds competency that makes technology feel empowering. At the systems level, the CNS participates in governance decisions about which tools are adopted and whether they perform equitably, precisely where nursing's voice is most often absent, and most needed.

## An Opportunity Oklahoma Cannot Afford to Miss

Healthcare AI is already here. The question isn't whether nurses will be affected, it's whether nurses will be at the table when those tools are built and governed.

That child in triage deserves a system that catches what an exhausted clinician might miss at 3 a.m., and a nurse who knows how to act on what the system finds. The CNS at the intersection of bedside practice and clinical informatics is uniquely equipped to build that system. The role is demanding. The impact is undeniable. ■

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References online: [myamericannurse.com/?p=425085](https://myamericannurse.com/?p=425085)