

CRITICAL CARE NURSING

PRESENTED BY

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Introduction to Critical Care Nursing

History of Critical Care Nursing

- **Although there have always been very ill and severely injured patients, the concept of critical care is relatively modern.**
- **As advances have been made in medicine and technology, patient care has become more complex.**
- **To provide appropriate care, nurses needed specialized knowledge and skills, and the care delivery mechanisms needed to develop to support the patients' needs for continuous monitoring and treatment.**

Definition of Critical Care Nursing

□- Critical care nursing is that specialty within nursing that deals specifically with human responses to life-threatening problems.

□- A critical care nurse is a professional nurse who is responsible for ensuring that acutely and critically ill patients and their families receive optimal care.

-Critically ill patients are defined as those patients who are at high risk for actual or potential life threatening health problems.

- The more critically ill the patient is, the more likely he or she is to be highly at risk, unstable and complex, thereby requiring intense nursing care.

Where Critical Care Nurses Work

Critical care nurses work wherever critically ill patients are found :-

- intensive care unit
- pediatric ICUs
- neonatal ICUs
- cardiac care units
- cardiac catheter labs
- emergency departments and recovery rooms.

Increasingly, critical care nurses work in:-

- home healthcare
- nursing schools
- outpatient surgery centers and clinics.

What Critical Care Nurses Do

- **Help the patient obtain necessary care**
- **Respect the values, beliefs and rights of the patient.**
- **Monitor and safeguard the quality of care the patient receives.**

- Act as a liaison between the patient, the patient's family and other healthcare professionals .**
- Represent the patient in accordance with the patient's choices.**
- Intercede for patients who cannot speak for themselves in situations that require immediate action.**

The Roles of Critical Care Nurses

➤ **Critical care nurses work in a wide variety of settings, filling many roles.**

- **They are bedside clinicians**
- **nurse educators**
- **nurse researchers**
- **nurse managers**
- **clinical nurse specialists and nurse practitioners.**

- **CCNS** is an expert clinician in a particular specialty critical care in this case.
- The **CCNS** is responsible for the identification, intervention and management of clinical problems to improve care for patients and families.
- They provide direct patient care, including assessing, diagnosing, planning, intervention and evaluation.

Ethics in critical care

Ethics in critical care

❖ - **Bioethics:**

the study of the'' moral and conceptual problems associated with health care and the biomedical sciences''

Process of ethical reasoning:-

- ❖ **Review the fact**
- ❖ **Define the problem**
- ❖ **List the choice**
- ❖ **Decide on an action**
- ❖ **Evaluate the choice**

Legal issues in critical care

Understanding and applying a few legal principles will help critical care nurses to protect themselves against lawsuits

WHICH SEVERAL FACTORS MAY ACCOUNT FOR THIS LAWSUITS:

- ❑ The competency and accountability of critical care nurse.**
- ❑ The advanced technologic skills required in all aspect of critical care nursing**
- ❑ The relatively low nurse-patient ratio in critical care areas**

Basic legal issues to avoid lawsuits

Standards of care : -

“The minimum level of care provided by a given profession that is considered adequate“

Negligence and malpractice:

- ❑ Carelessness
- ❑ Malpractice is the failure of a professional person to act in accordance with existing professional standards)-
- ❑ Medication errors, pt falls.

Basic legal issues to avoid lawsuits continue

Intentional torts:

- **Assault and Battery**

Quasi-intentional torts:

- **Invasion of privacy**
- **Defamation**

Liability and the critical care nurse:

- **Supervisor liability** - **Expanded roles in nursing**

Note: Specific legal concerns in critical care

- Informed consent
- Do-not-resuscitate (DNR)

Stress

Definition of stress

“The nonspecific response of the body to any demand made upon it”

Stresses for critical care nurse

- ❖ Conflict with physicians
- ❖ Conflict with hospital or nursing administration
- ❖ Inadequate staff
- ❖ Moral and ethical dilemmas
- ❖ Personal insecurity
- ❖ Threat patient morbidity and mortality
- ❖ Inadequate knowledge or skills
- ❖ Physical work environment
- ❖ Lack of rewards
- ❖ Interpersonal conflict

Burnout

Critical Care Nurse are vulnerable to **burnout** owing to the stressors that have been previously described.

What is burnout :

"collapse of the human spirit"

Sign and symptoms of burnout

1- Individual

- Physical health

- *Back pain*
- *upset stomach*
- *nervousness*
- *headache*
- *fatigue*
- *difficulty sleeping*
- *loss of appetite*

- Mental health

- *hopelessness*
- *interpersonal conflict*

2- Organizational

- *absenteeism*
- *high turnover*
- *intrastaff conflict*
- *declining work quality*
- *tardiness*
- *low moral*
- *request for transfer*
- *declining productivity*

3- Patient

- *serious clinical mistakes*
- *patient neglect*
- *dehumanized care*

Factors contributing to burnout

- ❖ **Work overload**
- ❖ **Role conflict**
- ❖ **Powerlessness**
- ❖ **Conflict between the real and the ideal**
- ❖ **Unrealistic expectation by self and others**
- ❖ **Lack of positive feedback**
- ❖ **Lack of support and positive feedback from administration**
- ❖ **Being the recipient of projected negative feeling**

Strategies for caring for oneself

- ❖ - Set realistic goals
- ❖ - Break away
- ❖ - Take things less personally
- ❖ - Seek out positive feedback
- ❖ - Develop self-knowledge
- ❖ - Use relaxation techniques
- ❖ - Exercise
- ❖ - Develop a life away from work
- ❖ - Use decompression activities
- ❖ - Accentuate the positive
- ❖ - Assess coping style
- ❖ - Seek professional help

Strategies used by managers in reducing staff stress

- Empower the staff
- Support the staff
- Sharpen interpersonal skills
- Take care of yourself
- Develop the team
- Be a staff advocate
- Provide feedback
- Offer support group
- Encourage use of humor

Manpower

Doctor's and Nurses:

- Doctors and nurses are highly qualified and specialist, they should study a special topics and programs related to critical care.

Also there are well trained doctors and nurses in the ICU.

- Patient assignment

- 2 nurse to 3 pt.

- 1 nurse to 2 pt.

- **Respiratory Technicians:** Persons whom take care of the machine.
- **Aid nurse:** A nurse who can give a bed side care.
- **Physiotherapist:** Persons who give physiotherapy.

Admission Protocol

- **Patients with Respiratory failure.**
- **Post successful CPR.**
- **Post neurosurgery (Brain surgery).**
- **Fluids and electrolytes imbalance.**
- **D.I.C. (Disseminated intravascular coagulopathy).**
- **Pneumothorax and hemothorax affecting respiration.**
- **Shock.**
- **Chest trauma (Flail chest).**
- **Poisoning.**
- **Post major surgery.**
- **Coma with unknown cause.**
- **Acute renal failure**

Assessment of Critically Ill Patient

FANCAP

❖ F: Fluid:

movement of fluid and electrolytes among body compartment.

“ Electrolyte imbalance, Dehydration, hypervolemia, hemodynamic stability (V/S)”

❖ A: Aeration:

assess the patient clinically and laboratory.

“ Type of respiration, normal and extrabreathing sounds, color of skin & mucous membrane, rate of respiration, ABGs determination is the best indicator for the patient condition.

❖ N: Nutrition:

assess the patient through physical examination and lab. Investigation and ask the following question:

“ Can we use the normal GI tract, what about the GI system condition, does the patient need biologic nutrition (TPN), what about vitamins and minerals supplementation”.

❖ C: Communication:

Assess neurological function (GCS), look at the patient eyes, does he cooperative, does he oriented.

❖ Activity:

bed rest with mild activity (ADL), complete bed rest,

- Up with help----need assistant.
- Up in chair ----- cannot walk.

❖ P: Pain:

Physiological pain from the disease process, psychological pain from lone less, hopelessness', fear.

P.Q.R.S.T. CRITERIA FOR ASSESSMENT OF PAIN



- **P:** (Precipitating & palliating factors).
- **Q:** (Quality of pain) how would describe the pain “burning, stabbing, squeezing” description may indicate the cause.
- **R:** (Region & radiation) where is the pain, as; the patient to point the area of pain, does it travel any where.
- **S:** (Severity) does it make you stop what you are doing, double over.
- **T:** (Time factor) how often does the pain occur, how long does it lasts, when did you first experience the pain.