

Dynamics of critical Care

Nursing 202

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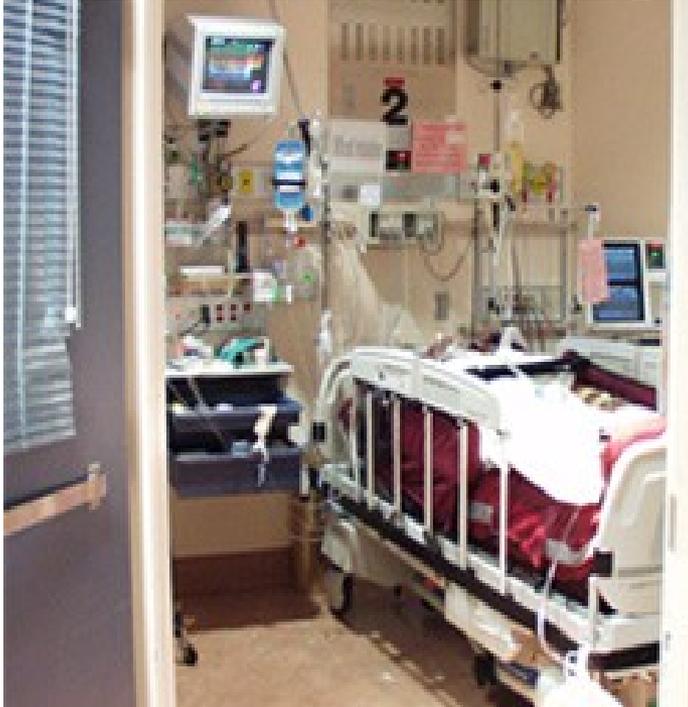


Philosophy

Intensive Care

- Designed to observe and preserve vital functions of:

- _____
- _____
- _____
- _____



Nursing is very simple!!!!!!



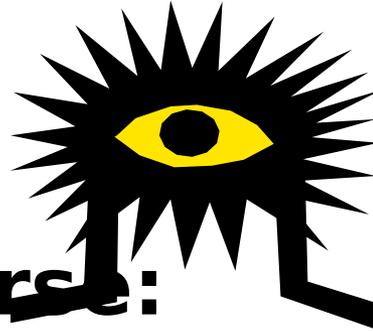
Philosophy

- **The Intensive Care Unit:**

- Groups critically ill patients under the care of specially trained staff members.
- Staff need the education and personality to meet physiologic and psychologic needs of patients.



Philosophy



- **Critical Care Nurse:**
 - Requires eye for detail in observations of the processes necessary to life.
 - Involves what the RN does and what he/she sees, hears, and feels.
 - _____ - very important for the critical care RN!



Philosophy

- **The Critical Care Nurse:**
 - Has the ability to deal with critical situations with speed, precision, and accuracy.
 - Is the primary nurse for pt/pts
 - Bedside Nurse
 - Expert assessment skills
 - Critical care and ED nurses



The Critical Care Nurse

- 4 P's of ICU:
 - _____ your exam
 - _____ & _____
Complications
 - _____ your support
- Want to ***respond*** to problems, not ***react*** to them

Adapted from Jefferson Neuroscience Lecturer Kelly Fitzpatrick, BSN, RN, CMSRN



Philosophy

- Should be highly motivated and compassionate
- Continuing education
 - Must stay current
 - Individual should assume responsibility for their own personal education needs
 - Constant updates and refinement of skills for growth!



Critical Care Nursing

- Has played a major role in the evolution of nursing as a true profession
 - _____ approach
- With advancing technology it is important to remember to prevent dehumanizing patient care
- Ratio 2:1



Critical Care Nursing

- **Burnout**

- High Rate!
 - Very stressful environment
 - Most common cause is
-
-



ED Nursing

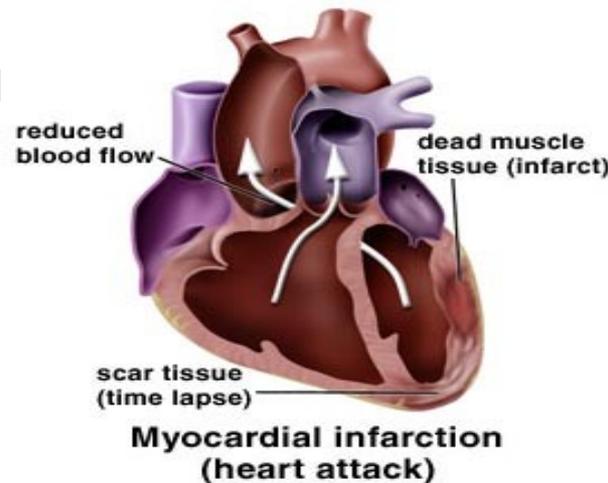
- **Assignments**

- Triage - usually RN with one year experience with triage orientation
- Medi-Quick = minor emergencies
- RN's assigned:
 - "Specialized" rooms
 - Trauma
 - Cast
 - Eye
 - Age (Peds)
 - Cardiac (Telemetry)
 - General treatment room (GYN)



Patient Conditions

- **Those admitted to critical care units**
 - Severe trauma
 - Major Surgery or high risk surgical patients
 - Life Threatening conditions:
 - Sepsis (& Severe COVID)
 - Respiratory Failure
 - MI
 - CVA
 - GI Hemorrhage
 - Dialysis
 - Special Procedures



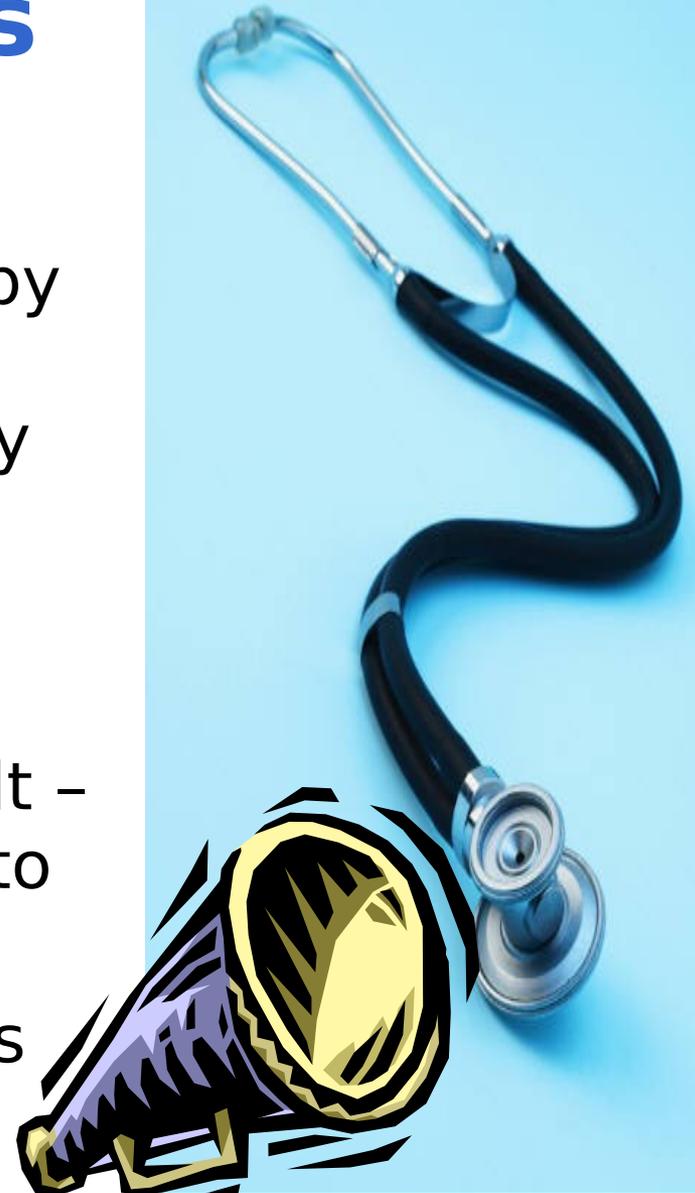
Patient Conditions

- Those who *should* **NOT** be admitted:
 - Patients with long term illnesses
 - Dying patients who cannot benefit from either intensive nursing or medical care.



Adverse Effects of Critical Care Units on Patients

- Pts in the ICU are surrounded by advanced technology that is essential to save lives, but may “lose” the patient.
- Sounds bombard the pt 24 hrs/day
- Delicate balance that is difficult – equipment , etc is frightening to pts and families
- **Remember:** this is someone's mother, spouse, etc!!



Adverse Effects of Critical Care Units on Patients

- All ICU patients and families experience some degree of stress as a result of their admission to the unit.
 - Stress is not always detrimental!
 - Amount depends on:
 - Patient's past experiences
 - Their perception of their illness, self image and integrity, coping mechanisms



Adverse Effects of Critical Care Units on Patients

- Nurse must function as the negotiator for the patient
- Pt's often feel ineffective in coping and powerlessness
 - Encourage the pt to make care decisions whenever possible!
- Sensory Input
 - Remember to always explain procedures, etc. to the unconscious patient



Adverse Effects of Critical Care Units on Patients

• Sensory Input cont'd

◆ Deals with stimulation of all the senses

- Visual
- Auditory
- Olfactory_
- Tactile

◆ Stimuli to these senses may be categorized by individuals differently

- Pleasant or unpleasant
- Acceptable or unacceptable
- Desirable or undesirable



Adverse Effects of Critical Care Units on Patients

- Sensory Input cont'd...

- If sensory stimuli are diminished too much then the patient is exposed to " _____ " .
- When sensory stimuli are in excess quantity then the phenomena of " _____ " occurs.
- **Both** create an equally undesirable response.



Adverse Effects of Critical Care Units on Patients

- Sensory Deprivation

- A reduction in the degree of sensory input
- Cause:
 - Severe disorganization of normal psychological defenses
 - One thing that causes SD is limiting family visitation!
- Symptoms
 - Loss of sense of time
 - Presence of delusions, illusions, hallucinations
 - Restlessness
 - Any of the types of behaviors or symptoms present in psychoses



Adverse Effects of Critical Care Units on Patients

- **Sensory Deprivation**
cont'd..
 - Important to know that it may not be weeks until symptoms occur
 - Studies have shown that symptoms can appear as soon as 8 hours after sensory deprivation.



Adverse Effects of Critical Care Units on Patients

- **Sensory Overload**
 - Excessive sensory stimuli
 - Tension and anxiety increase when a person is exposed to noise for continuous periods of time without adequate rest.
 - High levels of noise in ICU can increase the need for pain meds



Adverse Effects of Critical Care Units on Patients

- **Sensory Overload cont'd..**

- Loud laughter between personnel can cause resentment in the patient.
 - The critically ill patient may interpret all surrounding action as pertaining to them.
- Patient will lose day and night orientation because of continuous lighting
- Patients who are prone to sensory deprivation or overload are:
 - Very young
 - Very old
 - Post-op
 - Unconscious



Adverse Effects of Critical Care Units on Patients

• Periodicity

- Other terms:
 - Circadian rhythm
 - Biological clock
 - Internal clock
 - Physiologic clock
- Humans have a 24 hour cycle resistant to change
 - Sleep is part of the cycle and is needed for a patient's maximal recovery



Adverse Effects of Critical Care Units on Patients

- **Sleep Deprivation**
 - REM sleep is necessary for mental restoration
 - REM is the most common stage deprived.
 - Adverse reactions to sleep deprivation:
 - Irritability
 - Anxiety
 - Physical exhaustion
 - Fatigue
 - Disruption of metabolic functions
 - Impaired intellectual functioning
 - Disorientation to time & place



Adverse Effects of Critical Care Units on Patients

- **Sleep Deprivation**
 - Most symptoms resolve in 48 hours after the patient is transferred out of the unit
 - Nursing Interventions:
 - Dimming lights at night
 - Limiting vital sign checks (stable pt's) Q4
 - Coordinate pt's care to allow uninterrupted rest periods at a minimum of 2-3 hours



Adverse Effects of Critical Care Units on Patients

- **ICU Syndrome/Psychosis/Delirium**
 - Altered emotional state occurring in a highly stressful environment
 - Symptoms appear as the same as sleep deprivation



Adverse Effects of Critical Care Units on Patients

- **ICU Syndrome/Psychosis/Delirium**
 - Attention is lacking, so *inattentiveness* is a defining feature
 - 50-60% of hospitalized pt's
 - 40-60% non-vented, 60-80% of vented pt's
 - 25% hyperactive
 - 25% mixed
 - 50% hypoactive
 - 40% of pt's with in-hospital delirium will show post-hospital cognitive changes

*This slide and next two with information and statistics from Dr. M. Joshi, Delirium lecture, 2017



Adverse Effects of Critical Care Units on Patients

- **ICU Delirium**
 - Prevention:
 - Mobility!!
 - Clock
 - Calendar
 - Include the pt in decision making by allowing them to choose times of treatments
 - Treat the pt as an individual
 - Talk & Listen



A,B,C,D,E,F

- A – _____
- B – _____
- C – _____
- D – _____
- E – _____
- F – _____



Adverse Effects of Critical Care Units on Patients

- **ICU delirium**

- Prevention Cont'd:

- Touch

- Touch accompanied with verbal communication may be the most significant factor in helping a patient maintain consciousness in life threatening illnesses!

- Visiting Hours

- Include the family



Communicating With Family

- The family is an extension of the patient
- The family experiences many of the same crises as the pt:
 - Remember Privacy!
 - Remember social, cultural and religious influences
 - This needs to be assessed!



Communicating with Family

- Families Come To Us With:
 - Long histories & this is only a small piece.
 - Their own ways of communicating (or not)
 - Their own roles and rules
 - Previous life/medical experiences



Communicating With Family

- The family is anxious and fearful and feel helpless and unable to help their family member.
 - We need to prepare the family
 - Preparation for what to expect:
 - What they'll see, hear & procedures
 - Equipment
 - Patient status - alert, appearance, condition



Communicating with Family

- Family Needs:
 - Information
 - Communication with *all* caregivers
 - Control & Choices
 - Realistic reassurance/hope
 - Resources:
 - Chaplain, Patient Advocate, Social Worker



Communicating with Family

- Appropriate staff interactions with families may lead to:
 - ↓ anxiety
 - ↑ reassurance
 - Better cooperation
 - Improved rapport
 - Mutual understanding & empathy
 - Improved patient care



Communicating with Family

- Failure of the nurse to interact appropriately with families may lead to:
 - Heightened anxiety & fear
 - Misunderstanding
 - Mistrust & Hostility
 - Failure to obtain important information about the patient.



Families in Crisis

- Interventions:
 - Active listening/observation
 - Good communication, customer service skills
 - Family conferences
 - Pick your Battles:
 - We can't change people, so how can we work with them?



Families in Crisis

- Challenges
 - Mistrust
 - Families in disagreement to care plan
 - Family complaints
 - Family feuds & secrets



Families in Crisis

- Expected Outcomes:
 - Decrease the family's anxiety to a level at which they can function and begin to consider other issues.
 - Convey empathy and understanding of what family members are experiencing assists the family in regaining psychological functioning



Families in Crisis

- Expected Outcomes
Cont'd...
 - Assist family members to attend to their personal needs.
 - Try to be flexible with visiting hours
 - Encourage family conferences with the medical staff.



Communicating With Family

- The most supportive communication comes from the nursing staff
 - Be clear
 - Use understandable language
 - Use touch
 - Need to be an attentive listener!



Communicating With Family

- Encourage the family to be at the bedside
 - To talk to the patient
 - To touch
 - To explain equipment
- If the patient dies, give the family as much time as needed.

