



**PRIORITIZING & CRITICAL
THINKING
IN CRITICAL CARE AND ED**

PRIORITIZING

- Think quickly & logically
- Use common sense
- Focus on
 - Chief complaint
 - Subjective information
 - Objective information
 - Diagnosis
- Patient status dictates priorities
 - ABC vs CAB vs other circumstances
- Group exercises



FIRST-LEVEL PRIORITY

- Airway problems
- Breathing problems
- Cardiac/circulation problems
- Vital sign concerns



SECOND-LEVEL PRIORITY

- Mental status change
- Untreated medical problems
 - Untreated vs unknown
- Acute pain, anxiety
- Acute urinary elimination problems
- Abnormal lab values
- Risks of infection, safety, or security (for pt. or others)



THIRD-LEVEL PRIORITY

- Other health problems not in above categories
 - Lack of knowledge
 - Activity
 - Rest
 - Family coping



PRIORITIES – MAJOR PRINCIPLES

- Treatment for first- and second-level priorities is usually initiated in rapid succession or simultaneously
- Priorities might change
 - Life threatening labs vs SOB with rib pain
 - SOB with rib pain vs ↑HR (110)



CRITICAL THINKING

- Definition: *there is no agreement on any one definition*
 - “the art of analyzing and evaluating thinking with a view to improving it”
 - Consists of:
 - clarification
 - simplification
 - organization
 - rationalization of ideas
 - 5 Domains:
 - interpretation
 - analysis
 - evaluation
 - explanation
 - inference
 - EBP



CRITICAL THINKING

- *Characteristics of Critical Thinkers:*
- *Habits of the mind (Rubenfeld & Scheffer)*

-Confidence:

-Contextual perspective:

-Creativity:

-Flexibility:

-Inquisitiveness:



HABITS CONT.

-Intellectual integrity:

-Intuition:

-Open-mindedness:

-Perseverance:

-Reflection:



CRITICAL THINKING

ARE YOU A CRITICAL THINKER?

- Ask: Why? What? & How?
- Open to possibilities
- View each patient and event as part of a larger group
- Have wide scope and vision
- Use intuition
- Seek out experienced peers for sounding board when problem solving



1- WHAT IS WRONG? WHAT TO DO?

- Adm. with RLL pneumonia, baseline BP=160/84, IV right arm
- Hx: HTN, PVD, renal insuf., subclavian steal syndrome RT chronic atherosclerotic occlusion of subclavian artery
- Ordered nifedipine 60mg & atenolol 25mg daily
- New grad takes BP = 100 systolic so retakes ½ hr later with same reading, holds meds, and reports to charge nurse



2- WHAT IS WRONG? WHAT TO DO?

- Cholecystectomy
 - OOB, IV out, VS WNL, clear lungs
 - To be dischg next am
 - Hx: smoker, HTN, atenolol
 - PM assessment
 - Pale
 - Cool
 - Indigestion
 - BP=90/60, HR=106 reg, RR= 24 clear breath sounds



WHAT IS BEST MOVE?

- Dyspnea, angina, black stools 3 months (Ibuprophen- 8 tabs/day) for arthritis
- Labs: Hgb=4.0, Plt= 167,000, Glucose=146, BUN=45, Creatinine=1.6, ABG's Rm air: pH=7.34, PaO₂=62, PaCO₂=33, HCO₃=19
- Told to increase O₂ delivery & relieve angina
- ***How can you help this patient?***



CLINICAL RESOURCES

- Early Nurse Intervention Team (ENIT)
 - Experienced critical care nurses available to assist, support and guide nursing staff
 - *Proactive* approach
 - Collaborative with medical providers
 - Assist patients during a window of instability
 - Round on:
 - Patients with positive sepsis screening
 - Surgical patients within 1st 24 hours
 - All patients transferred out of ICU in 1st 24 hours
 - High risk patients identified by charge team or nursing staff
 - Attend all Rapid Response and Code activations
 - Mentor and educate at the bedside



CLINICAL RESOURCES

- Rapid Response Team (RRT)
 - *Reactive* approach
 - Rapid and immediate care to unstable patients in non critical care units
 - Early/subtle signs of deterioration
 - Mild confusion & tachycardia 6 to 8 hours prior to respiratory or cardiac arrest
 - Advanced care by a specialized team: APN or CC MD, critical care nurse, respiratory therapist



CLINICAL RESOURCES

- Code Blue
 - Critical Care Team response for a cardiopulmonary event
 - Cardiac/Respiratory arrest situation
 - Critical care nurse, one nurse from each floor, respiratory therapists, ED MD or other, supervisor
 - Each responder *generally* has an assigned role



COMMUNICATION

Patient factors that block communication amongst healthcare professionals:



COMMUNICATION

Nursing factors/behaviors that block communication between nurses and patients:

- Inappropriate warm or cold attitude
- Inattentive, bored
- Lack of eye contact
- Inappropriate use of silence
- Too much or too little head nodding, facial expressions
- Not focusing on patient non-verbal behaviors
- Task oriented without compassion
- Socialize outside the room
- Attitude when responding to call lights



CARING PRACTICE

- Clinical judgment and the responsiveness of a professional nurse are *necessary* to avert clinical emergencies.

