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**QUESTION:** Does distress in decision making at the end of life in the ICU correlate to the increased mortality rate in critically ill patients?

**Summary:** The ICU is a place for critically ill patients to be well monitored and cared for. Interventions at this setting are deliberate and aggressive to reduce the severity of symptoms and drastically reduce the prognosis of another symptom. It is because of this fast-paced care driven approach; that families, physicians, patients and nurses face burnout or frustration. Decision about care to be given or care that should be halted are often a big problem in the ICU (Henrich, etal 2017). In most cases, the patients are not verbal which also contributes to care decisions or interventions in this setting. The nurses are left with nonverbal cues to treat patients' pain or other level of suffering in the patient. Nurses are unsure about the right dosage of pain medication to give a non-verbal critically ill patient or determine what intervention would be the best to alleviate suffering, like suctioning, turning and wound care management (Kimberly 2014).

Furthermore, the responsibility placed on the nurses to implement care or continue care that sometimes are futile or unnecessary in the intensive care unit as a result of pressure from the patient's family or the patients themselves. Lack of communication between patients, family, nurses and physician regarding the right treatment to be implemented leads to frustration on the physician and burnout primarily on the nurse. This Burnout or distress leads to unsafe nursing practice, inadequate and inefficient care, and facility staff shortage (Henrich, etal 2007).

**Conclusion:** A research was conducted to resolve these conflicts in the intensive care setting, the result of the research proof that there was an overwhelming communication barrier between patients, families and health care professionals. Therefore, measures were taken which have been proven successful; which is for physicians to involve the nurses in patient's plan of care. Meetings should be scheduled with patients and families regarding their present condition and treatment plan. It is even more important for these measures to be implemented early on if the patient involve is a child. Children who are critically sick needs more attention and aggressive interventions throughout their illness (Chow, 2014).

#### **Work Cited:**

#### **Primary Article:**

Henrich, N., Dodek, P., Gladstone, E., Alden, L., Keenan, S., Reynolds, S., & Rodney, P. (2017, July 01). Consequences of moral distress in the intensive care unit: A qualitative study. Retrieved February 16, 2021, from <https://aacnjournals.org/ajconline/article/26/4/e48/4380/Consequences-of-Moral-Distress-in-the-Intensive>

**Secondary Article:**

Chow, K. (n.d.). Ethical dilemmas in the intensive care UNIT: Treating Pain.: Journal of HOSPICE & Palliative nursing. Retrieved February 16, 2021, from [https://journals.lww.com/jhpn/Fulltext/2014/07000/Ethical\\_Dilemmas\\_in\\_the\\_Intensive\\_Care\\_Unit\\_.3.aspx](https://journals.lww.com/jhpn/Fulltext/2014/07000/Ethical_Dilemmas_in_the_Intensive_Care_Unit_.3.aspx)

**Tertiary Article:**

Chow, K. (n.d.). Ethical dilemmas in the intensive care UNIT: Treating Pain... : Journal of HOSPICE & Palliative nursing. Retrieved February 16, 2021, from [https://journals.lww.com/jhpn/Fulltext/2014/07000/Ethical\\_Dilemmas\\_in\\_the\\_Intensive\\_Care\\_Unit\\_.3.aspx](https://journals.lww.com/jhpn/Fulltext/2014/07000/Ethical_Dilemmas_in_the_Intensive_Care_Unit_.3.aspx)