

Unit 1: Overview of Critical Care Nursing

ONLINE CONTENT (1H)

Unit Objectives:

- Select appropriate nursing interventions to manage common problems and needs of critically ill patients. (1,6,)*
- Develop strategies to manage issues related to caregivers of critically ill patients. (1,2,6)*
- Apply the principles of hemodynamic monitoring to the nursing and interprofessional management of patients receiving monitoring. (1,2,6,7)*

*Course Objectives

Assignment:

Review- Unit 1: Overview of Critical Care Nursing PowerPoint.
Read the case study, then answer the case study questions below.

CASE STUDY

- ▶ Margaret Mayfield is a 62 year old female who has been admitted from the ED to the critical care unit, after calling 911 due to severe fatigue, weakness, and fever. Her past medical history includes: dwarfism, HTN, hyperlipidemia, diabetes mellitus, and has a chronic Foley catheter due to urinary retention. She lives alone in an apartment and has no family members. Her friend is her POA for healthcare, and is the only contact listed. She has a home health aide visit once a week to assist her with bathing and all of her meals are delivered from local take-out restaurants. She utilizes a walker at home, however reports she hasn't been out of bed for the last several days due to weakness and fever. She uses a private ambulance service to go to physician appointments; this is the only time she gets out of her apartment for the last three years. Home medications include carvedilol, simvastatin, aspirin, and insulin. She does not have her medications with her and does not know the doses.

Case Study Questions

- ▶ As the critical care nurse caring for her, what overall concerns do you have?
 - Multiple chronic health conditions
 - Diabetes mellitus, chronic foley, hypertension, hyperlipidemia
 - Social Isolation
 - Lives alone
 - No family, only contact is friend (POA)
 - Home health only comes once a week
 - Only leaves apartment for doctors' visits
 - Reliant on ambulance service for transportation.
 - Poor Diet/ Expensive Food Costs
 - Only meals are takeout, how often is Margaret able to eat, how does she afford delivery?
 - Too weak to get out of bed for days
 - Was she able to eat/drink, take meds?
 - Muscle atrophy
 - Atelectasis
 - Doesn't know med dosages
 - Is she compliant?
 - How does she get her medication?
 - Main concern: fever and weakness with chronic foley and DM could be related to sepsis. Dwarfism alone can affect respiratory status which is already compromised with recent sickness and immobility.
- ▶ Describe ways in which you would communicate with her and her POA for healthcare. Include what topics you would discuss at this time in her hospitalization.
 - I would prioritize Margaret's autonomy and provide patient centered care while improving her living conditions and outcomes. Unless Margaret is legally deemed incompetent, she can and should make her own decisions, even with a POA. Margaret should be involved in her plan of care, and remain autonomous. However, I would encourage Margaret to utilize her POA/friend as a support system, if she was comfortable with this, and allow the friend to help make decisions and be involved. I would discuss with Margaret if she would like to return home, or if she would like to transition into an assisted living community. I would explain that they provide programs for social interaction, assist with transportation, and the units are designed for

easier ambulation with assistive devices such as a walker, which could lead to greater independence including preparing own meals. If Margaret was not interested in moving, I would encourage outside services to assist her while she lived in her apartment.

- ▶ Discuss the ethical issues this case presents.
 - Confidentiality- right to privacy, pt controls information being released to others
 - Beneficence- actions that benefit the patient, preventing harm
 - Autonomy- freedom to make own decisions
 - Justice- fair and equal access to healthcare resources
- ▶ Discuss the legal issues this case presents.
 - Patient rights- treated with dignity and allowed to make own decisions, refuse treatment (allowing Margaret to make her own decisions, be involved in her care, not immediately jumping to a POA)
 - False imprisonment- forcing a person to stay in a place against her wishes (forcing Margaret to go into a nursing home if she can be safe in her own home)
 - Professional negligence- omission of care or action a normal person would make if in the same situation. (home health visiting once a week and leaving Margaret in an unsafe environment)
- ▶ In what ways will you serve as an advocate for Margaret?
 - Allowing Margaret to be involved in her own care, and to make decisions regarding what she wants. I would also serve as Margaret's advocate by improving her living conditions before discharge with a plan in place to keep her safe. If Margaret refuses a change in lifestyle or outside resources such a therapy or home health, being her advocate might mean consulting APS, even if Margaret is against it.
- ▶ What other departments would you involve in her care, and why?
 - Physical Rehab- improving strength and independence, increased safety ambulating
 - Home Health- increase number of visits, safer environment for patient, more social interaction, assistance with household chores
 - Outpatient Senior Services- increased social interaction with outings, meals on wheels to improve diet
 - Dietician- help improve Margaret's eating habits, offering meals and snacks she can make on her own
 - Social Worker/Case Management- assist in organizing resources and insurance benefits

Place your answers to these questions in the “Unit 1: Overview CC dropbox” by 1/10/2024 at 0800. Be prepared to share and discuss your thoughts in class.

In order to receive full credit (1 hour class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignments not completed in its entirety will result in missed class time.