

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?
- ▶ 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.
- ▶ Discuss the ethical issues this case presents.
- ▶ Discuss the legal issues this case presents.
- ▶ In what ways will you serve as an advocate for Margaret?
- ▶ What other departments would you involve in her care, and why?

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.

1. I am concerned that she may have an infection possibly due to her chronic Foley catheter that she has. Not being out of bed means the catheter probably wasn't emptied and perineal care wasn't provided. I am also concerned that she may have not been taking her home medications due to decreased mobility. Her only food comes from take-out restaurants, so how was she eating the last few days. I also concerned at her glucose levels with not eating and some patients tend not to take their insulin when they are sick. Lastly, I am concerned about her mental health because of being socially isolated with no family involved in care.
2. When communicating with her POA I would ask her about bringing in home medications to ensure the correct dosing. I would talk with her about the wishes of the patient for healthcare goals. I would additionally discuss the need for placement to improve quality of care. Framing the placement in a way to promote socialization and adequate monitoring. Acknowledging that being the only person in someone's support system can be exhausting and feeling a lot of pressure.
3. Ethical issue would be the fact that this person is just a friend of theirs and it begs the questions- How long have you known her, what are her wishes, how frequently do you see the patient, what happens if the patient doesn't

want to do what the POA decides, Is this POA telling the whole truth, along with others.

4. Legal issues would be who controls the patients finances along with the apartment and belongings inside of it. Is she being confined to her house because no one will help her get out or is it the patient's choice to stay in her house? Does the POA gain anything from the patient based on a decision that they would make.
5. I will be an advocate for the patient by making sure that she is aware of everything that is being discussed and that she is aware of all of her options. I can make time to sit with the patient 1:1 and discuss her feelings without the pressure of trying to please the other people in the room. It is important to make sure the patient still wants the same person to be the POA and discuss other legal options that could be utilized such as advanced directives.
6. I would absolutely involve case management for a multitude of reasons including resources for increased home healthcare, placement if desired, or other options. Also, to make sure the patient has all of the resources, medication, and equipment needed when going home. I would potentially involve legal/ethics board should there be a problem with the POA. I would see if case management could get the patient set up with Meals on Wheels or a Senior center to increase social interactions and improve daily living. Additionally, adult protective services if they could offer resources to the patient. PT could be added on due to the lack of activity and movement to make sure to patient recovers with little to no loss of mobility. OT could also be put on the case to help make sure the patient is able to perform ADL's when the home health is not visiting.