

## 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?**
  - ▶ *The first concern I would like to address would be that Margaret hasn't left her apartment in the last three years, unless required to attend her Physician Appointments. This not only increases her risks when it comes to her previous medical history of HTN, Hyperlipidemia, and Diabetes Mellitus, but also does not benefit her being that she is diagnosed with Dwarfism. Being that individuals with dwarfism are already considered high risk when it comes to obesity/BMI, and Margaret's sedentary lifestyle greatly heightens her risk/statistics. Also, being that Margaret only consumes food from local takeout restaurants, does not benefit her previous medical history of HTN, Hyperlipidemia, or Diabetes Mellitus.*
- ▶ **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 communicate with Margaret and her POA upon her hospitalization by initially asking her if she has any concerns with not only her admitting symptoms, but her overall medical/health history. I would then address that I see in her chart she was previously diagnosed with HTN, Hyperlipidemia, and Diabetes Mellitus. This would be the gateway to ultimately, addressing that these previous problems/diagnoses may have some connection to her current hospitalization. I would ask her what interventions she has attempted in regard to her previous medical history, pharmacological, as well as non-pharmacological. This would then open the forum to her medication that she is currently taking and reviewing/seeing if she knows why she is taking them. After reviewing her concerns as well as her pharmacological interventions, I would then recommend and highly encourage her to look into programs that could further her progress and reduce her risks (i.e., Dietitian, Exercise/PT, etc.). I would also educate/encourage her on the importance of 30-60 minutes of activity per day to reduce her risks/diagnoses. I also would*

*educate/encourage her on alternative options when it comes to her dietary needs. Finally, I would educate/encourage her on the importance of maintaining her pharmacological interventions and keeping her medications on hand just in case an emergency were to happen, as well as some nonpharmacological interventions that could benefit her.*

▶ ***Discuss the ethical issues this case presents.***

- ▶ *In my opinion, some ethical issues this case presents would be the overall neglect when it comes to patient safety being that Margaret has home health aide visits once a week and nothing has been reported and/or acted upon when it comes to her overall health/sedentary lifestyle. Another ethical issue in this case that I noticed would be Margaret's access to healthcare being that she uses a private ambulance service to access her physician appointments, however, the case study doesn't address if this is for every appointment or only her routine/maintenance appointments. That being said, she may not be able to schedule additional "low priority" appointments such as with dietary, physical therapy, or gym sessions due to lack of transportation and/or insufficient financial standings.*

▶ ***Discuss the legal issues this case presents.***

- ▶ *In my opinion, I would say the big legal issue in this case would be malpractice being that her healthcare provider as well as her home health aide both seem to be negligent when it comes to Margaret's treatment as well as her maintenance/aftercare.*

▶ ***In what ways will you serve as an advocate for Margaret?***

- ▶ *I would be an advocate for Margaret by allowing/supporting her autonomy when it comes to her healthcare plan. I also would educate her and provide transparent information on all of her previous as well as current medical history by offering a plethora of treatment options, routes, and programs that she could take, and by being transparent and informing her on the potential risks and benefits of all the*

*treatment options as well as the increase of risks if she decides to go against medical advice and continues her sedentary lifestyle.*

▶ **What other departments would you involve in her care, and why?**

- ▶ *As stated before, I would involve a Dietitian/Dietary to improve her sedentary diet. I also would include Physical Therapy, being that she has been predominantly inactive for 3+ years. I think this would benefit her by removing the anxiety when it comes to going to a public gym as well as teaching her proper exercises/techniques that she could do on her own at home and/or at whatever fitness facility she decides to attend. I also would recommend an endocrinologist being that she, in my opinion, doesn't seem to be taking her Diabetes Mellitus diagnosis serious by constantly consuming food from local takeout restaurants.*

Place your answers to these questions in the “**Unit 1: Overview CC dropdown**” by **1/8/2025 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 and must be completed by the end of the semester to pass the course.*