

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?

Physiological Concerns

- **Suspected infection/sepsis**
 - Fever, weakness, chronic Foley catheter (high risk for CAUTI), poor mobility, and poor nutrition all increased risk.
- **Hemodynamic instability**
 - She is acutely ill and may require continuous monitoring of BP, HR, oxygenation, and fluid status.
- **Risk for rapid deterioration**
 - ICU patients require vigilant monitoring to prevent “failure to rescue,” a major theme in the PowerPoint.
- **Poor mobility and deconditioning**
 - She has been bedbound for several days → high risk for skin breakdown, DVT, pneumonia.
- **Medication uncertainty**
- **She does not know her doses and did not bring medications → risk for medication errors.**
- **Psychosocial Concerns**
- **Lives alone, limited support system**
- **Only one friend as POA; minimal caregiver involvement.**
- **Possible malnutrition**

- **Meals from take-out restaurants; unclear intake; early nutrition is essential in critical care.**
- **Risk for anxiety, delirium, and sensory-perceptual issues**
- **ICU environment, fever, infection, immobility, and sleep disruption increase delirium risk.**
- ▶ 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.

Communication Strategies (based on PowerPoint principles)

- **Use clear, simple language** due to possible fatigue, confusion, or anxiety.
- **Frequent reorientation**
 - Use clocks, calendars, windows, and explain procedures to reduce delirium.
- **Actively listen** to her concerns and encourage questions.
- **Include POA in all major discussions**
- Collaboration and family-centered care are emphasized in critical care.

Topics to Discuss

- **Current condition and suspected diagnosis** (infection, possible sepsis, need for ICU monitoring).
- **Plan of care**
 - Labs, cultures, antibiotics, hemodynamic monitoring, nutrition plan, mobility goals.
- **Medication reconciliation**
- **Need to confirm doses with pharmacy, PCP, or home health.**
- **Safety measures**

- Fall prevention, skin integrity, delirium prevention, pain management.
- Advance directives and goals of care
- Especially important since she lives alone and has chronic conditions.
- Discharge planning
- Begins on admission per PowerPoint; she is high risk due to limited support and mobility.

▶ Discuss the ethical issues this case presents.

Autonomy

- She has a POA, so ensuring her wishes are respected is essential.
- She may have limited ability to make decisions during acute illness.

Beneficence & Nonmaleficence

- Providing the best care while preventing harm (e.g., preventing CAUTI, pressure injuries, medication errors).
- Ensuring she receives adequate pain control and nutrition.

Justice

- Fair access to resources such as home health, rehab, or social services despite limited support.

Veracity & Fidelity

- Providing honest information about her condition.
- Following through on commitments and maintaining trust.

Moral Distress

- Nurses may feel distress if they believe she needs more support than she has access to, or if her living situation is unsafe.

▶ Discuss the legal issues this case presents.

HIPAA & Confidentiality

- Only the POA should receive medical information.
- Protecting her privacy since she has no family.

Informed Consent

- Ensuring she (or her POA if she becomes confused) understands procedures and treatments.

Negligence/Malpractice Risks

- Failure to monitor her closely could lead to “failure to rescue.”
- Medication reconciliation errors due to unknown doses.
- Risk of pressure injuries or CAUTI if standards of care are not followed.

Duty to Report

- If her living situation is unsafe or neglectful, social services may need to be involved.

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

- **Ensure her voice is heard**
 - Communicate her preferences to the team and involve her in decisions.
- **Protect her rights**
 - Uphold autonomy, privacy, and informed consent.
- **Promote safety**
 - Prevent complications (infection, falls, delirium, skin breakdown).
- **Coordinate care**
 - Ensure interdisciplinary involvement (dietitian, PT/OT, social work).
- **Support her POA**
 - Provide clear updates and education.
- **Address psychosocial needs**
- Reduce anxiety, provide emotional support, and ensure she understands her care.

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

I would involve several interdisciplinary departments to ensure Margaret receives comprehensive and safe care.

Respiratory therapy would be included to assist with oxygenation and airway management if her infection affects her breathing, which is common in critically ill patients.

Pharmacy would play a key role in reconciling her home medications, determining correct dosages, and managing antibiotic and insulin therapy. A dietitian would be consulted to assess her nutritional status and initiate early enteral nutrition, which is essential for healing and preventing complications in critically ill patients.

Physical and occupational therapy would be important to address her severe deconditioning, improve mobility, and reduce the risk of complications from immobility.

Social worker or case management would be essential to evaluate her living situation, coordinate community resources, and plan for a safe discharge, especially since she lives alone with minimal support.

Infectious disease specialists may be consulted to guide antibiotic therapy and manage a potentially complicated urinary tract infection or sepsis.

Wound care nurse may also be needed if she is at risk for or already showing signs of skin breakdown due to prolonged immobility.

Together, these departments would help address her complex medical, functional, and social needs.

Place your answers to these questions in the “**Unit 1: Overview CC dropbox**” by **1/7/2026 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.