Intensive Nursing Care

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AN INTENSIVE CARE Unit groups critically ill patients and the patients who need comprehensive care by specially trained staff, who have both education and the personality to give attention to minute physiologic variations. In this unit patients get attention round the clock. Early subtle changes that may occur with various illnesses are minutely observed and treatment begun early to thwart serious complications.

ADVANTAGES

In busy wards with 50 to 60 patients and depleted technical staff, specialised care is not possible. In the intensive care unit equipment which are very costly and cannot be provided in each and every ward can be centralised. Technically trained staff in adequate number are deployed in these units. Today we all believe in progressive patient care. Therefore, it is very important that Intensive Care Units are organised in every hospital.

SIZE OF THE UNIT

The number of patients in these units will depend upon the size and the need of the hospital. However, provision for 8 to 10 patients (the minimum should be five) would make an ideal unit.

AIMS AND OBJECTIVES

The aims and objectives of the Intensive Care Units are :

1. To render prompt individualized Intensive Care or competent care to the patients, who require highly skilled technical care and close observation.
2. To centralize and therefore economise on expensive equipment to save patient's life.
3. To make use of the services of the technically trained and skilled professionals, and
4. To provide skilled and concentrated care to the patients for the maximum survival.

Nurses must be involved in any planning, may it be building, equipment, staffing as well as while making the general policies for this unit.

GENERAL POLICIES

The general policies regarding the following must be specified :

(a) Admission of the patient in this unit, Age, Sex, etc., (b) The type of patients to be admitted (c) Visiting hours, (d) Control of Infection and (e) Staffing.

Standing orders and the routine work of this unit must be written and every member of the staff should be well acquainted with these policies.

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PATIENTS

Patients who need intensive post-operative care and close observation are generally admitted to this unit. For Example :

(a) Majar heart and thoracic surgery, (b) Head injuries, chest injuries and other severe injuries with complications and respiratory problems, (c) Extensive Burns (d) Severe Coronary thrombosis cases which require continueous monitoring of E.C.G., complete heart block cases, (e) Patients who have post, operative respiratory embararsment and who require artificial ventilation, (f) Acute uraemia or renal failure cases, (g) All types of poisoning cases and (h) General medical and Surgical patients requiring artificial ventilation.

Keeping in view the types of cases the nurse in these units has an important role to play. The slightest negligence on her part may be fatal to the patient. The nurse should have thorough knowledge about the conditions and should be able to anticipate the needs of the patients.

BASIC PRINCIPLES

The basic principles of nursing in the Intensive Care Units are :

Clear Airway : It is important that the patient has a clear airway. The nurse must know what steps she must take when there is obstruction in air passage.

Vital Signs : The nurse must keep accurate record of vital signs (Blood Pressure, Pulse, Respiration and temperature) at the intervals prescribed. These are very important for diagnosis and therapeutic purposes. e.g. rapid pulse and falling blood pressure indicates haemorrhage.

Observations : Some of the nursing care involves what the nurse does for the patient, but most of the care is what she sees, hears and feels, e-g, the colour, the reaction of the patient by watching respiration or seeing the restlessness, twitching of the muscles, convulsions etc. The nurse can recognise changes in the patients and treat them in time. Observations must be brought to the doctor's notice promptly.

Personal Hygiene : It is the responsibility of the nurse to see to the personal hygiene of the patient. Special attention must be given to the eye care and the oral toilet especially in unconscious patients to prevent cornial ulcer and infection of the mouth.

Linen : The linen used for unconscious patients must be light and also which can easily be removed and put on. Gowns for these patients will be most suitable.

Nutrition of the Patient : For major post-operative cases, in initial stage generally, intravenous fluids are prescribed. The nurse must see that they get prescribed fluids. The patients who are on Ryles tube feeding must get calculated calories and fluids. Two-hourly feeds are generally given in artificial feeding method. Electrolytes balance plays a very important part in the

feeding of these patients. The nurse must keep scientific principles of nursing in mind while feeding the patients.

Medication : The medication is given by all routes in this unit but the nurse must ensure that the correct method of administration is done and she should watch for the side effects or reaction of the medicine.

Physiotherapy, Turning and Pressure Areas :

Turning of the patient is carried out for : (1) To avoid pressure sores, (2) to prevent secretions accumulating in any part of the lungs and (3) to provide comfort to the patients.

Unconscious patients are nursed in the lateral position and are turned from side to side every two hours day and night. The position is maintained by supporting pillows and the limbs are supported in a natural position to avoid joint strain. The lower leg is drawn up slightly to prevent pressure from the upper leg.

Treatment of Preasure Areas : Provided that the patient is kept clean and dry, turning every 2 hours is all that is necessary to prevent the development of pressure sores. Sometimes massage of the skin is helpful. The "ripple bed" is of a great assistance in preventing pressure sores, when the patient is in the supine position or in sitting position.

Physiotherapy : In prolonged cases like patient on intermittent positive pressure, ventilation physiotherapy goes hand in hand with throat suction and turning of the patient. Physiotherapy encourages the movements of secretions into the more accessible parts of the bronchial tree, hence they may be removed by suction or by the patient's own efforts, limbs are treated by active or passive movements. Nurses should learn simple physiotherapy to enable treatment to be given at any time during the 24 hours. It is needed, even when a physiotherapist is not available.

Care of Bladder : The nurse should see that the patient's bladder is not distended or patient does not have retention of urine. In case Cathether is there, all aseptic precaution should be taken.

Care of Bowels. In prolonged cases aperients may be given every third day or plain water enema may be needed depending on the doctor's order as well as the routine of the unit.

Recording and Charting of vital signs, intake and output, observations, medication and special remarks must be charted accurately and neatly on the prescribed charts. It should be clear and brief. In case, the patient is on Intermittent Positive Pressure Respirator frequent readings of the machine pressure are charted on respiratory charts.

Over and above the nurse must see that a pleasant, neat, orderly environment is provided for these patients. The reassurance to the patient may help greatly in their recovery. The nurse must know about the working of the equipment, their hazards, after care as well as how to meet an emergency situations e.g. a patient with respiratory embarrassment and patient who gets Cardiacc arrest. In order to give technical and skilled nursing care appropriate staff be selected for the unit.

QUALITIES OF THE NURSE

The nurse deputed for the Intensive Care Unit must possess both intelligence and innate curiosity, which will enable her to continue to grow and improve in nursing. She should have initiative and a good sense of judgement. She must have the aptitude and desire to give bed side nursing care. She must have ability to identify the needs of the patients and must be able to function well in emergency situations. She must possess emotional stability and sympathy as she is always caring critically ill patients or patients who are in a dying state. Her sympathy is displayed by her to the patients' relatives, soft touch and kind words of explanation to her patients make an immense contribution to these individuals. The intensive care nurse must possess knowledge regarding the medical and surgical conditions as well as technical knowledge, especially the use of equipment and after-care.

SUPERVISORY STAFF

Those posted as in-charge of the Unit must possess all the above qualities. Above all they must be more vigilant and be responsible for supervision, teaching and for the whole management of the unit.

They should be capable of dealing with Medical, Nursing and paramedical staff. They should not be organisers themselves but must be capable of organising others.

The key to successful operation of the unit regardless of the quality of the Medical Staff is the kind, intelligent, well informed and observant nurse.

The Ratio : The Nurse-Patient ratio per unit should be one nurse to one patient for major Heart and Lung post-operative cases and patients who are on I.P.P.V. and 1 : 2 for other cases—(for all 3 shifts).

Orientation should be given to all the nursing staff for the period of 60 to 72 hours. They should be oriented with the layout, the equipment and the modern technique of nursing under close supervision. There should be a constant training programme. In order to achieve our objectives, these facilities must be provided. □