

# Developing ICU Policy Manual for Nurses

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There has been a striking increase in the number of Intensive Care Units (ICUs) in the country during the past decade. Much of this growth can be attributed to advances in biomedical knowledge and technological innovations. With surgical procedures becoming more sophisticated and the need to observe patients for several days after surgery, and centralised areas within the hospitals were established for this purpose. At first, these units were limited to hospitals in which heart surgery or other extensive surgery was performed. Gradually, the concept of maximal care was expanded, and most hospitals developed general ICUs for all critically ill patients (Tinker et al, 1996). Thus, critical / intensive care unit has been looked on as 'hospital's hospital'. At present, however, there is a trend toward sub specialisation of intensive care, and it is not uncommon to find several separate facilities within an Institution e.g. Coronary ICU, Burn ICU, Shock ICU, Neurological ICU, Paediatric ICU, etc. Thus, with modern methods of treatment carried out by skilled and experienced personnel, many conditions that were previously considered to be invariably fatal could be successfully managed.

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Medical and Nursing care is task-orientated and, as such, lends itself to the development of standardised procedures. The policies and procedures are grist to the ICU mill and can be in written form in any policy manual on a unit. Besides ensuring quality, the manual sets standards for a variety of tasks and functions. The backbone of any ICU is its nursing staff that needs to be developed and nurtured, to be prepared to face the rigors of ICU care. The development of a uniform approach on the ICU improves morale and elevates non-physician interest in critical issues (SCCM, 1988).

## Objectives

The main aim of this study was to develop a draft ICU Policy Manual for Nurses of ESI Hospital, New Delhi.

The specific objectives of the study were threefold, viz.

- ♦ to identify the need to develop an ICU Policy Manual for Nurses ;
- ♦ to identify the content areas to be included in ICU Policy Manual for Nurses; and
- ♦ to develop a draft ICU Policy Manual for Nurses .

## Methodology

The study was conducted in one of the ESI Hospitals of New Delhi. The research approach adopted was primarily survey type with record study and observation visit. An observation visit to the ICU of one of the Government hospitals of Delhi

was done to get valuable inputs so as to integrate the same in the present study. Majority of the sample subjects i.e. medical and nursing experts, were drawn from the same institution to seek their opinion about areas to be included in the ICU manual for nurses.

The experts included administrators as well as head of the departments / specialists of different surgical specialities. The Nursing experts were the Assistant Nursing Superintendents (ANS) and Nursing Sisters of various inpatient areas of the institution as well as the Postgraduate nurse educators of various specialities of the investigator's college. The sampling technique adopted was Total Enumeration. The size of the sample was 40 (i.e. 13 medical and 27 nursing experts).

A questionnaire was developed to collect data about the opinion of experts regarding the areas to be included in the Manual. After extensive review of literature, opinions were sought under 3 categories, viz. areas that 'must be included', 'can be included' and 'not to be included' in the Manual with scope for additional remarks (if any) under the Remarks column. Each category was scored 3, 2 and 1 respectively. The average agreement percentage of experts for each item was computed. The items with an average agreement percentage of 75 or more were considered for

**Table 1 : Frequency and percentage distribution of opinion scores on items that “Must be included” response of medical and nursing experts about content areas to be included in ICU Manual**

S. No.	Areas / Content that 'must be included' in the Manual	Medical Experts (N1=13)		Nursing Experts (N2=17+10=27)				Average Agreement (%) (N=40)
				ANS/NS (17)		Nsg. Edu. (10)		
		f	%	f	%	f	%	
1.	ICU concept & philosophy	13	100	17	100	10	100	100
2.	Aim / role of ICU	13	100	16	94.1	10	100	98.03
3.	Components of intensive care	13	100	17	100	10	100	100
4.	Stratified levels of intensive care	09	60.9	12	70.5	10	100	77.1
5.	Criteria for intensive care	11	84.6	12	70.5	10	100	85.03
6.	Specialised equipments in ICU	12	92.3	16	94.1	10	100	95.4
7.	Emergency drugs / bag	12	92.3	17	100	10	100	97.4
8.	Articles in emergency trolley / crash cart	12	92.3	17	100	10	100	97.4
9.	Specialised trays in ICU	11	84.6	17	100	10	100	94.8
10.	Records and reports in ICU	09	60.9	16	94.1	10	100	85
11.	Routines and policies of ICU	11	84.6	15	88.2	10	100	90.9
12.	Organisation of Nursing services	09	60.9	15	88.2	10	100	83.03
13.	Personnel policies	07	53.8	11	64.7	06	60	59.5
14.	Job description of Nurses	07	53.8	17	100	10	100	84.6
15.	Standing orders in ICU	11	84.6	15	88.2	10	100	90.9
16.	Treatment protocols in emergencies	12	92.3	15	88.2	10	100	93.5
17.	Infection control measures	12	92.3	17	100	10	100	97.4
18.	Waste management protocols	12	92.3	17	100	10	100	97.4
19.	Medico-legal aspects in ICU	10	76.9	14	82.3	10	100	86.4
20.	Nurses' role and its inter- & intra-relationships	09	60.9	14	82.3	10	100	81.06
21.	Quality control measures for nursing care in ICU	08	61.5	14	82.3	10	100	81.2
22.	Whether the manual will improve nurses' work efficiency ?	12	92.3	17	100	10	100	97.4

inclusion in the Manual.

#### Data analysis

The data was analysed by us-

ing frequency and percentages. Mean agreement (%) of opinion scores of experts was also computed both individually by

each category of experts as well as overall agreement (%) of all experts taken together.

Table 1 shows that majority

of experts (97.4%) found ICU policy manual helpful in improving work efficiency of nurses in ICU. As regards additional remarks of experts, two of them suggested: (i) Visitor's policy, and (ii) Updating of knowledge and skill; and evaluation of performance by determining patient satisfaction/attitude to be included in Manual, which was done.

The overall mean agreement (%) of all experts taken together was found to be 89.36. Also, comparison of all the mean agreement opinion scores (%) shows that the nurse educators had high favourable opinion about the areas identified for manual, as evident from their mean agreement (98.09%). The nurse administrators had mean agreement of 89.8 percent for the same as against the medical experts, who had mean agreement of 80.08 percent. As regards effect of manual on work efficiency of nurses in ICU, all nursing experts (100%) accepted that it would improve work efficiency of nurses in ICU. The same was agreed by 92.3 percent of the medical experts.

#### **Development of Draft ICU Policy Manual for Nurses**

On the basis of inputs from experts from various speciality disciplines and review of literature, the author developed Manual for Nurses of ESI Hospital, New Delhi which included: ICU- Concept & Philosophy; Aim/Role of ICU; Stratified levels of intensive care, Criteria for intensive care; Components of intensive care; Specialised equipments in ICU; Emergency drugs/bag; Articles in Emer-

gency Trolley/Crash cart; Specialised trays in ICU; Proposed Records and reports to be maintained in ICU; Proposed Routines & Policies of ICU; Organisation of nursing services in ICU; Proposed Policies of Department of Nursing; Job description of various categories of Nurses in ICU; Proposed Standing orders in ICU for Nurses -Nursing care protocols & Routines, proposed treatment protocols in Emergencies-Common drugs used in ICU; Infection control measures; Waste management protocols; Medico-legal aspects in ICU; Nurses' role & its inter- and intra-relationships; Proposed Quality control measures for nursing care in ICU.

Knaus et al (1986) suggested protocols in typical ICU manual were one of the factors thought to improve outcomes in 13 ICUs in their study. Effective health care depends fundamentally on a team approach involving the skills and resources of many professions to meet the needs of the patient and the patient's family. The nurse specialists have responsibility for data gathering of both non-invasive and invasive measurement and interpretation of laboratory values. They have an important shared responsibility for immediate assessment and emergency interventions.

#### **Recommendations**

A study can be conducted to determine the acceptability of the developed ICU Policy Manual among medical and nursing experts of a institu-

tion so that it can be tailor-made according to the institutional needs. A similar study can be replicated on a larger sample for generalisation of findings.

There is a need for regular updating the manual depending on changing policies of the hospital.

A study to determine the effectiveness of ICU Policy Manual in improving the quality of nursing care, from nurses and doctors of ICU can also be conducted.

Development of Procedure Manual for nurses of ICU is also suggested to guide nurses in various procedures that are carried out for critically ill patients in ICU.

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