

The Critical Care Experience



م.د. حیدر محمد مجید

Introduction

- **Critically ill patients:** at high risk for actual or potential life-threatening health problems.
- **Critically ill patients cared** for in a variety of settings, not just the critical care unit



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The Critical Care Environment

- The built environment, or physical layout, of a critical care unit has a subtle but profound effect on patients, families, and the critical care team. Amid an apparent **confusion of wires, tubes, and machinery**, a critical care unit is designed for efficient and expeditious life-sustaining interventions. Patients and their family members are cared for in this environment with little or no advance preparation, often **causing stress and anxiety**.



The resultant high stress levels are compounded by the often: unrelenting sensory stimulation from:

- Artificial lighting
- Noise
- Loss of privacy.
- lack of nonclinical physical contact
- Emotional and physical pain.
- Lack of meaningful stimuli

The noise level alone is sufficient to cause **discomfort and sleep deprivation**, and it is a major factor contributing to sensory overload.



High levels of noise are associated with many deleterious effects:

1. Sleep disruption. Sleep is frequently interrupted by such activities as:

- Blood draws.
- Physician visits.
- Medication administration.
- Frequent assessment.

2. Decreased oxygen saturation.

3. Elevated blood pressure.

4. Delayed wound healing.

5. Noise also affects the critical care team, often leading to:

- Increased stress.
- Emotional exhaustion and burnout.
- Increased fatigue.

6. Excessive noise can also lead to difficult:

- Communication, distractions, or both.
- May contribute to medical errors.

7. Loud conversations may compromise patient confidentiality if communication with patients and family members, or between healthcare providers, is heard throughout the unit.



Table (1-1): provides a list of noise levels associated with patient care and discloses just how much noise is emitted with each device or activity.

Activity	Sound Level [Db(A)]
Call-bell activation	48-63
Oxygen/chest tube bubbling	49-70
Conversations (staff, patients, and family)	59-70
Voice over intercom	60-70
Telephone ringing	60-75
Television (normal volume at 12 feet)	65
Raising/lowering head of bed	68-78
Cardiac monitor	72-77
Infusion pump	73-78
Ventilator sounds	76
Pneumatic tube arrival	88

Modification of Environment:

A. Several strategies have been identified to reduce noise within the acute care environment:

1. Placing patients in private rooms
2. Installing sound-absorbing ceiling tiles.
3. Modifying overhead paging systems.

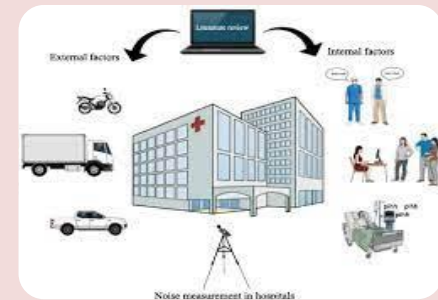


4. Initiating programs to raise awareness among staff about their role in reducing noise.

- Providing “sedative” music is another strategy to reduce anxiety and discomfort associated with increased noise levels.(Such music has no accented beats, no percussion, a slow tempo, and a smooth melody.
- Confidentiality can be improved by designating a private place for communication with family members and closing the door during conversations that may be overheard by others.

5. Staff can also help minimize the noise level by:

- Avoiding excessive or loud talking.
- Responding to phones quickly.
- Readily assessing alarms on intravenous and feeding pumps, mechanical ventilation, and monitors.



B. Lighting is another issue in the critical care environment:

□ Simple measures, such as designing rooms to take advantage of natural light, can have a number of positive effects, including:

➤ Decreased episodes of depression.

➤ Improved sleep quality.

➤ More effective pain management.

➤ Adequate and appropriate exposure to light is a therapeutic modality for the health of both patients and staff.



C. Sensory deprivation:

1. Providing stimulation by interacting with the patient and encouraging visitation of family and friends can decrease its occurrence.
2. Posting family photos and providing music or television that the patient usually enjoys are other strategies to reduce sensory deprivation.



D. The design of the critical care unit can affect delivery of care as well as responses of patients and their families.

E. Many factors influence nurses' ability to provide care

- Nurse-physician interactions.
- Type of clinical area.
- Culture of organization and unit
- Tempo, mood, climate and design.
- Family friendly versus family restraint.

Healthy Work Environment:

- ❖ Promote safe, healing, and humane work setting.
- ❖ Components
 - ✓ Skilled communication
 - ✓ True collaboration
 - ✓ Effective decision making
 - ✓ Appropriate staffing
 - ✓ Meaningful recognition.
 - ✓ Authentic leadership.



Communication



- Essential to safe patient care.
- Handoff situations provide greatest risk for communication breakdown.
- Nurses can facilitate better communication by:
 - ✓ Providing a simple, honest report of the patient's condition, free of medical jargon.
 - ✓ A follow-up assessment to gauge the family's level of understanding helps to tailor the care plan accordingly.
 - ✓ Scheduled rounds between the healthcare team and the family assist in maintaining open communication. A predetermined routine for these rounds provides an opportunity for the team to update the family on the patient's condition and answer questions posed by the family.

- ✓ It also provides the time to identify goals for care and treatment to facilitate shared decision making.
- ✓ Scheduled family conferences provide a similar opportunity to facilitate communication. Family conferences may be held at the bedside or in a conference room, depending on space available and family needs.
- ✓ Holding a preconference among team members ensures that consistent messages are delivered during the conference.
- ✓ Empathetic communication is important during rounds and family conferences.

The VALUE mnemonic (Table 1-2) is a useful tool to enhance communication with family members of critically ill patients.

V—Value what the family tells you

A—Acknowledge family emotions

L—Listen to the family members

U—Understand the patient as a person



What strategies can be used to enhance communication?

Communication Strategies

❖ SBAR

- Situation
- Background
- Assessment
- Recommendation

❖ Crew **طاقم** Resource Management— CUS

- I'm Concerned
- I'm Uncomfortable
- This isn't Safe.



Many factors influence an individual's response to critical illness include:

- Age and developmental stage.
- Experiences with illness and hospitalization.
- Family relationships and social support, other stressful experiences and coping mechanisms, and personal philosophies about life, death, and spirituality.
- Pain is a major issue for all critically ill patients, whether conscious or not. It may be induced directly by:
 - Disease.
 - Through invasive procedures or from routine interventions such as suctioning, turning, and bathing.
 - The experience of mechanical ventilation, along with difficulty communicating, pain, dyspnea, fatigue, and the need for endotracheal suctioning, creates a common stressful scenario for the critically ill patient



Patients' Recollection of the Critical Care Experience

- Difficulty communicating
- Pain
- Thirst
- Difficulty swallowing
- Anxiety
- Lack of control
- Depression
- Fear
- Lack of family or friends
- Physical restraint
- Feelings of dread
- Inability to get comfortable
- Difficulty sleeping
- Loneliness
- Thoughts of death and dying



Psychosocial Support:

- Assure safety
- Reduce sleep deprivation
- Reduce noxious sensory overload
- Increase pleasant sensory input
- Provide reorientation.



Family Needs:

- Receiving assurance
- Remaining near the patient
- Receiving information
- Being comfortable
- Having support available



TABLE 2-3 COMPARISON OF NEEDS OF FAMILY MEMBERS FROM SELECTED STUDIES

MOLTER, 1979, UNITED STATES⁵¹	BIJTTEBIER ET AL, 2001, BELGIUM⁷	CHIEN ET AL, 2005, HONG KONG¹³	MAXWELL, 2008, UNITED STATES⁴⁶
1. To feel there is hope	1. Have questions answered honestly	1. To know specific facts concerning the patient's progress	1. To have questions answered honestly
2. To feel that hospital personnel care about the patient	2. Be assured that the best possible care is being given	2. To know the expected outcome	2. To know the prognosis
3. To have the waiting room near the patient	3. Know the expected outcome	3. To talk about negative feelings such as guilt or anger	3. To talk with the nurse each day
4. To be called at home about changes in the condition of the patient	4. Be given understandable explanations	4. To know exactly what is being done for the patient	4. To know how the patient is being treated
5. To know the prognosis	5. Be called at home about changes in the condition	5. To have directions as to what to do at the bedside	5. To know why things were done for the patient
6. To have questions answered honestly	6. Know specific facts concerning patient's progress	6. To know how the patient is being treated medically	6. To be called at home about changes in the patient's condition
7. To know specific facts concerning the patients progress	7. Feel that hospital personnel care about patient	7. To know about the types of staff members taking care of the patient	7. To receive information about the patient once per day
8. To receive information about the patient once a day	8. Know why things were done for patient	8. To have explanations of the environment before going into the critical care unit for the first time	8. To be assured that the best possible care was being given to the patient
9. To have explanations given in terms that are understandable	9. Receive information once a day	9. To know why specific things were done for the patient	9. To have explanations given in terms that are understandable
10. To see the patient frequently	10. Be told about transfer plans	10. To talk about the possibility of the patient's death	10. To feel there was hope