

# Essential nursing care of the critically ill patient

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# So what is it to be a nurse?

## Nurse's unique function

The following definition of nursing has appeared in a nursing text (Harmer & Henderson 1955), in a monograph, *The Nature of Nursing* (Henderson 1966), and in the ICN booklet, *Basic Principles of Nursing Care* (Henderson 1968): 'Nursing is primarily helping people (sick or well) in the performance of those activities contributing to health, or its recovery (or to a peaceful death) that they would perform unaided if they had the necessary strength, will, or knowledge. It is likewise the unique contribution of nursing to help people to be independent of such assistance as soon as possible...The nurse is temporarily the consciousness of the unconscious, the love of life of the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the newborn, knowledge and confidence for the young mother, a voice for those too weak to speak, and so on.'

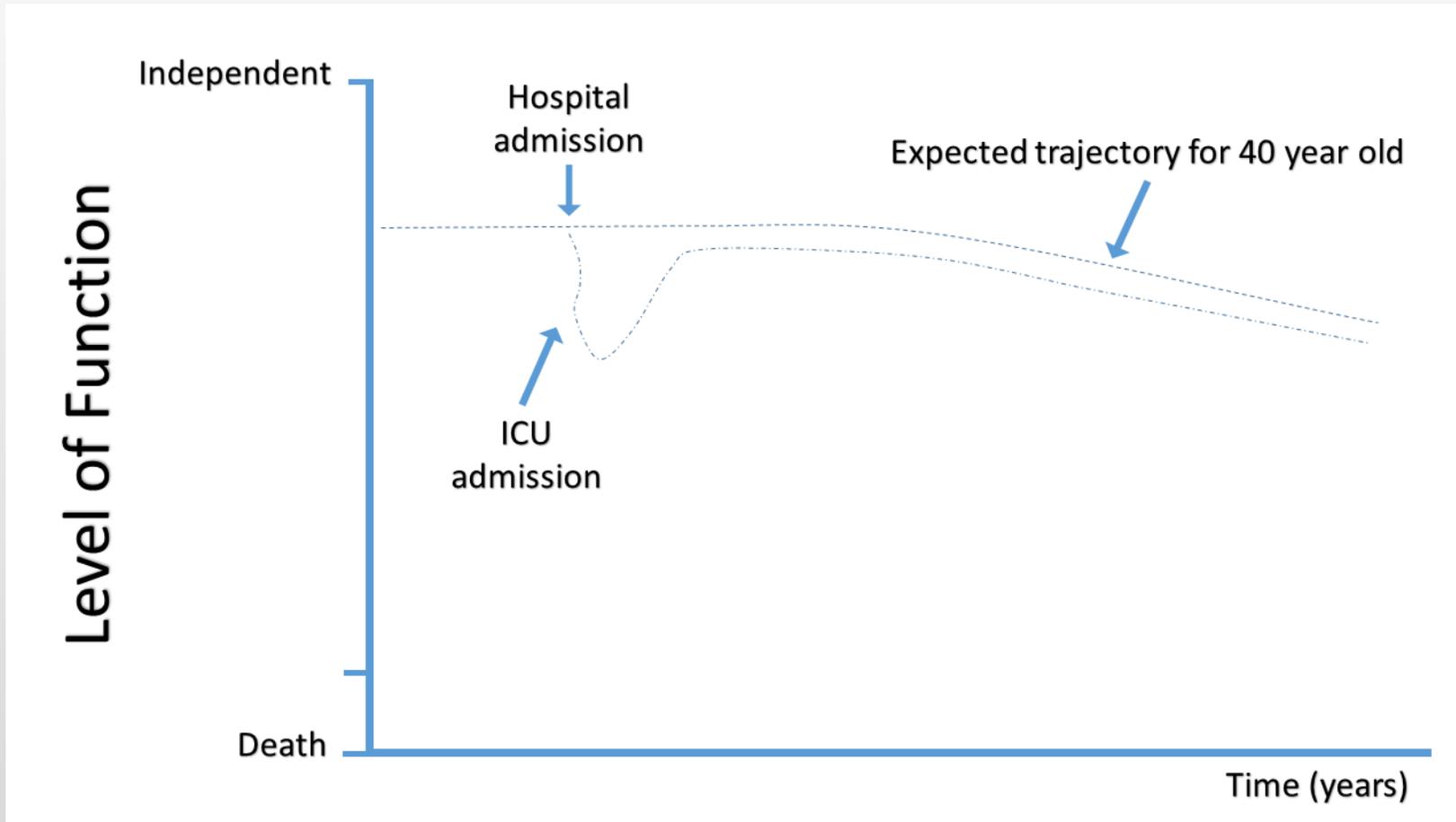








# Trajectory of illness



# Duty of care

- ▶ When we engage with patients in the clinical setting we automatically enter into a health professional-patient relationship where 'duty of care' applies
- ▶ This means the nurse has an obligation to try and protect the patient from any foreseeable harm or injury and ensure a reasonable standard of care is delivered



# Essential nursing care - what is it?

- ▶ Many people think of the essentials of nursing care as 'The Basics' - although providing the essentials well requires a high level of skill, both intellectual and emotional.
- ▶ How well patients are cared for has a direct impact on their sense of wellbeing and their recovery<sup>2</sup>
- ▶ The gold standard should always be: 'How would I want this patient cared for if they were my mother/daughter/brother/father?'
- ▶ Essential of nursing care generally includes (as a minimum) - personal hygiene, eye care, oral care and patient positioning.

# Partnering with patients

- ▶ Remember the illness trajectory - the more dependent a patient is on us, often the more we are required to do for them
- ▶ It is important to involve the patient in their healthcare as much as possible. Doing this allows them to gain back a small amount of control and is of much psychological benefit
- ▶ Having a conversation with a patient whom you are about to see and touch in a very personal and intimate way is just common courtesy.

# Personal hygiene

- ▶ Personal hygiene is important for minimising bacterial colonisation and subsequent infection
- ▶ Personal hygiene is also closely related to a persons esteem and sense of wellbeing
- ▶ Influences perceptions around quality of care and will often increase family/ visitor confidence in staff
- ▶ It is important to put the need for personal hygiene in context of the bigger picture - other competing interests may take priority

# Determining what to do when

- ▶ As always - if possible negotiate with the patient and involve them as much as possible in the decision making around provision of cares.
- ▶ Assess your patient:
  - ▶ Are they diaphoretic/excessively sweaty?
  - ▶ Do they have large amounts of ooze from wounds/drains/surgical incisions?
  - ▶ When was the last time they were washed?
  - ▶ What method is most suitable for the patient?
- ▶ Think about length of time and potential cooling effects on the patient like vasoconstriction or shivering and the systemic effects this may cause.
- ▶ Remember - bathing the patient is a great opportunity for an updated physical assessment.



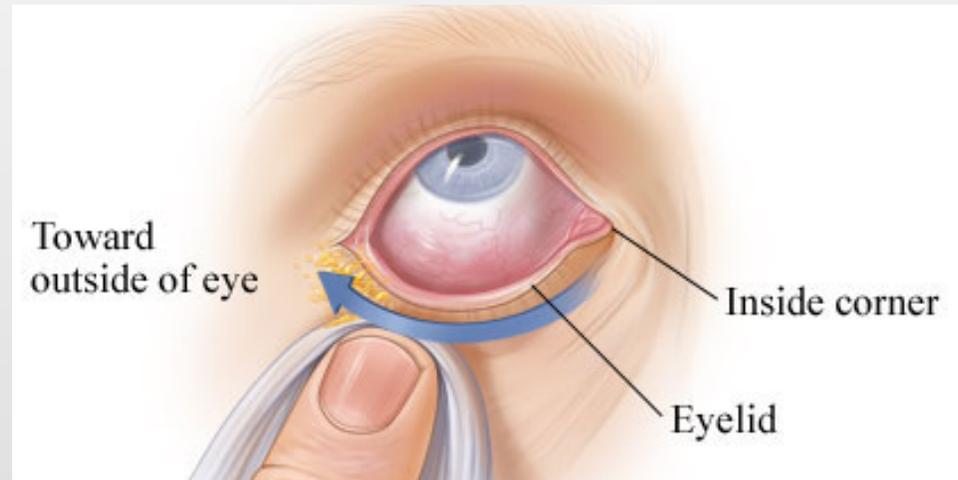
# Eye Care



- ▶ The eye is protected from dryness from frequent lubrication by blinking
- ▶ Complications from poor eye care in patient's who are unable to blink include keratopathy, corneal ulceration, viral or bacterial conjunctivitis
- ▶ Corneal abrasions develop in 40-60% of ICU patients<sup>2</sup>
- ▶ Goals of eye care are to provide comfort and protect from injury & infection

# Eye Care

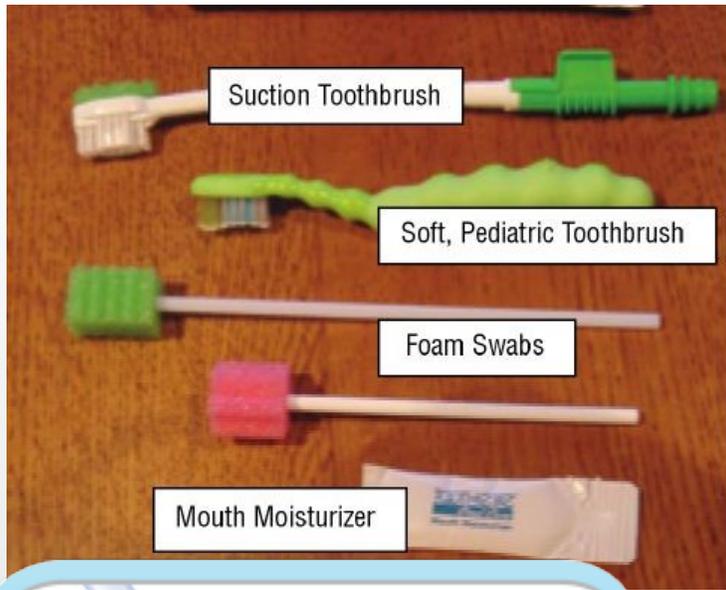
- ▶ Different requirements for each patient
- ▶ May just require a morning clean
- ▶ May need drops/gel to maintain eye lubrication
- ▶ Watch for proptosis, chemosis or abnormal discharge
- ▶ Basic eye care consists of cleaning the sclera and surrounding tissue and lubricating the eye with artificial tears



# Oral Care

- ▶ Poor oral hygiene can cause halitosis and discomfort
- ▶ It also increases the risk of ventilator associated pneumonia
- ▶ Absence of mastication decreases the amount of saliva produced - which decreases the amount of protective enzymes located in the oral cavity
- ▶ Specific oral care may be required in addition to basic oral care if conditions such as thrush or oral pressure areas are present
- ▶ Assessment is required to determine the quantity and type of oral care required
- ▶ Remember: a normal healthy mouth is pink, moist, has no coating or cracking, redness, ulcers or bleeding. When providing oral care - this is what we are aiming for.





# Patient positioning

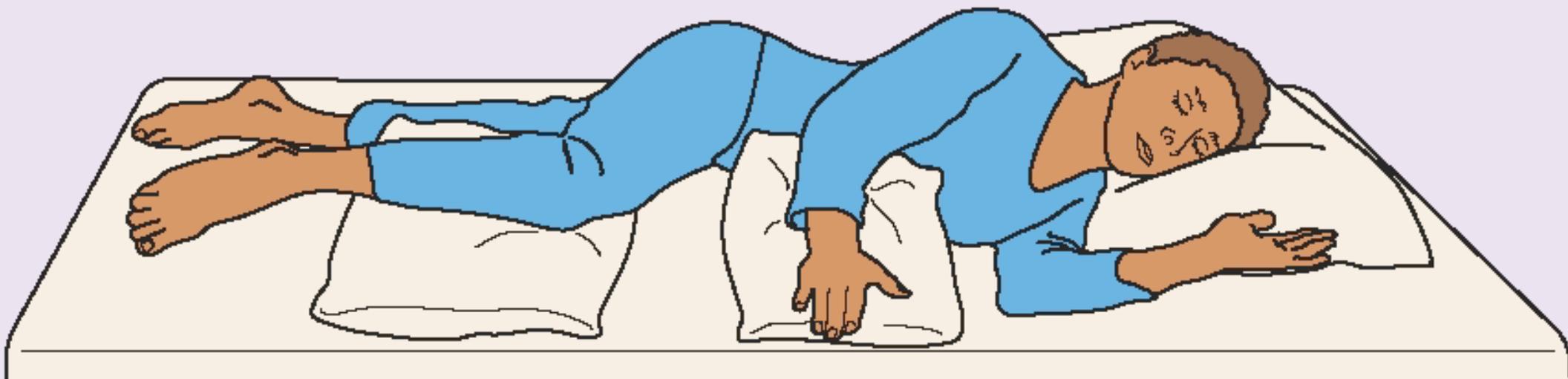
- ▶ Important for patient comfort
- ▶ Reduces complications associated with pressure areas
- ▶ Aids in maintaining joint mobility
  
- ▶ Whilst modern technology has allowed the development of beds that assist in patient positioning - they do not remove the need to position patients
  
- ▶ Factors such as cardiovascular stability, respiratory function & cerebral/spinal function all need to be considered when positioning a patient

# Goals of patient positioning

- ▶ Position the patient comfortably
- ▶ Enhance therapeutic benefits
  - ▶ Epidural
  - ▶ Oxygenation
  - ▶ Pulmonary drainage
  - ▶ Not inhibiting venous return
  - ▶ Aiding feeding
- ▶ To prevent pressure sores
- ▶ Ensure limbs are supported appropriately and to maintain flexible joints

# General guidelines

- ▶ If you have one available - use a tool to help determine the risk to your patient. Use it to develop a care plan for your shift
- ▶ There are very, very few patient's who cannot be moved for prolonged periods due to haemodynamic instability.
- ▶ Completely immobile patient's should have their position completely changed 2/24
- ▶ Patient's should not be nursed supine - unless there is a specific reason for doing so. Even prone patient's or spinal patient's can usually have the bed tilt function applied
- ▶ Remember - 7 days of bed rest will reduce muscle mass by 30%. Passive exercises (shoulders, hands, hips & ankles are most at risk) are essential!



# Summary

- ▶ There are lots of risks posed to critically ill patients associated with inadequate physical care and hygiene
- ▶ Patient's in critical care areas are often the most vulnerable of patients, and as such, we have a duty of care to provide physical care and hygiene in-line with what the individual requires.
- ▶ Partnering with patients to ensure this care is provided with maximum psychological benefit is extremely important
- ▶ Understanding the impact that 'basic' nursing care has is essential to ensure it is carried out effectively

# Resources & References

1. Henderson V. The Concept of Nursing (2006) *Journal of Advanced Nursing* 53(1), 21-34
2. Elliott, D, Aitken, L & Chaboyer, W (eds) 2007, *ACCCN's critical care nursing*, Elsevier, Marrickville, NSW.