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PURPOSE:

To serve as guidelines for providing and evaluating nursing care in the Intensive Care Unit

LEVEL:

Consultant, Resident Physician, ICU Manager, ICU Supervisor, ICU Staff Nurses

DEFINITION OF TERMS:

Standard of Nursing Practice- Standard is the desired and achievable level of performance against which the actual practice is compared.


POLICY:

1. The scope of ICU nursing practice shall involve the assessment, analysis, nursing diagnosis, outcome identification, planning, implementation of interventions, and evaluation of human responses to perceived, actual or potential, sudden or urgent, physical or psychosocial problems that are primarily episodic or acute.


STANDARD OF CARE:

1. ICU STANDARD I - SAFETY

- 1.1. The patient can expect that a safe environment will be provided free from untoward events:
 - 1.1.1. Each patient will have a name band on and the patient will be positively identified.
 - 1.1.2. The patient will be protected from infection and cross contamination according to Infection Control policies:
 - 1.1.2.1. The staff will also follow Infection Control policies when caring for central and peripheral IVs.
 - 1.1.2.2. Central Line tray will be used for all line insertions.

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- 1.1.2.3. Ventilated patients will have head of bed 30° unless contraindicated.
- 1.1.3. As the patient's condition or nursing interventions warrant, the bed will be kept in the low position with the wheels locked and all side rails in the up:
 - 1.1.3.1. Bed position will be maintained at a level to facilitate nursing care.
 - 1.1.3.2. Seizure pads will be provided as necessary.
 - 1.1.3.3. All patients will be classified as moderate or high risk to fall.
- 1.1.4. The Nursing staff will provide for the patient's safety while using electrical equipment.
- 1.1.5. "Allergies" or "No Known Allergies" will be entered into the patient's file.
- 1.1.6. If restraints are necessary for the patient's safety, they will be applied according to hospital policy and documented.
- 1.1.7. Defibrillators and crash carts, will be checked daily /shift.
- 1.1.8. Safety measures will be utilized by all staff during transport.
 - 1.1.8.1. In the event of an internal disaster, the ICU staff will evacuate patients as per Safety Plans. (Refer to Safety Plan)
 - 1.1.8.2. Patients will be transferred for procedures utilizing the same level of monitoring utilized at bedside.
- 1.1.9. Medications will be administered per Nursing policies and procedures.
- 1.1.10. All intravenous infusion medications will be verified upon each assessment for correct patient, route, drug, concentration and compatibility.
- 1.1.11. All patients will be placed on a cardiac monitor and pulse oximetry, invasive monitoring systems and, when ordered.
- 1.1.12. Volume for alarms will be no lower than the default setting. Alarms parameters will be verified by incoming and outgoing staff at beginning of each shift.


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2. ICU STANDARD II - NURSING CARE

- 2.1. The patient will receive nursing care based on an assessment of the patient's needs by the registered nurse.
 - 2.1.1. Patients will be admitted to patient care areas according to their physical and psychosocial needs, unit admission criteria, and bed availability.
 - 2.1.2. The patient and/or family will be oriented to the room, department, and to their assigned nurse upon arrival.
 - 2.1.3. Admission assessment and reassessments will be completed.
 - 2.1.4. All patients will be placed on a cardiac monitor and continuous pulse oximetry.
 - 2.1.5. The charge nurse will make patient assignments according to patient acuity and nurse competency.
 - 2.1.6. Each patient will be provided nursing care by a Registered nurse as ordered. Treatments, medications, and IV are ordered.
 - 2.1.7. Urine output will be measured and recorded every hour unless otherwise ordered. Normal urine output is around 1ml/kg of body weight per hour, in a range of 0.5-2ml/kg per hour. The minimum acceptable urine output for a patient with normal renal function is 0.5ml/kg per hour. Anything less notify ICU resident doctor on duty.
 - 2.1.8. Patients awaiting transfer to an intermediate care unit may have vitals obtained every 4 hours.
 - 2.1.9. Neuro assessment will be obtained and recorded at least every hour unless otherwise ordered.
 - 2.1.10. Identified patient needs and subsequent nursing interventions will be evaluated and documented in the Nurses Progress Notes.
 - 2.1.11. Neuro patients HOB will be elevated at least 30° or flat as ordered by doctor.

3. ICU STANDARD III - PLAN OF CARE

- 3.1. The patient and/or significant other will be given the opportunity to participate in the planning of their care.

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- 3.1.1. An interdisciplinary plan of care will be initiated on admission and coordinated by the RN that identifies nursing interventions needed to achieve expected outcomes.
- 3.1.2. The interdisciplinary plan is individualized to the patient's conditions or needs as identified.
- 3.1.3. The plan is developed in collaboration with other health care providers and the patient/significant others as appropriate.
- 3.1.4. The plan will be reviewed every (every shift) to reassess patient needs and achieved outcomes.
- 3.1.5. Individualized patient care needs are addressed in the nursing care plan. Standards of care per diagnosis are available through evidence-based references such as Lippincott Manual of Nursing Practice.

4. ICU STANDARD IV - EDUCATION

- 4.1. The patient and/or significant other will receive education that will enhance their knowledge, skills, and behaviors related to their healthcare needs.
- 4.2. Patient/significant other teaching will begin during the admission process and will be ongoing. Documentation will include the teaching plan and patient/significant other response.
- 4.3. Discharge planning will begin during the admission process and continue throughout hospitalization.

5. ICU STANDARD V - CONTINUUM OF CARE

- 5.1. The patient will receive care based on the collaborative efforts of Nursing and other health professionals to achieve a continuum of patient care across all settings.
 - 5.1.1. Nursing staff will seek input from the patient and/or significant other and other health care professionals to plan and implement care.
 - 5.1.2. Nursing staff will communicate pertinent information needed to provide continuity of patient care.
 - 5.1.3. The nurse will utilize available resources to facilitate an optimal transition between health care settings.

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6. ICU STANDARD VI - SATISFACTION

- 6.1. The patient and/or significant other will receive the opportunity to communicate their responses to the hospital, illness, or care provided.
 - 6.1.1. The Nursing staff will encourage input from the patient/significant other regarding their care.
 - 6.1.2. The nurse will serve as the patient's advocate when problems and/or complaints arise.

7. ICU STANDARD VII - COMFORT/PAIN MANAGEMENT


- 7.1. The patient will have his/her comfort and pain needs effectively managed.
 - 7.1.1. All patients will be provided with an environment conducive to rest/recovery.
 - 7.1.2. The patient will have his/her needs for personal hygiene met appropriate to his/her condition.
 - 7.1.3. Patient's comfort level will be assessed and comfort measures/pain management will be provided to meet patient needs.

8. ICU STANDARD VIII - PATIENT RIGHTS/INFORMED CARE

- 8.1. The patient will be provided with the information necessary to participate in decisions about his/her nursing care.
 - 8.1.1. The nurse will assess the patient's level of understanding and explain nursing treatments/procedures, allowing time for questions.
 - 8.1.2. Consent for procedure and patient understanding will be verified prior to implementation. If further explanation is required, appropriate resources will be utilized.
 - 8.1.3. The nurse will respect the patient's right to refuse treatment or procedure and will notify physician.

9. ICU STANDARD IX - CONFIDENTIALITY

- 9.1. The patient can expect that confidentiality of information regarding his/her care will be maintained.

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- 9.1.1. The patient can expect that the Nursing staff will maintain confidentiality of information regarding his/her care according to hospital policy.
- 9.1.2. Authorized personnel caring for the patient will have access to the medical record.

10. ICU STANDARD X - CULTURAL/SPIRITUAL VALUES

- 10.1. The patient will receive considerate and respectful care as demonstrated *through his/her cultural and spiritual values.*
 - 10.1.1. Patient's spiritual and cultural beliefs will be considered when planning and implementing care.
 - 10.1.2. Patient and family interactions will be conducted in a caring, courteous, professional and empathetic manner.
 - 10.1.3. Available resources will be utilized to maximize patient/significant other support as needs are identified.

11. STANDARD OF PRACTICE IN ICU:

- 11.1. Admits patient to ICU
- 11.2. Administering medication
- 11.3. Monitoring patient.
- 11.4. Assist physician in Insertion of Foley catheter
- 11.5. Monitoring of intake and output
- 11.6. Performing neurologic assessments
- 11.7. Suctioning
- 11.8. Cardiac monitoring
- 11.9. Continuous pulse oximetry
- 11.10. Assisting in insertion of CVP line
- 11.11. ECG monitoring and recording
- 11.12. Intravenous infusion
- 11.13. Vital signs monitoring and recording
- 11.14. Providing ventilator care
- 11.15. Documentation

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11.16. Transfer of patient to other units and to other institution.

REFERENCE:


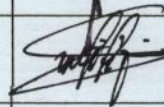
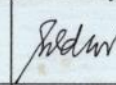


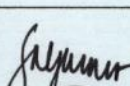

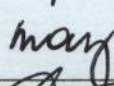
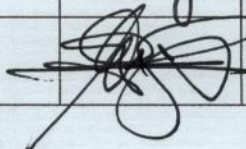
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