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COVID-19: what to expect if you are deployed to a critical care setting

ICU guide_(Park)

A practical guide to nursing in critical care

The COVID-19 pandemic has increased demand for intensive care provision, with critical care units experiencing an unprecedented surge in the number of patients requiring ventilation. This is placing great demand on advanced airway equipment and resources.

As the volume of critically ill patients with respiratory illnesses increases, established critical care teams across the UK are striving to stabilise large numbers of acutely unwell patients. To do this, they need assistance from nurses, nursing students and other healthcare professionals who don't normally work in the critical care environment.

As many non-critical care staff could be deployed to this area, [staffing models are being adapted](#) to safely and effectively integrate new staff into critical care teams, with local and national efforts to train and upskill nurses.

Previously established [nurse-to-patient ratios are being revised](#), and emergency induction guidelines for non-critical care staff are being used to facilitate the safe transition of staff into critical care environments.

I have more than 20 years' experience in critical care nursing, including nine years in acute care where my role involved educating staff about the care delivered to critically ill patients.

Now, as a nurse academic, I teach and assess nursing students within acute care modules, often embedding learning within simulation. This is underpinned by findings from my [PhD research **\[do you have a link to your research which we can include?\]**](#) which explored interprofessional learning in critical care.

Critical care is a highly technological clinical setting which treats the sickest patients in the hospital. Bed spaces are bigger than conventional wards, and

equipment is highly organised so that patients can be continuously monitored and treated.

Although the environment can initially feel daunting, it is designed to meet the needs of critically ill patients who have the potential to recover. Staff work well as an integrated team, with the shared purpose of providing safe, effective, patient-centred care.

The primary role of the critical care nurse is to care for critically ill patients and their families. Nurses are a constant presence within the critical care environment and are an integral part of the interprofessional team.

Critical care nurses work hard to stabilise and reverse the underlying causes of patients' critical illnesses, which often involves a lot of equipment, invasive treatments and medications.

They perform regular patient assessments and record vital observations, prepare and administer medications, monitor the stability of patients' conditions and responsiveness to treatments and operate key equipment, such as ventilators and dialysis machines.

They also provide key information to the rest of the team, and contribute to medical ward rounds, handovers and interprofessional decision-making.

[Box out]

Patients in critical care are adults of all ages. They can be awake or sedated, and presenting conditions range from common respiratory conditions such as chronic obstructive pulmonary disease, to rare acute illnesses such as Guillain-Barre syndrome.

Critical care patients are categorised by levels of illness:

- **Level 0**

Patients whose needs can be met through normal ward care in an acute hospital

- **Level 1**

Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team

- **Level 2**

Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care

- **Level 3**

Patients requiring advanced respiratory support alone, or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.

[Source: [The Faculty of Intensive Care Medicine - Guidelines for the Provision of Intensive Care Services. Edition 2](#)]

Critical care nurses must be competent to deliver level 3 care to patients, with competence assessed through the [National Competency Framework](#).

[Box ends]

Critical care environments require an interprofessional team to meet the complex demands of critically ill patients, including doctors, physiotherapists and healthcare assistants. Each profession has a vital role to play in the stability and recovery of patients with COVID-19. During the pandemic, understanding the roles and professional limitations of colleagues is vital to ensure patients receive safe and timely care.

The different professions need to be visually identifiable, through uniform colours for example. Critical care teams are currently using adhesive name badges or writing on visors when personal protective equipment is worn.

Staff deployed to critical care should have emergency inductions, including completing an orientation checklist and skills checklist for supervised practice. Staff who do not normally work in critical care will be allocated a 'buddy' - they should be reassured that they will not work alone and will not be expected to work outside their level of competence.

The safety of patients and colleagues is paramount in this complex environment, so if you are unsure about something, make sure you ask for support.

My PhD findings revealed that asking questions was one of the best and easiest ways staff can learn from each other in critical care. As this can be an intense environment, with staff at risk of experiencing moral distress, they can also learn from each other how to manage their emotions and maintain their mental health and well-being.

As we deal with the urgency of the COVID-19 pandemic, we must all look after each other and do our best within the limits of our competence to care for our critically ill nation.

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