

**Critical Care Settings (including ICU, Urgent Care & Emergency Departments)**

Concepts/Micro-Concepts:

Professional roles: Leadership; Clinical Judgment/Decision-Making; Health Education

Core Nursing Competencies: Communication; Collaboration; Nursing Process; Emergency preparedness

Distinct Client Attributes: Functional ability (defined as “the physical, psychological, cognitive and social ability to carry on the normal activities of life.”); Cultural congruence

Oxygenation/Hemostasis: Perfusion/Gas Exchange/Clotting

Protection/Movement: Mobility; Tissue Integrity; Infection; Pain; Stress and Coping

Health Care System/Delivery: Health Care Law; QI; Care Coordination, Palliation

EBP

Mapping concepts to an experiential setting:

<b>Concept/Micro-concepts</b>	<b>Potential Concept-Based Learning Opportunities in the Setting</b>
Leadership	Observe various roles: charge nurse; supervisor; APN; case manager
Clinical Judgment	Demonstrate ability to set and follow through on nursing priorities Provide rationale for decisions regarding priorities Reflect upon own ability to notice, interpret, articulate & respond to a change in patient condition (timeliness of response should match the acuity and urgency of the situation).
Health Education	Provide instruction before/after a procedure, upon patient transfer to a new location or if there is a change in condition.
Communication	Demonstrate ability to engage in therapeutic communication Participate in RN handoff between settings and/or shifts Document nursing assessment and care according to unit policy
Collaboration	Participate in interdisciplinary and/or case management rounds Demonstrate appropriate delegation within the nursing team. Contact an interdisciplinary team member with a question or concern Advocate for the patient’s needs to another health care provider
Nursing Process	Based on nursing assessment, plan, perform and evaluate appropriate nursing interventions – recognizing the need for flexibility and patient engagement whenever creating a plan of care. Create or update patient’s plan of care within the clinical record
Cultural congruence	Convey an acceptance of patient’s health beliefs while sharing health info, encouraging self-efficacy and strengthening coping resources

	Seek to understand how the patient's cultural beliefs and preferences impact the plan of care and the patient's ability to care for self
Glucose regulation Nutrition	Assess and intervene to maintain glucose control Assess and promote proper nutrition, including patient/family education & enteral and parenteral supplements as ordered
Perfusion Oxygenation/Hemostasis	Integrate observational data with data obtained from hemodynamic monitoring sources to assess patient's status Recognize and treat life-threatening or hemodynamically significant cardiac arrhythmias or bleeding Recognize and treat acid-base imbalances using interventions involving mechanical ventilator or medications Recognize and treat shock, DIC, massive PE, kidney or liver failure
Intracranial Regulation	Integrate observational data with data obtained from ICP monitoring sources to assess patient's neurologic status Recognize and treat traumatic brain injury, cerebral hemorrhage
Tissue Integrity/Infection	Intervene to prevent or treat complications after surgery or related to hospitalization including but not limited to surgical site infection, ventilator associated pneumonia, CLABSI, CAUTI, pressure injury.
Protection/movement Pain	Assess and intervene to promote physical activity. Intervene to prevent/manage pain, anxiety and nausea. Explore non-pharmacological methods for pain control. Participate in pain control strategies for opioid-addicted patients
Coping & Stress Regulation	Explore the role social determinants play in coping/stress regulation Consider non-pharmacological options to improve coping and reduce delirium (e.g., minimize sensory overload, promote sleep cycle)
Health Care Law Palliation	Describe nursing management of the dying patient, including how an advanced directive may guide family decision making r/t resuscitation, organ and tissue donation and end of life care
Quality Improvement (QI)	Explore the PDSA cycle involved in a unit-based QI activity Attend at least 2 unit-based QI meetings
EBP	Identify an application of research or EBP guideline r/t patient care Identify an area of clinical practice where evidence is lacking to guide practice.

From Steph Kraus: for ICU level of care, experiences could include:

- Hemodynamic assessment and interventions

- Life-threatening or hemodynamically significant cardiac arrhythmias
- Life-threatening bleeding
- ICU medications- vasopressors and infusions of continuous sedatives
- Mechanical ventilation/respiratory failure and analysis and interventions based on arterial blood gas
- Delirium is common on med/surg but applies to ICU
- Palliative care and end of life come up much more in the ICU but also happen on med/surg
- Care for the organ donor patient is also a possibility in the ICU
- Certain diagnoses: shock all types, DIC, DKA, traumatic brain injury, cerebral hemorrhage, liver failure, massive PE
- ICP monitoring
- Delivering difficult news; use of advanced directives
- Families in crisis