



THIRD EDITION

Critical
Care
Nursing
OF
Older
Adults

**BEST
PRACTICES**

Marquis D. Foreman
Koen Milisen
Terry T. Fulmer
EDITORS

3

EDITION

Critical Care
Nursing of Older
Adults
Best Practices

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Foreword

How important is this book? It's simple to answer this question if my words are not considered to be hyperbole. When one writes a foreword to a book it is expected that he or she will be enthusiastic and very complimentary. For why else would the authors ask for a foreword if not for an endorsement?

But in this case my enthusiasm is closer to excitement than to any other emotion; well, perhaps excitement and gratitude. The contents of this book, read serially or in pieces, are vitally needed right now. Our hospitals are filled with older people who, more often than not, are in critical care units for part of their hospital stay. The myriad problems they experience are described in detail with theoretical and evidence-based interventions. The experts—who are academics/clinicians—have been close to geriatrics for much of their professional lives. They are sharing with the reader the wisdom they have gained and this knowledge, applied by others, will improve the care of our older patients immeasurably.

The book's contents run the gamut of elder problems and care: physiology, pharmacology, nutrition, restraints, substance abuse, family involvement, sepsis, and so on; it is a compendium that can be used as a text or a resource. My preference would be for readers to become familiar with the contents and approach sections when you need them most so that their value will be immediately accessible. Written by nurses and physicians, the material covered is aided by the use of numerous case studies that illustrate and exemplify emblematic problems and solutions.

I would like to point out something that we often overlook when considering hospitalized patients of all ages. This is the importance of family visiting; attendance is vital wherever the patient is on the health–illness continuum. Years ago, in looking for a subject for my doctoral dissertation, my 1 1/2-year-old son had an emergency herniorrhaphy. Having studied and worked in psychiatric nursing I was very familiar with the works of Anna Freud and John Bowlby concerning separation of young children from parents during hospitalization (or war time). I chose this area of study and later, after publication of the monograph (Fagin, 1966), which led to national changes in hospital visiting privileges for parents, I thought and wrote about the importance of families during other times of life as well. This book touches on the subject of family visitation and acknowledges the deficits for patients in critical care because of restricted visiting. This resonated strongly with me because of my past work, but also because of dealing with my older sister's illness and repeated admissions to the ICU. Knowing I was there for her made a huge difference in her recovery.

The reader will find other areas of particular interest because of their own professional and personal backgrounds. But all health care providers need part or all of the content of this book. We must get acute and critical care nursing “right” for the sake of the patient and the health care system. Currently, hospitals are places that

are more often feared than seen as places of refuge and healing. I believe nursing can and must change this perception. Older people are the prime “business” of our health care system today. The book will be my reference of choice, and I strongly recommend it for all aware nurses, physicians, and other colleagues.

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Fagin, C. M. (1966). *The effects of maternal attendance during hospitalization on the behavior of young children*. Philadelphia: F. A. Davis.

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Critical Care
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Part I

The Context for
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Introduction and Overview

1

Marquis D. Foreman
Koen Milisen
Terry T. Fulmer

Older adults overwhelmingly represent the majority of patients receiving critical care worldwide. In response to the health care needs of this population, in 1992 Fulmer and Walker published their groundbreaking book on critical care nursing of the elderly; one of the first of its kind. Seventeen years later, the need for a clinical reference for improving the care of older adults with critical illness is even more important. At the beginning of the 21st century, in most developed countries we find ourselves amid an explosion of older people, especially the old-old. With greater longevity, more people are growing older and dealing with chronic health conditions, many with multiple comorbid conditions, which creates a unique set of challenges as much for the care provided as for the complexity of that care. Nurses and associated health professionals must consider the usual physiologic changes that accompany aging, the frequent comorbid conditions that exist in this population, the interaction among these factors, and the treatment provided. Here, expertise in geriatric care is a must. Although efforts to prepare for the graying of the world's population began in the 1960s, now, early in the 21st century, clearly these efforts have fallen short—the number of health care providers trained to care for older adults is gravely insufficient. Nowhere is this insufficiency more evident than in critical care. As a result, in a 2008 report

from the Institute of Medicine (IOM), John Rowe suggested that all health care providers must become competent in the care of older adults. To that end, this book was written.

This volume presents the collective thinking of international experts who are striving to address current questions regarding how to better provide critical care to older adults. We have organized the content into 26 chapters arranged in four parts. In all but a few of these chapters, you find the state of the science organized around a real-life case study, which is intended to provide application of the ideas presented to the real world and to bring these ideas to life. This structure enables the book to serve as a reference on major clinical issues for nurses working at the forefront in providing care to critically ill older adults and their families: from nurses working in critical care and step-down units to nurses in trauma and emergency departments. Nurse educators for all degree levels, interdisciplinary team members, and researchers will find this book of great use because it highlights gaps in knowledge with regard to the care of critically ill older adults.

Here is a brief look at the material covered in this book. Part I: The Context for Critical Care Nursing of Older Adults, is comprised of four chapters. This chapter Introduction and Overview, written by Foreman, Milisen, and Fulmer, describes the volume's intent.

Chapter 2: Standards of Practice for Gerontological and Critical Care Nursing, written by Kleinpell, presents an overview of standards of practice for geriatric nursing care. One of the challenges here is that there are a number of standards in use that are presented by several august groups: the American Nurses Association, the American Association of Critical Care Nurses, and the Emergency Nurses Association, among others. Kleinpell describes how these standards interface to complement care of critically ill older adults, and highlights resources available to guide care of this patient population.

Chapter 3: The Critical Care Environment, by Tullmann, Hawkes, and Enfield, accentuates the need to appropriately modify the intensive care unit (ICU) environment to promote or preserve functional ability for the older adult population. They recommend successful strategies for an optimal physical, interpersonal, and social milieu, leading to a more healing environment for older adults in critical care.

Chapter 4: Patient Safety: Safety and quality are the mantra now and will be for the foreseeable future until we can prove to the public that "never" events are no longer detectable. In 2009, The National Quality Forum published its safe practices and set a "blueprint" for the way in which organizations should improve safety and quality of care for the patients they serve. This chapter, which is written by Dillworth and Fulmer, reflects the standards and practices of that document (Hughes, 2008; Institute of Medicine, 2000). The chapter addresses key areas for safety and provides a lexicon of resources for practicing nurses as they strive to eliminate error for the benefit of the critically ill older patient.

Part II: Social Aspects of Critical Care Nursing of Older Adults has seven chapters beginning with chapter 5: Ethical Decision Making. In this chapter, Mitty discusses central aspects of the approach of care for critically ill older individuals within a framework of caring and shared decision making. Who should receive care? Who should pay? When should care be withdrawn or, in fact, at what point should new care regimens be discontinued? All these are serious issues that are likely to overwhelm the health care system unless careful, proactive thinking evolves.

In chapter 6, *Continuity of Care*, McCauley profiles critically ill older adults likely to be at risk for readmission. She describes the common types of adverse events and the outcomes that occur with these patients. To prevent complications or detect early causes of deterioration, McCauley urges nurses and other health care providers to manage not only the care in each setting but also to proactively integrate the transition between settings. She gives an overview of effective care models that have been proven to promote continuity and benefit for older patients and describes concrete examples on how to implement these models.

Chapter 7: *Family Responses to Critical Care of the Older Adult*—here Leske emphasizes family-centered care as a strategy for improving outcomes of care for critically ill older adults. Consequently, in this chapter, she focuses on family assessments, interventions, and theories to better comprehend the influence of critical illness on the family.

Chapter 8: *End-of-Life Care: Caring for critically ill older adults who are facing end-of-life issues* is challenging at best. Kehl and Kirchoff provide strategies for making the shift from a curative to a comfort focus by attending to the elements that make for good end-of-life care. These strategies include methods for improving communication, symptom management, and preparation for death.

Chapter 9: *Becoming Frail*: McDougall and Delville update the work of Wolanin on frailty in critically ill older adults. They provide an overview of the cascade of events terminating in a critically ill older adult becoming frail and how this adds to the complex issues that arise in providing care to such patients. Strategies for assessing the status of these patients and perspectives for improving outcomes of care for this vulnerable patient population are presented.

In chapter 10: *The Chronically Critically Ill*, Wiencek and Hickman depict a new way of describing the patient, *the chronically critically ill patient*, which has evolved from the extraordinary interventions and strategies now available in health care. The Office of Technology Assessment's classic 1987 report on life-sustaining technologies in the elderly was a harbinger for how we would be able to provide care in 2010. That report warned us that, within the foreseeable future, hospitals would become intensive care units, and in fact, this is so today. All of us need to think about our approach to care for individuals who will need our critical care skills over an extended period of time.

In chapter 11, *Function of Older Adults in Acute Care: Optimizing an Opportunity*, Resnick contributes to one of the most important responsibilities that nurses may have in caring for older adults, especially those enduring a critical illness—optimizing function. In this chapter, she addresses the importance of function among older hospitalized individuals to optimize their clinical outcomes as well as to decrease the cost of care. She does so by reviewing extensively the contributing factors for functional decline, by illuminating the differences between function and physical activity and functional decline and disability, and by describing care approaches such as integrated restorative care, which nurses can use as an effective strategy in the rehabilitation process of the older patient.

Part III of the volume—*Foundations for Clinical Care of Critically Ill Older Adults*—begins with chapter 12, *Physiology of Aging: Impact on Critical Illness and Treatment*. Physiologic changes associated with aging may be usual but are anything but normal. Brock and Jablonski examine these usual physiologic changes by organ system and discuss how these changes affect the presentation of disease as well as the response to treatment.

Chapter 13: Pharmacotherapy—the principles outlined in this chapter by Ruscin remind us that with technology, pharmaceutical advancements, and biotechnologies more intervention is now possible than heretofore could be imagined. The author then describes underlying concepts of appropriate pharmacologic intervention for critically ill individuals.

Chapter 14: Nutrition and Hydration: Wilt and Fick explore nutrition and hydration in the context of critically ill older individuals, some of whom have severely altered patterns of ingestion and elimination over brief or sustained periods of time. Again, reflecting on the notions of ethical care, humane care, and care that provides comfort and safety, one needs to realize that these domains intersect in an ongoing, complex, and profound way.

Chapter 15: Physical Restraints in Critical Care: Practice Issues and Future Directions: The use of physical restraints remains a controversial and challenging practice, especially within the critical care environment. Although the use of physical restraints in critical care has received scant attention in the literature (in contrast to other settings), Mion and Bradas have identified and described essential values, norms, best practice principles, and recommendations for changing practice within an interdisciplinary patient-centered fashion.

Chapter 16: Infection, Sepsis, and Immune Function—In this chapter, Sorenson identifies age-related changes in immune function, discusses the interaction between comorbid conditions and immunity, describes immunological biomarkers that may facilitate the detection of those frail elders at greater risk for chronic disease and functional decline, and finally concludes with interventions to prevent, alleviate, or manage problems associated with immunosenescence.

Chapter 17: Understanding and Managing Sleep Disorders in Older Adult Patients in the Intensive Care Unit—It is generally agreed that sleep in the ICU is poor, but this problem is compounded among older patients. Marie, Patel, and Gooneratne present the many-faceted origins of poor sleep in the ICU with strategies for promoting sleep.

Chapter 18: Pain in the Critically Ill Older Adult: Pain is a major concern because of its complexity, high prevalence, and impact on older persons in all settings, but especially in the critical care setting. Gélinas and Herr comprehensively describe important issues such as problems associated with attitudes and misperceptions regarding untreated pain and pain assessment, and how to manage these in both a pharmacological and nonpharmacological manner. Special attention goes to those critically ill older patients who are unable to communicate pain because of a diminished level of consciousness (e.g., intubation, sedative agents, and/or cognitive decline).

The final section of this book, Part IV: Approaches to Complex Clinical Issues in Critically Ill Older Adults, describes specific treatment approaches for this population.

In chapter 19: Pressure Ulcer Prevention and Management, Defloor, Vanderwee, and Dealey remind us about the high costs associated with decubitus, both in terms of patient suffering and financial burden. Fortunately, nurses might use the many evidence-based strategies available nowadays for effective prevention and management, leading to improved safety and quality of care for the patients.

Chapter 20: Wound Healing in the Elderly: The consequences of chronic wounds are devastating for critically ill older patients, as they are more likely to experience greater morbidity, such as loss of an extremity, as well as greater mortality, than do other patients. For institutions, critically ill older patients with chronic wounds or hospital-acquired wounds create financial havoc, as these are considered indicators

of poor quality care for which the Centers for Medicare and Medicaid Services no longer pay. Lyder provides information essential for preventing the occurrence of such wounds as well as the information necessary for promoting the normal wound-healing cascade.

Chapter 21: Substance Abuse and Withdrawal: Psychoactive substance use, abuse, and withdrawal are an interdisciplinary challenge. In their extensive overview, Sabbe and Vandenberghe highlight the importance of knowledge and insights about physical and mental dependency, tolerance, abstinence reactions, and withdrawal effects of various chemical substances affecting the central nervous system. Special emphasis is given to the observation and management of symptoms and behaviors as contributors to the patient's complex diagnostic and treatment plan.

In chapter 22, Urinary Incontinence in Critically Ill Older Adults, Palmer reminds us that although seemingly benign, urinary incontinence is a potentially life-threatening condition, a condition frequently overlooked during a critical illness. Palmer provides background information about urinary incontinence and discusses evidence-based approaches for meeting the continence needs of critically ill older adults.

Chapter 23: Heart Failure in the Critically Ill Older Patient: In this chapter, Moser and Rich provide an overview of the unique care needs of critically ill older adults with heart failure. They bring clarity to the important contribution critical care nurses make with respect to the chain of education and advocacy leading to appropriate health care and improved outcomes for this patient population.

Chapter 24: Perioperative Care—this chapter examines perioperative care of older adults, which is a new focus for research. Yet, despite the fact that the knowledge on which to found perioperative best practices is limited, older patients are successfully undergoing extensive operative procedures that were previously restricted to younger patient populations. Silverstein discusses these issues and the state of the science of perioperative care for critically ill older adults.

Chapter 25: Acute Respiratory Failure and Mechanical Ventilation in the Elderly: Respiratory failure is the primary reason for the majority of admissions to critical care units. In this chapter, Kamen discusses the major factors contributing to respiratory failure in critically ill older adults. Mechanical ventilation is the mainstay treatment for this problem; however, she also addresses alternatives to such treatment and strategies for improving outcomes for this vulnerable patient population.

Chapter 26: Delirium in Critical Illness: Delirium is one of the most complex issues facing critically ill older adults, their families, and those providing care to these patients. It is a clinical condition that frustrates and strains care providers, frightens families, dehumanizes older patients, and costs billions of dollars annually. In this chapter, Foreman, Schuurmans, and Milisen discuss the nature of delirium and how this adds to the challenges of recognition and diagnosis, factors that place patients at risk for developing delirium with critical illness, methods of assessment for its identification, and currently accepted strategies for preventing and managing delirium in older critically ill patients.

We are indebted to these authors for their efforts in helping us to bring this book to life. We thank them for these contributions, to their lifelong dedication to improving the quality of care for this vulnerable patient population, and their friendship.

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Standards of Practice for Gerontological and Critical Care Nursing

2

Ruth M. Kleinpell

Introduction

Focusing on best care practices for geriatric nursing care requires an awareness of available resources within current standards of practice. A number of standards exist to guide critical care nursing of the elderly, including standards from the American Nurses Association (2001, 2004), the American Association of Critical Care Nurses (2005), and the Emergency Nurses Association (<http://www.ena.org/education/GENE/default.asp>). This chapter presents an overview on standards of practice for geriatric nursing care, highlighting resources that are available to guide nursing practice that is focused on evidence-based care. Discussion of how the standards interface and can be used to complement care for critical care nursing of the elderly is also provided.

Standards Defined

Standards are defined as authoritative statements by which the nursing profession outlines nursing care responsibilities (American Nurses Association, 2004). Standards provide a framework for evaluating nursing practice, provide direction for nursing

Exhibit 2.1

Nursing Standards of Practice

Standard 1: Assessment: The registered nurse collects comprehensive data pertinent to the patient's health or the situation.

Standard 2: Diagnosis: The registered nurse analyzes the assessment data to determine the diagnosis or issues.

Standard 3: Outcomes Identification: The registered nurse identifies expected outcomes for a plan individualized to the patient or the situation.

Standard 4: Planning: The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5: Implementation: The registered nurse implements the identified plan.

Standard 6: Evaluation: The registered nurse evaluates progress toward attainment of outcomes.

Note. Adapted from American Nurses Association (2004).

practice, and outline responsibilities that nurses are accountable for as well as recommended outcomes (American Nurses Association). Standards also serve as guidelines and provide a framework by which care is measured (Hanson, 2009). The document *Nursing: Scope and Standards of Practice* (American Nurses Association) outlines six generic standards of practice (Exhibit 2.1).

These six standards of practice indicate that nursing care is framed around the critical thinking model known as the nursing process, which forms the foundation for nursing decision making (American Nurses Association, 2004). As outlined in *Nursing: Scope and Standards of Practice*, several fundamental aspects of standard nursing practice include:

- Providing age-appropriate and culturally and ethnically sensitive care
- Maintaining a safe environment
- Educating patients about healthy practices and treatment modalities
- Assuring continuity of care
- Coordinating the care across settings and among caregivers
- Managing information
- Communicating effectively
- Using technology

Standards of Practice for Gerontological Nursing

Persons aged 65 and older are a growing proportion of the population who have specific health care and nursing related needs. In 2006, there were an estimated 37 million people aged 65 and older in the United States, representing just over 12% of the population, with growth projections predicted to reach nearly 20% by 2030 (Federal Interagency Forum on Aging Related Statistics, 2008). As a result, planning for the health care needs of the aging population has become a priority area for nursing as

well as for the spectrum of health care clinician disciplines. Professional nurses play a significant role in developing, implementing, and evaluating standards of nursing practice (Stanley & Blair, 2005). In 1987, the American Nurses Association Standards of Gerontological Nursing Practice were revised from the original generic standards to serve as a model for gerontological nursing practice. The standards recommend similar areas of focus as the generic standards of practice, but are focused on gerontological nursing care. Several areas of focus include comprehensive assessment of the older adult's functional, psychological, and psychosocial status; response to the aging process; history of health conditions; and the importance of individualization of care; among other areas of focus. Exhibit 2.2 provides a listing of the standards of practice for gerontological nursing.

Using Standards of Practice to Promote Evidence-Based Practice

As practice guidelines for care, standards of practice are derived from evidence-based practice and are continuously evolving (Hanson, 2009). For the specialty area of gerontological nursing practice, a number of resources exist for developing and revising standards of practice, including federally based resources such as the Agency for Healthcare Research and Quality (www.ahrq.gov) and the Nursing Quality Forum (www.qualityforum.org); geriatric specialty organizations such as the Hartford Institute for Geriatric Nursing (www.hartfordign.org), American Geriatrics Society (www.americangeriatrics.org), National Institute on Aging (www.nia.nih.gov), among others; and quality-based organizations such as the Institute for Healthcare Improvement (www.ihl.org). Exhibit 2.3 outlines a number of resources for geriatric best care practices that can be used to develop and revise standards of practice for gerontological nursing. Exhibit 2.4 provides a listing from another geriatric care resource entitled ConsultGerIRN, the geriatric clinical nursing Website of The Hartford Institute for Geriatric Nursing (www.consultgerirn.org), which has a variety of evidence-based protocols for managing common geriatric syndromes and conditions.

A number of health care disciplines are promoting evidence-based standards of practice for gerontology practice. The National Association of Professional Geriatric Care Managers' standards of practice outline that geriatric-focused care practice guidelines should address several areas, including fostering self-determination, right to privacy, and personal integrity of the older person (2003). Medical standards of care for geriatric practice also highlight recommendations for standards of care that focus on comprehensive geriatric assessments, effective disease prevention and early detection, individualized prevention, encouraging compliance, respect for decisional capacity and justice, integration of care using local resources, team-based care, effective end-of-life care, effective palliative care, coordination with hospice care, and effective care in nursing homes (Luchi, Gammack, Marcisse, & Porter Storey, 2003).

Specialty geriatric organizations can also serve as sources of information to inform standards of practice. The National Gerontological Nursing Association (www.ngna.org) has published position statements that outline best care practices for geriatric patients that can be used to formulate and revise standards of practice. Additionally, institutional resources focusing on geriatric care best practices such as the University of Pennsylvania School of Nursing's GeroTIPS online (<http://www.nursing.upenn.edu/>

Exhibit 2.2

Standards of Practice for Gerontological Nursing Practice

Standard 1: Assessment: The gerontological nurse collects patient health data. The data may include information on:

- Functional abilities (activities of daily living)
- Physical, psychological, psychosocial, economic, cognitive, cultural, and spiritual status
- Environmental assessment, including safety issues and identification of available and accessible support systems and material resources
- Response to the aging process
- History of health patterns and illness
- Prescribed medication, self-medication, and complementary/integrative therapies and practices
- Current self-care and health-promotion activities
- Past and current lifestyles
- Individual coping patterns
- Perception of and satisfaction with health status
- Health beliefs, values, and practices
- Advanced directives for health care

Standard 2: Diagnosis: The gerontological nurse analyzes the assessment data in determining diagnoses

Standard 3: Outcomes Identification: The gerontological nurse identifies expected outcomes individualized to the older adult. Expected outcomes:

- Reflect the diagnoses
- Belong to the older adult and are mutually formulated with the older adult, family, or significant others and the interdisciplinary team
- Are culturally appropriate and realistic in relation to present and potential capabilities
- Are attainable in relation to resources available to the older adult and care setting
- Include a time frame for attainment
- Are identified with consideration of the associated benefits and costs
- Provide direction for continuity of care
- Are documented as measurable goals

Standard 4: Planning: The gerontological nurse develops a plan of care that prescribes interventions to attain expected outcomes

Standard 5: Implementation: The gerontological nurse implements the interventions identified in the plan of care. Interventions may include:

- Facilitation of self-care and optimal functioning
- Health promotion and maintenance
- Disease prevention
- Health teaching
- Counseling
- Psychobiological interventions
- Consultation
- Data collection and assessment
- Exploration of treatment choices including integrated interventions/modalities such as nutrition, therapeutic touch, relaxation techniques, and exercise
- Palliative care for the chronically ill or dying older adult
- Referral to community resources
- Case management
- Evaluation and education of caregivers

Standard 6: Evaluation: The gerontological nurse evaluates the older adult's progress toward attainment of expected outcomes.

Note. Adapted from the American Nurses Association (2001).

Exhibit 2.3

Geriatric Best Practice Resources

University Geriatric Websites
 University of Iowa www.medicine.uiowa.edu/igec
 University of Pennsylvania
www.nursing.upenn.edu/centers/hcgne/default.htm
 Hartford Institute for Geriatric Nursing/NYU site
www.hartfordign.org
 Try This Series:
<http://www.hartfordign.org/resources/education/tryThis.html>

Additional Geriatric Websites

Alzheimer's Association
www.alz.org
 Alzheimer's Association Resource Center
www.alz.org/ResourceCenter/ResourceCenter.htm
 American Geriatrics Society Nursing Review Syllabus
www.americangeriatrics.org/products/gnr_syllabus.shtml
Merck Manual of Geriatrics
www.merck.com/pubs/mm_geriatrics/contents.htm
 National Institute on Aging
www.nia.nih.gov/health
 Age Pages
www.niapublications.org/shopdisplayproducts.asp?id=15&cat=Age+Pages+and+Fact+Sheets
 Communicating with Older Patients
www.nia.nih.gov/health/pubs/clinicians-handbook/index.htm#content

Coalition of Geriatric Nursing Organizations

www.hartfordign.org/resources/policy/coalition.html

American Academy of Nursing (AAN)—Expert Panel on Aging

- The American Association of Nurse Assessment Coordinators
- National Association of Directors of Nursing Administration in Long Term Care (NADONA/LTC)
- National Conference of Gerontological Nurse Practitioners (NCGNP)
- National Gerontological Nursing Association (NGNA)
- The John A. Hartford Foundation Institute for Geriatric Nursing

John A. Hartford Foundation Gerontological Nursing Initiative
www.gerontologicalnursing.info

Geriatric Nursing Journals

Geriatric Nursing
www2.us.elsevierhealth.com/scripts/om.dll/serve?action=searchDB&searchDBfor=home&id=gn
Journal of Gerontological Nursing
www.slackinc.com/allied/jgn/jgnhome.htm
Geriatric Emergency Nursing Education
<http://www.ena.org/education/GENE/default.asp>

A series of educational modules addressing geriatric care including discharge planning, abuse and neglect, attitudes and ageism, polypharmacy, physical and psychological changes, palliative care, pain management, and triage and assessment

Note: From Emergency Nurses Association: See <http://www.ena.org/nursing/geriatric/top10-resources.asp/> and <http://www.ena.org/education/GENE/default.asp>

Exhibit 2.4

Evidence-Based Geriatric Protocols and Topics

Atypical Presentation
Delirium
Dementia
Depression
Elder Mistreatment and Abuse
Falls
Family Caregiving
Function
Hydration Management
Iatrogenesis
Mealtime Difficulties
Medication
Normal Aging Changes
Nutrition in the Elderly
Oral Health in Aging
Pain
Palliative Care
Physical Restraints
Pressure Ulcers
Sensory Changes
Sexuality Issues in Aging
Sleep
Substance Abuse
Treatment Decision Making
Urinary Incontinence

Note. Retrieved from http://consultgerim.org/resources/geriatric_topics

centers/hcgne/gero_tips/RES_Best_Practice.htm) and the Emergency Nurses Association's Geriatric Best Practice Resources (<http://www.ena.org/nursing/geriatric/top10-resources.asp>) provide educational and clinical practice references that can be used to update standards of practice to ensure alignment with current best practice recommendations.

Standards of Practice Relating to Critical Care

The American Association of Critical Care Nurses (AACN) is a resource for standards of practice relating to critical care. A number of standards have been created for critical care nursing practice, including AACN's Standards of Care for Acute and Critical Care Nursing (Exhibit 2.5), Standards of Professional Practice for Acute and Critical Care Nursing (Exhibit 2.6), as well as clinical practice standards focusing on specific clinical conditions such as deep vein thrombosis prevention, verification of feeding-tube placement, preventing catheter-related bloodstream infections, ventilator-acquired pneumonia prevention, and severe sepsis. The AACN standards of care and professional practice for acute and critical care nursing provide examples of the roles and responsibilities expected of the critical care nurse and include both standards of care, which prescribe a competent level of nursing practice, and standards of professional performance, which articulate the roles and behaviors expected of nursing professionals. These standards are directly applicable to the critical care nursing of the elderly as they outline considerations for general care of acute and critically ill patients with respect to assessment, diagnosis, outcome identification, planning, implementation, and evaluation as well as quality-of-care considerations.

The AACN standards for establishing and sustaining healthy work environments outline several standards, including communication, collaboration, effective decision making, appropriate staffing, recognition, and leadership (Exhibit 2.7). As broad-based standards, they can be applied to care of the critically ill elder to promote evidence-based and relationship-centered principles of professional practice.

The Emergency Nurses Association is an additional resource for standards of practice relating to emergency care. Standards of practice for emergency care outline clinical standards for direct patient care and include considerations related to assessment, diagnosis, treatment plan, implementation, and evaluation/outcome, as well as quality-of-care aspects (<http://www.ena.org/pdf/Standards.pdf>). These standards can also be applied to critical care nursing of the elderly patient with urgent or emergent care conditions.

Interface of Standards

The standards of practice for gerontological nursing interface in several ways with the critical care and emergency nursing standards. The standards provide direction for nursing practice and outline responsibilities for aspects of critical care nursing, including general considerations for assessment, diagnosis, outcome identification, planning, implementation, and evaluation, which can readily be applied to care of the elderly patient.

The standards can be used in conjunction to promote best practices for critical care nursing of the elderly. For example, the standards of practice for gerontological

Exhibit 2.5

Standards of Care for Acute and Critical Care Nursing

Standard of Care I: Assessment

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS COLLECTS RELEVANT PATIENT HEALTH DATA.

Measurement Criteria

1. Data collection involves the patient, family, and other health care providers as appropriate to develop a holistic picture of the patient's needs.
2. The priority of data collection activities is driven by the patient's immediate condition and/or anticipated needs.
3. Pertinent data are collected using appropriate assessment techniques and instruments.
4. Data are documented in a retrievable form.
5. Data collection process is systematic and ongoing.

Standard of Care II: Diagnosis

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS ANALYZES THE ASSESSMENT DATA IN DETERMINING DIAGNOSES.

Measurement Criteria

1. Diagnoses are derived from the assessment data.
2. Diagnoses are validated throughout the nursing interactions with the team consisting of the patient, family, and other health care providers, when possible and appropriate.
3. Diagnoses are prioritized and documented in a manner that facilitates determining expected outcomes and developing a plan of care.
4. Diagnoses are documented in a retrievable form.

Standard of Care III: Outcome Identification

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS IDENTIFIES INDIVIDUALIZED, EXPECTED OUTCOMES FOR THE PATIENT.

Measurement Criteria

1. Outcomes are derived from actual or potential diagnoses.
2. Outcomes are mutually formulated with the patient, family, and other health care providers, when possible and appropriate.
3. Outcomes are individualized in that they are culturally appropriate and realistic in relation to the patient's age and present and potential capabilities.
4. Outcomes are attainable in relation to resources available to the patient.
5. Outcomes are measurable and should include a time estimate for attainment, if possible.
6. Outcomes provide direction for continuity of care so that the nurse's competencies are matched with the patient's needs.
7. Outcomes are documented in a retrievable form.

Standard of Care IV: Planning

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS DEVELOPS A PLAN OF CARE THAT PRESCRIBES INTERVENTIONS TO ATTAIN EXPECTED OUTCOMES.

Measurement Criteria

1. The plan is individualized to reflect the patient's characteristics and needs.
2. The plan is developed collaboratively with the team, consisting of the patient, family, and health care providers, in a way that promotes each member's contribution toward achieving expected outcomes.
3. The plan reflects current acute and critical care nursing practice.

(continued)

Exhibit 2.5 (continued)

4. The plan provides for continuity of care.
5. Priorities for care are established.
6. The plan is documented to promote continuity of care.

Standard of Care V: Implementation

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS IMPLEMENTS INTERVENTIONS IDENTIFIED IN THE PLAN OF CARE.

Measurement Criteria

1. Interventions are delivered in a manner that minimizes complications and life-threatening situations.
2. The patient and family participate in implementing the plan of care based upon their ability to participate in and make decisions regarding care.
3. Interventions are documented in a retrievable manner.

Standard of Care VI: Evaluation

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS EVALUATES THE PATIENT'S PROGRESS TOWARD ATTAINING EXPECTED OUTCOMES.

Measurement Criteria

1. Evaluation is systematic, ongoing, and criterion-based.
2. The team consisting of patient, family, and health care providers is involved in the evaluation process as appropriate.
3. Evaluation occurs within an appropriate time frame after interventions are initiated.
4. Ongoing assessment data are used to revise the diagnoses, outcomes, and plan of care as needed.
5. Revisions in diagnoses, outcomes, and plan of care are documented.
6. The effectiveness of interventions is evaluated in relation to outcomes.
7. The patient's responses to interventions are documented.

Note. Retrieved from <http://www.aacn.org/WD/Practice/Content/standards.for.acute.and.ccnursing.practice.pcms?menu=Practice>

nursing can be used to establish a general framework for critical care nursing, whereas the standards of practice for critical care and emergency care can be used to focus care specific to stabilization of critical care or emergency care conditions. Put together, these standards can be used to structure care processes to improve nursing care for elderly patients with acute, critical, and emergent care conditions.

Summary

Nursing standards of practice are beneficial in guiding nursing care. As the scope of practice in gerontological nursing is ever evolving, it becomes important that nursing standards of practice for gerontological nursing incorporate evidence-based practice concepts and promote best practices. A number of standards of practice exist that pertain to critical care nursing of the elderly, including the American Nurses Association's standards of practice for gerontological nursing, the American Association of

Exhibit 2.6

Standards of Professional Practice for Acute and Critical Care Nursing

Standard of Professional Practice I: Quality of Care

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS SYSTEMATICALLY EVALUATES THE QUALITY AND EFFECTIVENESS OF NURSING PRACTICE.

Measurement Criteria

1. The nurse participates in quality-of-care activities.
2. The nurse uses the results of quality-of-care activities to initiate changes in nursing practices and the health care delivery system as appropriate.
3. The nurse assures that quality-of-care activities incorporate the patient and family's perspective as appropriate.

Standard of Professional Practice II: Individual Practice Evaluation

THE PRACTICE OF THE NURSE CARING FOR ACUTELY AND CRITICALLY ILL PATIENTS REFLECTS KNOWLEDGE OF CURRENT PROFESSIONAL PRACTICE STANDARDS, LAWS, AND REGULATIONS.

Measurement Criteria

1. The nurse evaluates his or her own nursing practice in relation to the professional practice standards and relevant statutes and regulations.
2. The nurse engages in a self-assessment and/or a formal performance appraisal on a regular basis, identifying areas of strength as well as areas where professional development would be beneficial.
3. The nurse seeks and reflects on constructive feedback from the team consisting of patient, family, and other health care providers regarding his or her own practice.
4. The nurse takes action to achieve performance goals.

Standard of Professional Practice III: Education

THE NURSE ACQUIRES AND MAINTAINS CURRENT KNOWLEDGE AND COMPETENCY IN THE CARE OF ACUTE OR CRITICALLY ILL PATIENTS.

Measurement Criteria

1. The nurse participates in ongoing educational activities to acquire knowledge and skills needed to care for acute and critically ill patients.
2. The nurse seeks experiences that reflect current clinical practice in order to maintain current clinical skills and competencies needed to care for acutely and critically ill patients.
3. The nurse participates in ongoing educational activities related to professional issues.

Standard of Professional Practice IV: Collegiality

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS INTERACTS WITH AND CONTRIBUTES TO THE PROFESSIONAL DEVELOPMENT OF PEERS AND OTHER HEALTH CARE PROVIDERS AS COLLEAGUES.

Measurement Criteria

1. The nurse shares knowledge, skills, and experiences with colleagues.
2. The nurse provides peers and other health care providers with constructive feedback regarding their practice, as appropriate to their level of expertise.
3. The nurse interacts with colleagues to enhance his or her own professional nursing practice.
4. The nurse contributes to a learning environment that is conducive to health care education.
5. The nurse contributes to an effective team environment by working with others in a way that promotes and encourages each person's contribution.

(continued)

Exhibit 2.6 (continued)**Standard of Professional Practice V: Ethics**

THE NURSE'S DECISION AND ACTIONS ON BEHALF OF ACUTELY AND CRITICALLY ILL PATIENTS ARE DETERMINED IN AN ETHICAL MANNER.

Measurement Criteria

1. The nurse's practice is guided by the ANA's Code for Nurses, AACN's Ethic of Care, and ethical principles.
2. The nurse maintains patient confidentiality within legal and regulatory parameters.
3. The nurse acts as a patient advocate and assists others in developing skills so they can advocate for themselves.
4. The nurse delivers care in a nonjudgmental and nondiscriminatory manner that is sensitive to patient diversity.
5. The nurse delivers care in a manner that meets the diverse needs and strengths of the patient and preserves patient autonomy, dignity, and rights.
6. The nurse uses available resources in formulating ethical decisions.

Standard of Professional Practice VI: Collaboration

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS COLLABORATES WITH THE TEAM, CONSISTING OF PATIENT, FAMILY, AND HEALTH CARE PROVIDERS, IN PROVIDING PATIENT CARE IN A HEALING, HUMANE, AND CARING ENVIRONMENT.

Measurement Criteria

1. The nurse communicates with the team regarding patient care and the nurse's role in providing care.
2. The nurse works with the team to formulate the plan of care and to make decisions related to the care and delivery of services.
3. The nurse consults with other health care providers and initiates referrals as appropriate to promote continuity of care.

Standard of Professional Practice VII: Research

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS USES CLINICAL INQUIRY IN PRACTICE.

Measurement Criteria

The nurse continually questions and evaluates practice and uses best available evidence or research findings to develop appropriate plans of care. The nurse participates in activities to support clinical inquiry appropriate to the nurse's level of expertise.

Standard VIII: Resource Utilization

THE NURSE CARING FOR ACUTE AND CRITICALLY ILL PATIENTS CONSIDERS FACTORS RELATED TO SAFETY, EFFECTIVENESS, AND COST IN PLANNING AND DELIVERING PATIENT CARE.

Measurement Criteria

1. The nurse evaluates factors related to safety, effectiveness, availability, and cost when choosing among two or more practice options that would result in the same expected outcome.
2. The nurse assists the patient and family in identifying and securing appropriate and available services to address health-related needs.
3. The nurse assigns or delegates aspects of care as defined by the state nurse practice acts.
4. If the nurse assigns or delegates aspects of care, the decision is based upon an assessment of the needs and condition of the patient, the potential for harm, the stability of the patient's condition, the predictability of the outcome, and the competencies of the health care provider.
5. The nurse assists the patient and family in becoming informed consumers about costs, risks, and benefits of treatment and care.

Note. Retrieved from <http://www.aacn.org/WD/Practice/Content/standards.for.acute.and.ccnursing.practice.pcms?menu=Practice>

Exhibit 2.7

AACN Standards for Establishing and Sustaining Healthy Work Environments

Skilled Communication

Nurses must be as proficient in communication skills as they are in clinical skills.

True Collaboration

Nurses must be relentless in pursuing and fostering true collaboration.

Effective Decision Making

Nurses must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations

Appropriate Staffing

Staffing must ensure the effective match between patient needs and nurse competencies.

Meaningful Recognition

Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

Authentic Leadership

Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live in that environment, and engage others in its achievement.

Note. Retrieved from <http://www.aacn.org/WD/Practice/Content/PublicPolicy/workenv.pcms?menu=Practice>

Critical Care Nurses standards, and the Emergency Nurses Association standards of practice. These standards can assist nurses in evaluating and improving nursing practice to promote optimal care for critically ill elders. Standards of practice have been identified as objective criteria for assessing nurses' performance, for determining staffing needs of a clinical unit, for identifying educational and staff development programs, and for identifying areas of clinical practice for research (Stanley & Blair, 2005). As the aging population continues to increase, it is expected that the critical care needs of the elderly will also increase. Critical care nursing will need to continue to focus on promoting high standards of gerontological nursing practice to ensure that nursing care continues to meet standards of practice for high-quality care that promote best outcomes for critically ill elders.

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