

Third Edition

Standards for Critical Care Nursing Practice



Canadian Association of Critical Care Nurses



3rd edition

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It is with great pride that the Canadian Association of Critical Care Nurses (CACCN) has produced this third edition of the “Standards for Critical Care Nursing Practice”.

The Standards exemplify the Vision Statement of the Association, which states,

Critical care nursing practice is research based in an environment committed to quality, holistic care, where optimal client/family outcomes are achieved through partnerships and appropriate use of resources.

They are designed to provide nurses, administrators and other health care professionals with an essential resource towards ensuring that all elements of critical care nursing support outcomes are in the best interests of patients and families.

This document demonstrates CACCN’s commitment to our members, colleagues, patients and families and the nursing profession. We gratefully acknowledge the dedication and contributions of all members of CACCN who participated in this project, and thank our corporate sponsors Eli Lilly, Spacelabs, Bristol-Myers Squibb, and 3M Health Care.

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Preface

The board of directors of the Canadian Association of Critical Care Nurses (CACCN) views the development of standards as an important means of demonstrating professional accountability. Standards are a formal mechanism designed to ensure that nursing practices are consistent with the delivery of effective critical care services. They are also useful in the designing of critical care units as well as in the development and evaluation of orientation, continuing education and quality improvement programs. Standards inform the nursing profession, other health professionals and consumers of the expectations for critical care nursing practice.

To ensure that practices remain current as critical care nursing advances, the CACCN Standards are reviewed and revised as necessary, ideally every three years. The first “CACCN Standards for Critical Care Nursing Practice” document was published in 1992. In 1995-1996, the Standards were revised, with a draft document presented to the CACCN board of directors, chapter presidents and general membership in September 1996. Following feedback and discussion from the mentioned stakeholders, the document was approved by the CACCN board of directors in February 1997. This third edition of the “CACCN Standards for Critical Care Nursing Practice” began revision in 2003 and is also the culmination of much effort, dedication and hard work on behalf of many members of CACCN and previous boards of directors.

I would like to thank the current board of directors (Asha Pereira, Glenda Roy, Sue Williams, Joy Mintenko and Grace MacConnell), chapter presidents (Cecilia Hyslop - Toronto, Paula Mahon - BCLM, Abbie Hain - Ottawa, Darren Entner - Saskatchewan, Helga Borchert - Manitoba and Joyce McMullen - Nova Scotia) and also our membership who provide direction and ongoing feedback. A very special acknowledgement is due to Lori Garchinski and Judy Rashotte for their support and work in the preparation of this revised document.

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CACCN Standards for Critical Care Nursing Practice

Nursing standards can be defined as statements that describe the desirable and achievable level of performance expected of registered nurses in their practice. Actual critical care nursing performance can then be compared to these standards. Nursing standards for the specialty of critical care nursing describe achievable expectations regarding critical care nursing practice. Although the specialty standards for the Canadian Association of Critical Care Nurses (CACCN) set out expectations for critical care nursing practice in Canada, registered nurses are accountable to their provincial (regulatory body) standards for the practice of nursing. CACCN acknowledges that the capacity of an individual critical care nurse to meet the practice standards is dependent upon several factors, including the presence of a supportive practice environment. Therefore, CACCN is committed to developing collaborative initiatives that support and promote delivery of safe, competent and ethical critical care nursing practice.



Philosophical Statement of Critical Care Nursing

Critical care nursing is a profession which exists to care for patients who are experiencing life-threatening health crises within a family-focused orientation of caring. Nursing the critically ill patient is continuous and intensive, aided by technology and based on application of the nursing process – assessment of need, planning appropriate interventions, implementing the interventions and evaluating care. Critical care nurses require advanced problem-solving abilities using specialized knowledge regarding the human response to critical illness.

The critical care nurse, working collaboratively with other members of the health care team, is responsible for coordinating patient care using each member's unique talents and scope of practice to meet patient and family needs. Each patient is seen as an individual with the right to receive care based on his/her personal preferences. The critically ill patient must be cared for with an appreciation of his or her wholeness, integrity, and relation to family and environment. Critical care nurses plan and deliver care with the health care team to meet the physical, psychosocial, and spiritual needs of the patient and family. The critical care nurse must balance the need for the highly technological environment with the need for privacy, dignity and comfort. The critical care nurse must maintain a balance between the science of curing and the art of caring.

Critical care nurses are at the forefront of critical care science and technology. Lifelong learning and the spirit of enquiry are essential for the critical care nurse to enhance professional competencies and to advance nursing practice. The critical care nurse's ability to make sound clinical nursing judgments is based on a solid foundation of knowledge and experience.

The following are outcome standards for the structure of the critical care unit and the process of critical care nursing. The standards are global and are meant to be used in all levels and varieties of critical care units.

Terminology

The Critical Care Patient

The critical care patient is an individual with biological, psychological, social, cultural, developmental, environmental and spiritual dimensions that are lived within a total life experience. The critical care patient's ability to communicate is often compromised by age, developmental level, health situation, or intervention. The critical care patient's ability to cope with critical illness is significantly influenced by his or her family members' behavioural responses to the illness.

The Critical Care Patient's Family

The critical care patient's family is defined by the critical care patient or the family/legal guardian on behalf of the patient.

The Critical Care Environment

The critical care unit is a specifically designated area (principally within a hospital setting) that is established to provide 24-hour, highly technological care to critically ill patients and their families. The environment is created in such a way as to provide high visibility and ready accessibility to the critically ill patient while attempting to reduce any negative impact of this highly technological setting. The critical care environment strives to provide patient- and family-focused care.

The Critical Care Nurse

The critical care nurse is a highly knowledgeable and skilled health care professional who works in a critical care unit. He/she works in collaboration with members of the health care team to provide optimum holistic care in a timely manner in order to aid in the critically ill patient's recovery or to support a peaceful death. The critical care nurse's knowledge and skill may be directed towards health promotion, prevention, maintenance, rehabilitation/restoration, or palliation in the care of the critically ill patient. The critical care nurse identifies potential candidates for organ and tissue procurement and supports the process.

The critical care nurse is constantly challenged to provide comfort and to maintain the critical care patient's privacy in a highly technological environment. The critical care nurse is cognizant of the psychological, emotional, spiritual, and developmental aspects of caring for critically ill patients. The critical care nurse uses a variety of strategies to communicate assessment data, the plan of care, interventions, and client responses or outcomes to the patient, family, and health care team within a timeframe consistent with the patient's condition. The critical care nurse supports and respects the critical care patient's and family's need for information and participation in the plan of care. The critical care nurse develops a therapeutic relationship with the patient and family within a limited timeframe, advocating on their behalf whenever necessary. Utilizing a variety of strategies, the critical care nurse facilitates

the patient's and family's ability to cope with stressors related to illness and the environment, and encourages access to internal and external resources.

The critical care nurse strives to provide evidence-based practice and acknowledges a responsibility to promote research within the specialty area. To this end, the critical care nurse maintains professional competence through ongoing education, research and skill development. The critical care nurse's interdependent and dependent interventions are delineated through transfer of functions, standing orders, and institutional policies/procedures. The critical care nurse responds to ethical, legal and professional issues.

The Critical Care Nursing Process

Assessment Phase: Data collection: The critical care nursing assessment is continuous, comprehensive and holistic, using all available and appropriate sources. It is inclusive of a family needs assessment.

Data Interpretation: Critical care nurses analyze data to formulate a nursing diagnosis. (For the purpose of this document, nursing diagnosis is defined as a statement of conclusions based on analysis of patient data which indicate a need for nursing intervention.)

Planning Phase: A holistic plan of care includes prioritized interventions developed in collaboration with the patient, family, and health care team.

Implementation Phase: Critical care nurses implement the plan of care consistent with their independent and interdependent nursing functions. Interventions are anticipated and implemented for actual or potential life-threatening situations.

Evaluation Phase: Outcomes of care delivered are evaluated and the plan of care is revised in response to changes in the critical care patient's status.

Caring-Helping Relationships

Critical care nurses develop therapeutic relationships with patients and families.

Professional Practice

Critical care nurses practice within the scope of professional, legal and ethical standards.



Outcome Standards for Critical Care Nursing Practice

STRUCTURE OF THE CRITICAL CARE UNIT

Structure of the Critical Care Unit

Outcome Standard 1

A geographically distinct physical environment conducive to the delivery of nursing care to critically ill patients and their families is provided by the health care facility. No through traffic to other hospital departments should be allowed and supply/professional traffic will be separate from the public/visitor entrance.

Criteria

- 1.1 The health care facility must provide an opportunity for critical care nurses to participate in planning and designing new or renovated critical care units.
- 1.2 The health care facility must provide the following essential features of a designated critical care unit:
 - 1.2.1 A central nursing station. Depending on the size and physical layout of the unit, substations may be required. A wall-mounted clock should be present. Adequate seating should be provided
 - 1.2.2 A separate medication area with storage and preparation space, plus a refrigerator, sink and locked cupboard for controlled substances
 - 1.2.3 A clean utility room lacking interconnection to a dirty utility room
 - 1.2.4 A dirty utility room with a clinical sink and hot and cold faucets
 - 1.2.5 Storage space for frequently used equipment and supplies, inside the unit or immediately adjacent, with grounded electrical outlets
 - 1.2.6 Methods for solid and liquid waste disposal
 - 1.2.7 An eye splash station to flush eyes when splash injury occurs
 - 1.2.8 Adequate spacing per patient care area
 - 1.2.9 Ability for constant visualization.
- 1.3 The health care facility must provide lighting that includes:
 - 1.3.1 Non-glare over bed lighting with dimming capability
 - 1.3.2 Well-lit working surfaces at each bedside to facilitate patient care and documentation
 - 1.3.3 Auxiliary lighting system
 - 1.3.4 Emergency lighting and backup electricity during power failure
 - 1.3.5 An adjustable examination light.
- 1.4 The health care facility must provide a unit communication system with signals modulated to a level that will alert staff, yet are rendered less noxious. This will include:
 - 1.4.1 A minimum of two telephones
 - 1.4.2 Patient call system (appropriate to age)
 - 1.4.3 Emergency call system.

- 1.5** The health care facility must provide large-faced clocks that are visible from each patient's bedside.
- 1.6** The health care facility must provide an emergency cart that contains, but is not limited to, the following equipment:
 - 1.6.1 Airway/intubation equipment
 - 1.6.2 Cardiac arrest board
 - 1.6.3 ECG monitor with defibrillation and cardioversion capabilities
 - 1.6.4 Resuscitation drugs
 - 1.6.5 Transcutaneous cardiac pacing capability
 - 1.6.6 Personal protective equipment.
- 1.7** The health care facility must provide equipment at each bedside including, but not limited to:
 - 1.7.1 A cardiac arrest/emergency alarm button
 - 1.7.2 Two oxygen outlets
 - 1.7.3 One compressed air outlet
 - 1.7.4 Two vacuum outlets
 - 1.7.5 Four electrical duplex outlets
 - 1.7.6 ECG and full hemodynamic monitoring capabilities
 - 1.7.7 Wall suction apparatus
 - 1.7.8 Hand ventilator, mask and suitable airways
 - 1.7.9 Blood pressure monitoring equipment
 - 1.7.10 Sharps disposal containers.
- 1.8** The health care facility must provide necessary equipment that is easily accessed by staff in the critical care unit. This includes, but is not limited to:
 - 1.8.1 Oxygen therapy equipment
 - 1.8.2 Suction equipment
 - 1.8.3 Ventilators including bipap
 - 1.8.4 Devices for intermittent and continuous temperature monitoring
 - 1.8.5 Infusion pumps for delivery of titrated drugs/solutions and medications
 - 1.8.6 Emergency transport equipment
 - 1.8.7 Pacemaker equipment.
- 1.9** The health care facility should ensure that the critical care unit is located adjacent to, or within direct elevator travel to the operating room, post-anesthetic care unit, emergency department, intermediate care units, radiology and diagnostic imaging departments. The elevator should have override capability. A neonatal critical care unit should be located in close proximity to labour and delivery rooms.
- 1.10** The health care facility should provide the following features of a designated critical care unit:
 - 1.10.1 A minimum of two multipurpose rooms for conferences, educational sessions and meetings and storage of reference materials
 - 1.10.2 Isolation room(s) equipped with the ability to provide positive and negative air flow exchange, a toilet and sink, and an anteroom with a sink and an area adequate for storage of isolation supplies.

- 1.11** The health care facility should provide the following located adjacent to the unit:
- 1.11.1 Storage room for less frequently used equipment
 - 1.11.2 An x-ray viewing area with storage space for patient radiographs if computerized x-ray viewing is not available
 - 1.11.3 A family lounge and other private areas for breastfeeding, showering and resting
 - 1.11.4 A quiet room for family counselling and support
 - 1.11.5 A private, comfortable lounge with secure lockers, staff washroom and shower. The lounge should be linked to the ICU by telephone
 - 1.11.6 A physician-on-call room with toilet and shower facility, linked to the ICU by telephone. Emergency alarms must be audible in the room.
- 1.12** The health care facility should provide a unit communication system that includes a telephone in the family lounge and a computer with internet access.
- 1.13** The health care facility should provide a humidity and temperature controlled environment with provisions for fresh-air exchange.
- 1.14** The health care facility should provide equipment at each bedside that includes, but is not limited to:
- 1.14.1 Hand washing sink with automatic faucet
 - 1.14.2 Bedside charting area with the capacity for computerization.
- 1.15** The health care facility should provide necessary equipment that is easily accessed by staff in the critical care unit. This equipment includes, but is not limited to:
- 1.15.1 Equipment needed to raise and lower patient's body temperature
 - 1.15.2 Monitors and adjunctive equipment capable of transducing intracardiac, intravascular, intracranial and other pressures
 - 1.15.3 Oxygen saturation and carbon dioxide monitors
 - 1.15.4 Arterial blood gas analyzers.

Structure of the Critical Care Unit

Outcome Standard 2

Opportunities for critical care nurses to maintain the knowledge and skill necessary to deliver safe and knowledgeable nursing care, within the context of the chosen conceptual model of nursing practice, are provided by the health care facility.

Criteria

- 2.1** The health care facility develops criteria for hiring nurses based on the knowledge and skill requirements of the job.
- 2.2** The health care facility provides an orientation program in which the orientee is supernumerary and the orientation program:
- 2.2.1 Is based on a learning needs assessment
 - 2.2.2 Includes specific unit philosophy, goals, policies and procedures, as well as an organizational chart
 - 2.2.3 Includes physical layout and instructions in the use of unit equipment
 - 2.2.4 Includes a clinical and theoretical component, the content and length of which are based on the level and type of the unit.

- 2.3** The health care facility provides continuing education programs on the following:
 - 2.3.1 New or revised policies and procedures
 - 2.3.2 The use of new or updated equipment
 - 2.3.3 Roles and responsibilities of the critical care nurse, including the role of charge nurse and preceptor
 - 2.3.4 Role of the critical care nurse on the health care team
 - 2.3.5 Theory pertinent to the patient population and needs of critical care nurses
 - 2.3.6 Critical incident stress management for all staff members
 - 2.3.7 The use and fitting of personal protective equipment for all staff involved in patient care.
- 2.4** The health care facility evaluates the knowledge and competencies of the critical care nurse.
- 2.5** The health care facility establishes/maintains a current and accessible library of reference materials relevant to the patient population.

Structure of the Critical Care Unit

Outcome Standard 3

Qualified personnel are provided by the health care facility.

Criteria

- 3.1** The health care facility provides the following personnel based on patient population and level of acuity: nursing personnel, medical personnel, interdisciplinary health care team personnel and resource personnel.
- 3.2** The health care facility provides registered nursing personnel based on the patient population and level of acuity, which may include, but is not limited to:
 - 3.2.1 Nurse Manager, ideally prepared at the Masters level in nursing and post-basic preparation or experience in critical care, who is responsible for the administrative and clinical functioning of the unit
 - 3.2.2 Nurse Clinician, with a minimum of a baccalaureate degree in nursing and post-basic preparation or experience in critical care, assigned to the critical care unit, who is responsible for orientation, continuing education and participation in policy maintenance and development
 - 3.2.3 Clinical Nurse Specialist, prepared at a Masters level in nursing with demonstrated expertise in critical care and nursing research, who is available for consultation and collaboration with staff, patients and families
 - 3.2.4 Assistant Nurse Manager/Charge Nurse/Clinical Coordinator, with post-basic preparation or experience in critical care, who is responsible for day-to-day administrative and clinical functions as delegated by the Nurse Manager
 - 3.2.5 Staff Nurses, with post-basic preparation or experience in critical care nursing, who are responsible for direct patient and family care.
- 3.3** The health care facility ensures adequate numbers of nursing staff based on patient acuity and level of unit.
- 3.4** The health care facility ensures that each unit develops written guidelines for nurse/patient ratios and defined ratios of levels of nursing staff.

- 3.5 The health care facility develops, in collaboration with the critical care nursing staff, written guidelines of the skills required to differentiate novice from expert critical care nurses.
- 3.6 The health care facility ensures that all critical care nursing personnel receive a performance appraisal, in accordance with the hospital's policies, which is based on the written job description, discussed with the staff members involved, and includes a process for the development of mutually agreed upon goals and objectives.

Structure of the Critical Care Unit

Outcome Standard 4

A Critical Care Committee is established by the health care facility.

Criteria

- 4.1 The Critical Care Committee should have broad representation from all levels of critical care nursing, medicine, other health care professionals involved in patient care and, if possible, consumer representation.
- 4.2 The Critical Care Committee should act in an advisory or decision-making capacity with responsibilities for, but not limited to:
 - 4.2.1 Policies and procedures
 - 4.2.2 Program development and evaluation
 - 4.2.3 Structural planning
 - 4.2.4 Unit philosophy, goals and objectives
 - 4.2.5 Conflict resolution between disciplines or departments
 - 4.2.6 Establishment of a mechanism for resolving issues related to insufficient resources
 - 4.2.7 Unit quality improvement activities
 - 4.2.8 Analysis of statistical data on unit utilization.
- 4.3 The Critical Care Committee approves written information regarding the critical care unit including, but not limited to:
 - 4.3.1 Unit philosophy, goals and objectives
 - 4.3.2 Organizational chart
 - 4.3.3 Dependent nursing responsibilities
 - 4.3.4 Medical responsibilities
 - 4.3.5 Roles and responsibilities of other health professionals in the unit.
- 4.4 The Critical Care Committee approves written policies and procedures specific to the critical care unit including, but not limited to:
 - 4.4.1 Admission, transfer and discharge criteria
 - 4.4.2 Fire, disaster and evacuation plans
 - 4.4.3 Medication administration
 - 4.4.4 Transfer of medical function(s) and shared competencies
 - 4.4.5 Protocols for management of specific patient populations.

Structure of the Critical Care Unit**Outcome Standard 5**

A documentation system for patient care, consistent with the conceptual model of nursing practice chosen and technologically enhanced, where available, is provided by the critical care unit.

Criteria

- 5.1** The documentation system includes:
 - 5.1.1 Nursing history
 - 5.1.2 Physical, psychosocial and family assessment
 - 5.1.3 Clinical flow sheet
 - 5.1.4 Individualized care plan
 - 5.1.5 Documentation of implementation and evaluation of patient/family care.

Structure of the Critical Care Unit**Outcome Standard 6**

An interdisciplinary team approach to patient care that achieves and maintains an optimal level of functioning or supports a peaceful death is promoted in the critical care unit.

Criteria

- 6.1** The health care team, in collaboration with the patient and/or family, identifies actual and expected patient outcomes.
- 6.2** The health care team, in collaboration with the patient and/or family, develops a plan to achieve actual and expected patient outcomes.
- 6.3** The health care team documents actual and expected patient outcomes.
- 6.4** The health care team evaluates the impact of care delivered on patient outcomes.

THE CRITICAL CARE NURSING PROCESS

The Critical Care Nursing Process

Outcome Standard 1

Data regarding the patient's physical, emotional and psychosocial status, as well as documentation regarding advance directives, are collected by the critical care nurse at the time of admission to the critical care unit and during the patient's stay.

Criteria

- 1.1** The critical care nurse collects data on a continuous basis, as well as performs comprehensive/holistic data collection at the:
 - 1.1.1 Time of admission to the unit
 - 1.1.2 Beginning of each shift
 - 1.1.3 Change of patient assignment
 - 1.1.4 Change in patient's clinical status.
- 1.2** The critical care nurse collects data:
 - 1.2.1 Using technological supports (e.g., intra-aortic balloon pump, mechanical ventilators, pacemakers, continuous hemofiltration)
 - 1.2.2 Using non-invasive/invasive monitoring techniques (e.g. arterial lines, umbilical lines, ECG, pulmonary artery catheters, non-invasive blood pressure monitoring, oxygen monitoring).
- 1.3** The critical care nurse collects laboratory specimens (e.g., sputum via endotracheal tube, blood via invasive lines).
- 1.4** The critical care nurse gathers the results obtained from diagnostic/laboratory tests and integrates the findings with the assessment.
- 1.5** The critical care nurse documents and communicates to the health care team members pertinent assessment findings within a timeframe consistent with the severity of the patient's condition.
- 1.6** The critical care nurse establishes priorities according to actual and potential needs of the patient and reassesses changes in status.
- 1.7** The critical care nurse gathers pathophysiological, psychosocial, cultural, developmental and spiritual data based on the patient's condition.
- 1.8** The critical care nurse obtains a comprehensive health history using all available and appropriate sources in the absence of a patient's ability to communicate.
- 1.9** The critical care nurse gathers data concerning the family's needs and responses to the health crisis.
- 1.10** The critical care nurse gathers data regarding infection control risks to patients and staff and takes all the necessary preventative measures to protect against exposure.

The Critical Care Nursing Process**Outcome Standard 2**

Based upon knowledge of biological, physical and behavioural sciences, data are analyzed by the critical care nurse to formulate nursing diagnoses.

Criteria

- 2.1 The critical care nurse interprets physical assessment data.
- 2.2 The critical care nurse discusses significant findings with other members of the health care team.
- 2.3 The critical care nurse analyzes unexpected findings.
- 2.4 The critical care nurse makes rapid decisions about priorities of care.
- 2.5 The critical care nurse anticipates and/or recognizes an actual or potential immediate life-threatening health crisis including, but not limited to:
 - 2.5.1 Ineffective airway clearance (e.g., epiglottitis, mucous plug)
 - 2.5.2 Ineffective breathing pattern (e.g., tension pneumothorax, flail chest)
 - 2.5.3 Impaired gas exchange including upper airway disease (foreign body, croup, epiglottitis, post-extubation stridor, laryngospasm), lower airway disease (respiratory distress syndrome, acute respiratory distress syndrome, pulmonary edema, bronchiolitis, status asthmaticus, mixed obstructive and restrictive disease, inhalation injuries) and ineffective gas exchange (pleural effusion)
 - 2.5.4 Alteration in cardiac output (e.g., congenital heart defects, cardiomyopathy, shock, myocardial infarction, cardiac tamponade, congestive heart failure, cardiac dysrhythmias)
 - 2.5.5 Alteration in cerebral tissue perfusion (e.g., head trauma, cerebral aneurysm, cerebral vasospasm, seizures, meningitis, shock, cerebral vascular accident, arteriovenous malformation)
 - 2.5.6 Alteration in gastrointestinal tissue perfusion (e.g., pancreatitis, ischemic/infarcted bowel)
 - 2.5.7 Alteration in renal tissue perfusion (e.g., acute renal failure, congenital anomalies, toxicities)
 - 2.5.8 Alteration in vascular tissue perfusion (e.g., compartment syndrome, abdominal aortic aneurysm, thrombosis)
 - 2.5.9 Alteration in integumentary tissue perfusion (e.g., burns, decubitus ulcer)
 - 2.5.10 Alteration in fluid balance (e.g., sepsis, ascites, SIADH, DI, hemolytic uremic syndrome)
 - 2.5.11 Alteration in motor and sensory function (e.g., myelomeningocele, Guillian-Barre, spinal cord injury, neurogenic shock)
 - 2.5.12 Ineffective thermoregulation (e.g., malignant hyperthermia, hypothermia)
 - 2.5.13 Alteration in liver function (e.g., hepatitis, biliary atresia, poisonings)
 - 2.5.14 Alterations in endocrine function (e.g., diabetic ketoacidosis)
 - 2.5.15 Alterations in immunologic function (e.g., graft versus host disease, transplant, systemic inflammatory response syndrome)
 - 2.5.16 Alterations in hematologic function (e.g., leukemia, disseminated intravascular coagulopathy, heparin-induced thrombocytopenia, deep vein thrombosis)
 - 2.5.17 Altered comfort (e.g., pain, anxiety, sleep deprivation, delirium)
 - 2.5.18 Impaired communication (e.g., intubated, neurological deficits, developmental delay, sedation)
 - 2.5.19 Altered family processes (e.g., grief/loss, guilt, sudden death, sudden infant death syndrome)

- 2.5.20 Altered family/patient coping (e.g., hopelessness, powerlessness)
 - 2.5.21 Manifestations of abuse (e.g., child, spouse, elder)
 - 2.5.22 Altered nutritional requirements
 - 2.5.23 End-of-life withdrawal of treatment and/or the execution of advanced directives
 - 2.5.24 Organ donation and transplantation.
- 2.6** The critical care nurse interprets pertinent diagnostic data including:
- 2.6.1 Arterial and venous blood gases
 - 2.6.2 Intracardiac pressures and waveforms (e.g., pulmonary artery, right atrial, left atrial)
 - 2.6.3 Central venous pressures and waveforms
 - 2.6.4 Arterial pressures and waveforms
 - 2.6.5 Intra-aortic balloon pressures/waveforms
 - 2.6.6 Hemodynamic calculated parameters (e.g., cardiac index, systemic vascular resistance index, pulmonary vascular resistance index)
 - 2.6.7 Cardiac rhythm interpretation (e.g., rate, rhythm, ST elevation, T wave configuration)
 - 2.6.8 Twelve and 15 lead electrocardiogram changes consistent with myocardial injury, ischemia, or infarction
 - 2.6.9 Pacemaker functions (e.g., sensing and capturing)
 - 2.6.10 Intracranial pressures and waveforms
 - 2.6.11 Cerebral perfusion pressure
 - 2.6.12 Pulse oximetry
 - 2.6.13 End tidal carbon dioxide
 - 2.6.14 Ventilation information (e.g., tidal volume, minute volume, oxygenation, rate, airway pressures, end-tidal CO₂)
 - 2.6.15 Ventilation support (e.g., bipap, assist control, synchronized intermittent mandatory ventilation, positive end expiratory pressure, pressure support ventilation, pressure control ventilation, volume control ventilation, high frequency jet ventilation, high frequency oscillation)
 - 2.6.16 Weaning parameters (e.g., tidal volume, respiratory rate, minute ventilation, vital capacity, work of breathing, anxiety)
 - 2.6.17 Laboratory results (e.g., arterial blood gas, complete blood count, platelets, coagulation profiles, lactate, serum and urine electrolytes and osmolality, creatinine, blood urea nitrogen, CK-MB, cerebral spinal fluid, glucose, drug levels, blood gases, liver enzymes)
 - 2.6.18 Oxygen delivery, extraction, consumption.
- 2.7** The critical care nurse compares collected data with expected patient responses and validates unexpected findings.
- 2.8** The critical care nurse integrates all findings from the assessment to identify collaborative and/or independent nursing diagnoses.

The Critical Care Nursing Process**Outcome Standard 3**

Interventions based upon the actual and potential nursing diagnoses are planned by the critical care nurse, in collaboration with other members of the interdisciplinary health care team, to formulate the overall plan of care.

Criteria

- 3.1 The critical care nurse anticipates and prepares for life-threatening situations.
- 3.2 The critical care nurse establishes priorities for care with the patient/family.
- 3.3 The critical care nurse selects specific nursing interventions designed to achieve expected patient outcomes.
- 3.4 The critical care nurse balances the science of curing with the art of caring.
- 3.5 The critical care nurse collaborates with the patient, family and other health care team members to establish an individualized and holistic plan of care.
- 3.6 The critical care nurse incorporates the patient's pathophysiological, psychosocial, cultural, spiritual and developmental needs into the plan of care.
- 3.7 The critical care nurse formulates measurable immediate and longer-term, patient-oriented goals with the patient and/or family and health care team.
- 3.8 The critical care nurse identifies realistic and measurable expected patient outcomes to be used in the evaluation of formulated goals.
- 3.9 The critical care nurse validates the plan of care with the patient, family and other members of the health care team.
- 3.10 The critical care nurse identifies required resources to accomplish the plan of care.
- 3.11 The critical care nurse documents and revises the plan of care as necessary.
- 3.12 The critical care nurse incorporates safety measures for the patient, family and members of the health care team when developing the plan of care.
- 3.13 The critical care nurse identifies patient and family learning needs when formulating the plan of care.
- 3.14 The critical care nurse plans for patient and family support needs.

The Critical Care Nursing Process**Outcome Standard 4**

The critical care nurse implements the plan of care including independent and interdependent nursing functions.

Criteria

- 4.1 The critical care nurse implements care that reflects established priorities.
- 4.2 The critical care nurse documents interventions in the patient's permanent record.
- 4.3 The critical care nurse communicates significant interventions to the patient, family and other members of the health care team in a timely manner.
- 4.4 The critical care nurse implements care, whenever possible facilitating involvement of the patient, family and the health care team.
- 4.5 The critical care nurse coordinates the delivery of the patient's care.

- 4.6** The critical care nurse intervenes to provide effective airway clearance by:
- 4.6.1 Positioning (e.g., head of bed 30° unless contraindicated)
 - 4.6.2 Managing airway (e.g., jaw thrust/chin lift, artificial airways, sniffing position)
 - 4.6.3 Managing the endotracheal tube/tracheostomy/LMA (e.g., sizing, hyperoxygenation, suctioning, tracheobronchial toilet, cuff management, tapes/ties)
 - 4.6.4 Administering pharmacologic agents (e.g., bronchodilators)
 - 4.6.5 Managing secretions (e.g., chest percussion, vibration, postural drainage).
- 4.7** The critical care nurse intervenes to correct an ineffective breathing pattern by:
- 4.7.1 Administering pharmacologic agents as ordered (e.g., oxygen, reversal agents, neuromuscular blocking agents, analgesics, sedatives)
 - 4.7.2 Troubleshooting inadequate mechanical supports (e.g., disconnected ventilator, poor fitting bipap mask, asynchrony between patient and the support device)
 - 4.7.3 Manually ventilating (e.g., bag-valve apparatus)
 - 4.7.4 Assisting with interventions (e.g., intubation, chest tube insertion).
- 4.8** The critical care nurse intervenes to correct impaired gas exchange by:
- 4.8.1 Managing changes in oxygenation (e.g., oxygen, continuous positive airway pressure, positive end expiratory pressure, proning)
 - 4.8.2 Managing changes to manipulate minute ventilation (e.g., mode-assist control, synchronized intermittent mandatory ventilation)
 - 4.8.3 Managing changes to adjust pressure support ventilation
 - 4.8.4 Managing changes to manipulate pressure-controlled ventilation, high-frequency ventilation or inverse-ratio ventilation
 - 4.8.5 Administering pharmacologic agents (e.g., oxygen, diuretics, bronchodilators, nitric oxide, surfactant, helium).
- 4.9** The critical care nurse intervenes to promote successful weaning from ventilatory supports by ensuring adequate nutrition, pain management, rest and the alleviation of anxiety.
- 4.10** The critical care nurse intervenes to correct alterations in cardiac output by:
- 4.10.1 Manipulating preload/afterload (e.g., fluids, pharmacologic agents)
 - 4.10.2 Manipulating contractility (e.g., fluids, pharmacologic agents, intra-aortic balloon pump)
 - 4.10.3 Manipulating heart rate or rhythm (e.g., fluids, pharmacologic agents, assisting with pacing, cardioversion and defibrillation)
 - 4.10.4 Troubleshooting invasive hemodynamic parameters
 - 4.10.5 Participating in the management of a cardiac arrest (e.g., PALS, ACLS protocols, administration of drugs)
 - 4.10.6 Assisting with the insertion of invasive hemodynamic monitoring catheters (e.g., set up, levelling, patency)
 - 4.10.7 Initiating and managing fluid therapy.
- 4.11** The critical care nurse intervenes to correct alterations in tissue perfusion (cardiopulmonary) by administering pharmacologic agents (e.g., oxygen, vasodilators, vasopressors, thrombolytic agents, anticoagulants, extra corporal membrane oxygenation).

- 4.12** The critical care nurse intervenes to correct alterations in renal perfusion by:
- 4.12.1 Administering and managing fluids (e.g., calculating total fluid intake/output)
 - 4.12.2 Administering pharmacologic agents (e.g., diuretics, vasodilators)
 - 4.12.3 Maintaining invasive interventions (e.g., ureteral stents, intermittent or continuous renal replacement therapies)
 - 4.12.4 Recognizing and minimizing the side effects of nephrotoxic pharmacologic agents (e.g., aminoglycosides, diuretics, vasopressors, radiographic dye).
- 4.13** The critical care nurse intervenes to correct alterations in cerebral perfusion by:
- 4.13.1 Using techniques to prevent obstruction and promote venous and cerebral spinal fluid drainage (e.g., elevate head of bed, positioning, techniques to minimize elevation of intrathoracic pressures)
 - 4.13.2 Manipulating PaCO₂ (e.g., using a bag-valve apparatus, mechanical ventilation)
 - 4.13.3 Minimizing stimulation
 - 4.13.4 Administering pharmacologic agents (e.g., oxygen, anticonvulsants, diuretics, barbiturates, calcium channel blockers, sedatives, steroids, hyperosmolar therapy)
 - 4.13.5 Manipulating cerebral perfusion pressures (e.g., pharmacologic agents, fluids, PaCO₂ control)
 - 4.13.6 Managing seizure activity
 - 4.13.7 Assisting with insertion/maintenance of intracranial pressure monitoring or ventricular drainage devices (e.g., set up, drainage, positioning)
 - 4.13.8 Assisting with insertion of cerebral oxygenation monitoring devices
 - 4.13.9 Troubleshooting invasive intracranial parameters/waveforms
 - 4.13.10 Using techniques that minimize elevations in intrathoracic pressures (e.g., gastric drainage, pharmacologic agents, minimizing airway stimulation)
 - 4.13.11 Administering fluid therapy (e.g., intracranial hypertension, hypervolemia, hypovolemia)
 - 4.13.12 Controlling metabolic rate (e.g., invasive and non-invasive warming/cooling devices or fluids, pharmacologic agents, minimizing stimulation)
 - 4.13.13 Preventing secondary injury (e.g., oxygen therapy, fluid management, blood pressure management, neuromuscular blockade).
- 4.14** The critical care nurse intervenes to correct alterations in gastrointestinal perfusion and gastrointestinal functions by:
- 4.14.1 Managing gastric bleeding (e.g., pharmacologic agents, gastric tubes, lavage)
 - 4.14.2 Managing overdose (e.g., pharmacologic agents, gastric lavage, fluid administration)
 - 4.14.3 Maintaining gastric drainage
 - 4.14.4 Promoting early and safe enteral feeding
 - 4.14.5 Promoting early and safe parenteral nutrition if enteral feeding cannot be initiated
 - 4.14.6 Promoting normal bowel elimination (e.g., ambulation, high-fibre, fluids)
 - 4.14.7 Administering pharmacological agents to promote gastric motility (e.g., histamine-reducing agents, motility enhancers)
 - 4.14.8 Assisting with peritoneal lavage/drainage.

- 4.15** The critical care nurse intervenes in ineffective thermoregulation by promoting normothermia (e.g., invasive and non-invasive warming/cooling devices or fluids, pharmacologic agents).
- 4.16** The critical care nurse promotes optimal comfort by:
- 4.16.1 Organizing care to optimize comfort (e.g., timing, grouping and sequencing of activities)
 - 4.16.2 Selecting, organizing and administering pharmacologic agents (e.g., analgesics, sedatives, regional blocks, epidural anesthetics/analgesia, patient controlled analgesia)
 - 4.16.3 Implementing and evaluating individualized pain management regimen (e.g., communication, appropriate use of touch, noise control, music therapy, visualization, relaxation technique, use of personal mementos, family member presence).
- 4.17** The critical care nurse optimizes communication with the patient and family by:
- 4.17.1 Using nonverbal strategies (e.g., lip reading, gestures, posturing, eye contact, touch, eye blinking)
 - 4.17.2 Using assistive age-appropriate devices (e.g., communication boards, talking trachs, mechanical voice boxes)
 - 4.17.3 Encouraging and teaching the family and other members of the health care team to communicate with the patient
 - 4.17.4 Involving the family in interpreting the patient's efforts to communicate.
- 4.18** The critical care nurse intervenes to facilitate optimal family processes by:
- 4.18.1 Using language that is consistent with level of understanding
 - 4.18.2 Providing an opportunity for the patient/family to verbalize feelings and concerns, using interpreters when needed
 - 4.18.3 Demonstrating concern and acceptance through sincere and empathetic verbal and nonverbal communication
 - 4.18.4 Providing honest and realistic information to the patient/family
 - 4.18.5 Providing ongoing support
 - 4.18.6 Providing frequent and regular exchanges of information
 - 4.18.7 Using principles of crisis intervention
 - 4.18.8 Initiating internal/external referrals
 - 4.18.9 Providing opportunity and privacy for patient/family interaction
 - 4.18.10 Facilitating partnerships and decision-making with family members.
- 4.19** The critical care nurse intervenes to prevent complications of immobility (e.g., range of motion, turning and positioning, deep breathing and coughing, sequential compression device, therapeutic surfaces, skin breakdown risk assessment).
- 4.20** The critical care nurse minimizes/prevents motor and/or sensory deficits by:
- 4.20.1 Maintaining spinal cord integrity (e.g., positioning, immobilization devices, pharmacologic agents)
 - 4.20.2 Intervening for spinal cord crisis (e.g., spinal shock, autonomic dysreflexia).

- 4.21** The critical care nurse promotes realistic hope for the patient and family by:
- 4.21.1 Encouraging and exploring the verbalization of feelings
 - 4.21.2 Providing opportunities to make informed choices
 - 4.21.3 Educating the patient and family about nursing and collaborative interventions based on learning needs
 - 4.21.4 Involving the family in direct patient care.
- 4.22** The critical care nurse promotes patient safety by adopting a systems approach to error reduction and supporting a culture of safe disclosure in the practice setting.

The Critical Care Nursing Process

Outcome Standard 5

The critical care nurse evaluates patient outcomes in accordance with a conceptual model for critical care nursing and consistent with independent and interdependent nursing functions.

Criteria

- 5.1** The critical care nurse documents all medications and treatments administered, recognizing the importance of timely entries.
- 5.2** The critical care nurse evaluates the patient/family's response to interventions.
- 5.3** The critical care nurse compares collected data with expected outcomes.
- 5.4** The critical care nurse analyzes gaps between actual and expected outcomes.
- 5.5** The critical care nurse reports and discusses significant differences between actual and expected outcomes with the appropriate interdisciplinary team members.
- 5.6** The critical care nurse rapidly revises the plan of care with the patient/family and/or health care team members and implements alternatives.
- 5.7** The critical care nurse continues to evaluate the revised plan of care.
- 5.8** The critical care nurse participates in quality improvement activities (e.g., system effectiveness, patient/family outcomes).

The Critical Care Nursing Process

Outcome Standard 6

Therapeutic relationships with patients and families are developed and maintained by the critical care nurse.

Criteria

- 6.1** The critical care nurse acts in the capacity of patient and family advocate.
- 6.2** The critical care nurse develops a therapeutic relationship with patients and families often within a limited time frame.
- 6.3** The critical care nurse facilitates patient and family adaptive coping with stressors related to the illness and the environment.

- 6.4 The critical care nurse communicates relevant data and the plan of care to the patient and family.
- 6.5 The critical care nurse facilitates patient and family access to resources internally and externally.
- 6.6 The critical care nurse selects teaching strategies appropriate to the time available.
- 6.7 The critical care nurse applies teaching methods that are appropriate to the patient's and family's readiness to learn and stage of growth and development.
- 6.8 The critical care nurse evaluates learning outcomes and revises teaching methods and/or the learning plan as required.
- 6.9 The critical care nurse maximizes patient and family participation and autonomy in decision-making.

The Critical Care Nursing Process

Outcome Standard 7

The critical care nurse practices within the scope of professional, legal and ethical standards.

Criteria

- 7.1 The critical care nurse contributes positively to the image of nursing.
- 7.2 The critical care nurse contributes positively to the image of the critical care unit (e.g., education and ongoing information about care).
- 7.3 The critical care nurse ensures confidentiality of the patient/family information and reports infractions.
- 7.4 The critical care nurse maintains professional competence through education.
- 7.5 The critical care nurse ensures patient and family privacy within the limits of the environment.
- 7.6 The critical care nurse follows guidelines for notification of reportable incidents (e.g., communicable diseases, abuse).
- 7.7 The critical care nurse follows guidelines for reporting data to appropriate agencies (e.g., coroner, police).
- 7.8 The critical care nurse identifies potential candidates for tissue and organ procurement.
- 7.9 The critical care nurse responds to environmental, physical and psychosocial stress factors which impact interdisciplinary team members in the critical care setting.
- 7.10 The critical care nurse participates in critical care nursing research and incorporates research findings into practice.
- 7.11 The critical care nurse recognizes the delineation between the practice of critical care nursing and the practice of critical care medicine.
- 7.12 The critical care nurse responds to professional, legal and ethical issues.



Summary of Outcome Standards

STRUCTURE OF THE CRITICAL CARE UNIT

1. A geographically distinct physical environment conducive to the delivery of nursing care to critically ill patients and their families is provided by the health care facility. No through traffic to other hospital departments should be allowed and supply/professional traffic will be separate from the public/visitor entrance.
2. Opportunities for critical care nurses to maintain the knowledge and skill necessary to deliver safe and knowledgeable nursing care, within the context of the chosen conceptual model of nursing practice, are provided by the health care facility.
3. Qualified personnel are provided by the health care facility.
4. A Critical Care Committee is established by the health care facility.
5. A documentation system for patient care, consistent with the conceptual model of nursing practice chosen and technologically enhanced, where available, is provided by the critical care unit.
6. An interdisciplinary health care team approach to patient care that achieves and maintains an optimal level of functioning or supports a peaceful death is promoted in the critical care unit.

THE CRITICAL CARE NURSING PROCESS

1. Data regarding the patient's physical and psychosocial status as well as documentation regarding advance directives are collected by the critical care nurse at the time of admission to the critical care unit and during the patient's stay.
2. Based upon knowledge of the biological, physical and behavioural sciences, data are analyzed by the critical care nurse to formulate nursing diagnoses.
3. Interventions based upon the actual and potential nursing diagnoses are planned by the critical care nurse, in collaboration with other members of the interdisciplinary health care team, to formulate the overall plan of care.
4. The critical care nurse implements the plan of care including independent and interdependent nursing functions.
5. The critical care nurse evaluates patient outcomes in accordance with a conceptual model for critical care nursing and consistent with independent and interdependent nursing functions.
6. Therapeutic relationships with patients and families are developed and maintained by the critical care nurse.
7. The critical care nurse practices within the scope of professional, legal and ethical standards.



Summary of Criteria for Outcome Standards

THE CRITICAL CARE NURSING PROCESS

Data regarding the patient's physical and psychosocial status as well as documentation regarding advance directives are collected by the critical care nurse at the time of admission to the critical care unit and during the patient's stay.

Based upon knowledge of the biological, physical and behavioural sciences, data are analyzed by the critical care nurse to formulate nursing diagnoses.

The critical care nurse...

1. Collects data ongoing as well as performs comprehensive/holistic data collection.
2. Collects data using technological supports and through non-invasive/invasive monitoring techniques.
3. Collects laboratory specimens.
4. Gathers results obtained from diagnostic/laboratory tests and integrates the findings with the assessment.
5. Documents and communicates to the health care team members the pertinent assessment findings within a time frame consistent with the severity of the patient's condition.
6. Establishes priorities according to actual and potential needs of the patient and reassesses changes in status.
7. Gathers pathophysiological, psychosocial, cultural, developmental and spiritual data based on the patient's condition.
8. Obtains a comprehensive health history using all available and appropriate sources in the absence of a patient's ability to communicate.
9. Gathers data concerning the family's needs and response to the health crisis.
10. Gathers data regarding infection control risks to patients/staff and takes necessary preventative measures against exposure.

The critical care nurse...

1. Interprets physical assessment data.
2. Discusses significant findings with other members of the health care team.
3. Analyzes unexpected findings.

4. Makes rapid decisions about priorities of care.

5. Anticipates and/or recognizes an actual or potential immediate life-threatening health crises.

6. Interprets pertinent diagnostic data.

7. Compares collected data with expected patient responses and validates unexpected findings.

8. Integrates all findings from the assessment to identify collaborative and/or independent nursing diagnoses.

Interventions based upon the actual and potential nursing diagnoses are planned by the critical care nurse, in collaboration with other members of the interdisciplinary health care team, to formulate the overall plan of care.

The critical care nurse implements the plan of care including independent and interdependent nursing functions.

The critical care nurse...

1. Anticipates and prepares for life-threatening situations.
2. Establishes priorities for care with the patient/family.
3. Selects specific nursing interventions designed to achieve expected patient outcomes.
4. Balances the science of curing and the art of caring.
5. Collaborates with the patient, family and other health care team members to establish an individualized and holistic plan of care.
6. Incorporates the patient's pathophysiological, psychosocial, cultural, spiritual and developmental needs into the plan of care.
7. Formulates measurable, immediate and longer-term, patient-oriented goals with the patient and/or family and health care team.
8. Identifies realistic and measurable expected patient outcomes to be used in the evaluation of goals.
9. Validates the plan of care with the patient, family and other members of the health care team.

10. Identifies resources to accomplish the plan of care.
11. Documents and revises the plan of care as necessary.
12. Incorporates safety measures for the patient, family and members of the health care team when developing the plan of care.
13. Identifies patient and family learning needs when formulating the plan of care.
14. Plans for patient and family support needs.

The critical care nurse...

1. Implements care that reflects established priorities.
2. Documents interventions in the permanent record.
3. Communicates significant interventions to the patient, family and other members of the health care team.
4. Implements care that facilitates the involvement of the patient, family and the health care team.
5. Coordinates the delivery of the patient's care.
- 6-8. Intervenes to provide effective airway clearance, to correct an ineffective breathing pattern and to correct an impaired gas exchange.
9. Intervenes to promote successful weaning.
- 10-11. Intervenes to correct alterations in cardiac output and alterations in cardiopulmonary tissue perfusion.
- 12-14. Intervenes to correct alterations in renal, cerebral and gastrointestinal tissue perfusion.
15. Intervenes in ineffective thermoregulation.
16. Promotes optimal comfort.
17. Optimizes communication with the patient and family.
18. Intervenes to facilitate optimal family processes.
19. Intervenes to prevent complications of immobility.
20. Minimizes/prevents motor and/or sensory deficits.
21. Promotes realistic hope for the patient and family.
22. Promotes patient safety.

The critical care nurse evaluates patient outcomes in accordance with a conceptual model for critical care nursing and consistent with independent and interdependent nursing functions.

Therapeutic relationships with patients and families are developed and maintained by the critical care nurse.

The critical care nurse...

1. Documents all medications and treatments administered, recognizing the importance of timely entries.
2. Evaluates the patient's/family's response to interventions.
3. Compares collected data with expected outcomes.
4. Analyzes gaps between actual and expected outcomes.
5. Reports and discusses significant differences between actual and expected outcomes with the appropriate interdisciplinary team members.
6. Rapidly revises the plan of care with the patient/ family and implements alternatives.
7. Continues to evaluate the revised plan of care.
8. Participates in quality improvement activities.

The critical care nurse...

1. Acts in the capacity of patient/family advocate.
2. Develops a therapeutic relationship with patients and families, often within a limited timeframe.
3. Facilitates the patient's and family's adaptive coping with stressors related to the illness and the environment.
4. Communicates relevant data and the plan of care to the patient and family.
5. Facilitates patient and family access to resources internally and externally.
6. Selects teaching strategies appropriate for the time available.
7. Applies teaching methods that are appropriate to the patient's/family's readiness to learn and stage of growth and development.
8. Evaluates learning outcomes and revises teaching methods and/or learning plan as required.
9. Maximizes the patient's/family's participation and autonomy in decision-making.

The critical care nurse practices within the scope of professional, legal and ethical standards.

The critical care nurse...

1. Contributes positively to the image of nursing.
2. Contributes positively to the image of the critical care unit.
3. Ensures confidentiality of the patient/family information and reports infractions.
4. Maintains professional competence through education.
5. Ensures patient/family privacy within the limits of the environment.
6. Follows guidelines for notification of reportable incidents.
7. Follows guidelines for reporting data to appropriate agencies.
8. Identifies potential candidates for tissue and organ procurement.
9. Responds to environmental, physical and psychosocial stress factors which impact interdisciplinary team members in the critical care setting.
10. Participates in critical care nursing research and incorporates research findings into practice.
11. Recognizes the delineation between the practice of critical care nursing and the practice of critical care medicine.
12. Responds to professional, legal and ethical issues.



Standards for Critical Care Nursing Practice

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