2014-02

Development of Australian clinical practice outcome standards for graduates of critical care nurse education

Gill, F

10.1016/j.aucc.2013.10.008
Australian Critical Care
Elsevier BV

Patterns of self-reported anxiety in ICU patients

M. Castillo[1,*], L. Aitken[1,2], M. Cooke[1], B. MacFarlane[1,2]

[1] *Griffith University, Australia*
[2] *Princess Alexandra Hospital, Australia*

Introduction: Anxiety has been proposed as an emotion that intensive care patients experience, however little is known about the severity and duration of self-reported state anxiety in ICU.

Objectives: To describe the magnitude and patterns of anxiety reported by patients throughout their ICU stay.

Methods: Prospective cohort study including 141 ICU patients who were assessed for levels of state anxiety twice daily during their ICU stay, using the Faces Anxiety Scale (FAS; 1–5 with higher scores indicating greater anxiety). Demographic and clinical information was also collected. Ethics approval was received and patients consented to study involvement.

Results: Patients were young (mean 54.1 ± 15.3 years); predominantly male (70%) and most (n = 121, 86%) received invasive mechanical ventilation for 33 (IQR: 7–111) hours. ICU and hospital median lengths of stay were 4 (IQR: 3–7) and 15 (IQR: 9.5–28.0) days respectively, and mean APACHEIII score was 60.3 ± 23.3. The majority (n = 115; 82%) of patients reported some form of anxiety at least once during their stay in ICU (FAS 2-5), with 81 (57%) reporting moderate to severe levels of anxiety (FAS 3–5). Due to their condition, patients were able to report anxiety status only half of their ICU days; of these days, 44% were classified moderate to severe anxiety. Although some fluctuations in anxiety occurred over time, moderate levels were predominantly reported on days 3–10.

Conclusion: State anxiety is a significant issue for about two thirds of ICU patients. Anxiety persists throughout the ICU stay and interventions to prevent or reduce anxiety should be considered.

Acknowledgements: This study was supported by research grants from the Intensive Care Foundation and Australian College of Critical Care Nurses.

http://dx.doi.org/10.1016/j.aucc.2013.10.006

Quality of life post extracorporeal membrane oxygenation in one Australian intensive care unit

B. Foster[1,*], S. Knowles[1,2], C. Reynolds[1], H. Buscher[1,3]

[1] *St. Vincent's Hospital, Sydney, Australia*
[2] *Australian Catholic University, Australia*
[3] *University of New South Wales, Australia*

Extracorporeal Membrane Oxygenation (ECMO) has produced significant improvements in patient outcomes. What is yet to be established is the long term functional recovery of these patients following therapy.

Objectives: To determine quality of life (QoL) as assessed by the SF-36 for patients who survived to hospital discharge following treatment with ECMO in one intensive care unit (ICU) between April 2010 and February 2012.

Methods: Following interrogation of the ICU ECMO database and initial contact to obtain consent, the SF-36 survey was completed via telephone.

Results: Fifty-six patients were treated with veno-venous (VV), veno-arterial (VA) or veno-pulmonary-artery (VPA) ECMO during the 23 month period. 42 patients survived to hospital discharge (75%), six died prior to follow-up (14%), and 15 were lost to follow-up (36%). Of the 21 survivors contacted, four refused consent (19%) and 17 patients completed the survey (81%), with a median follow-up time of 19.5 (11 to 31) months. For the SF-36 domains, mean scores ranged from 44 (physical role) to 74 (mental health). Differences in QoL scores between the VV (n = 7) and VA (n = 8) ECMO groups were noted in the domains of physical role, vitality, general health and the summary mental component score.

Conclusion: Determining patients' QoL outcomes adds important information to decisions around the value of ECMO therapy. This study provides valuable QoL post ECMO data that is limited in the Australian setting and highlights considerations for future studies. Limitations include small sample size, lost to follow-up, a heterogeneous sample group and variable follow-up times.

The study group would like to acknowledge receipt of a Grant from the St. Vincent's Clinic Foundation, Sydney, Australia.

http://dx.doi.org/10.1016/j.aucc.2013.10.007

Development of Australian clinical practice outcome standards for graduates of critical care nurse education

F. Gill[1,2,*], G. Leslie[2], G. Grech[3], D. Boldy[2], J. Latour[4]

[1] *Princess Margaret Hospital for Children*
[2] *Curtin University, Western Australia*
[3] *University of South Australia*
[4] *Erasmus MC - Sophia Children's Hospital, Rotterdam, The Netherlands*

Introduction: Minimum practice standards for critical care nurse education are not currently identified in Australia resulting in considerable variation in graduate outcomes.

Objectives: This research investigated the views of nursing stakeholders about the practice standards graduates should demonstrate having completed a graduate level critical care course.

Methods: Following IHEC approval, an eDelphi technique was conducted. A national expert panel responded to three survey rounds. The panel consisted of four nursing stakeholder groups and responded to two rating scales; level of importance (7 point likert-type scale), level of practice (5 categories).

Results: Of 105 experts who agreed to participate, 92(88%) completed round I, 85(92%) round II and 73(86%) round III. Of the 98 statements developed from earlier work, 75 were rated at a high level of importance - median 7(IQR 6-7), 14 were rated at a moderate level of importance (median 6, IQR 5-7) and nine were rated at a low level of importance (median 4-6, IQR 4-6). The panel rated the graduate level of practice as "demonstrates independently" or "teaches or supervises others" for 80 statements. For 18 statements there was no category selected by 50% or more of the panel. The resulting 88 practice standards describe a practice outcome level of a graduate who can independently provide nursing care for a variety of critically ill patients in most contexts.

Conclusion: The practice outcome standards provide both a framework for critical care nurse education graduate clinical assessment and a nationally consistent set of expected course practice outcomes.

http://dx.doi.org/10.1016/j.aucc.2013.10.008