Tidlig identifisering av endring i kritisk syke pasienters tilstand

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Incipient changes in ICU patients’ clinical conditions – signs, nurses’ assessment and the dialogue between nurses and physicians
A qualitative study

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Recognition of early changes in a patient’s condition

- Recognition of early changes in a patient’s condition and the ability to foresee potential complications are important for preventing complications and safeguarding the lives of critically ill patients (Benner et al., 2011; Henneman et al., 2012).

- The deterioration of ward patients and the use of a rapid response system (RRS) team to improve patient outcomes are frequent subjects of study in the literature (Howell et al., 2012; Jäderling et al., 2011; Rothschild et al., 2010)
  
  - Early warning scores (EWSs)
  - Tidlig identifisering av livstruende tilstander (TILT)
Patient assessment in the ICU

— ABCDE (Airway, Breathing, Circulation, Disability, Exposure) approach to patient assessment (American College of Surgeons Committee on Trauma 2012, 2012)

— Assessment tools in the ICU (Barr et al., 2013)
  — Critical-care pain observation tool (C-POT)
  — Glasgow coma scale (GCS)
  — Richmond agitation and sedation scale (RASS)
  — Confusion assessment method for the ICU (CAM-ICU)
Patient assessment in the ICU

— Nursing surveillance “the purposeful and ongoing acquisition, interpretation, and synthesis of patient data for clinical decision-making” (Butcher, Bulechek, Dochterman, & Wagner, 2013)

— Intuition in nursing (Benner et al., 2011; Douw et al., 2015; Trinier et al., 2016)
  — «gut feelings»
  — Subjective feelings of worry or «concern»
Aims of the study (Paper I og Paper II)

I. To explore the phenomenon of becoming aware of incipient changes in a patient’s clinical condition.

II. To explore the phenomenon of assessing changes in the conditions of critically ill patients in the ICU.
## Study design

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<tr>
<td><strong>Design</strong></td>
<td>Qualitative Hermeneutic-phenomenological</td>
<td>Qualitative Hermeneutic-phenomenological</td>
<td>Qualitative</td>
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| **Data gathering** | Close observation (n=29)  
In-depth interview (n=24) | Close observation (n=29)  
In-depth interview (n=24) | Focus group discussion  
(n=3) |
| **Participants** | ICU nurses  
(n=11) | ICU nurses  
(n=11) | ICU nurses  
(n=8)  
Physicians  
(n=6) |
| **Data analysis** | Reflective methods, including thematic and linguistic reflections (van Manen) | Reflective methods, including thematic and linguistic reflections (van Manen) | Doody, Slevin and Taggart’s concept of analysis, based on Kruger and Casey’s framework |
Ethical considerations

Dispensasjon fra taushetsplikten ble vurdert som nødvendig for å få tilgang til forskningsfeltet (to ulike intensivavdelinger med avansert intensivmedisinsk tilbud).

— Søknad om dispensasjon fra taushetsplikten (tilstedeværelse i feltet) etter § 19 i helseforskningsloven (2009) ble sendt Regional komité for medisinsk og helsefaglig forskningsetikk, REK.
  – Den enkelte pasient og medisinske opplysninger er ikke fokus i forskningsprosjektet. Øpplysninger fra journal og annen dokumentasjon er ikke aktuell å bruke i dataproduksjonen
  – Informasjon til pårørende gjennom et informasjonsskriv

— Konsesjon fra Norsk samfunnsvitenskapelige datatjeneste (NSD)
The purpose of this paper was to explore the phenomenon of becoming aware of incipient changes in a patient’s clinical condition through a combination of close observation and in-depth interviews with experienced intensive care nurses.
## Findings Paper I

<table>
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<td>Living image takes form</td>
<td>Interwoven and interacting signs</td>
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<tr>
<td></td>
<td>- Signs that are sensory</td>
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<td>- Signs that are measurable</td>
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<td>- Signs that manifest as a mood in the intensive care nurse</td>
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<td></td>
<td>Awareness to signs</td>
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<td>- Care situations</td>
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<td>- Shifts</td>
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Interwoven and interacting signs

“I can get a sense that there is a change in the situation and I start looking for what could potentially be the problem. Sometimes I find something, other times I cannot find anything. In those cases [that] I cannot find anything, I don’t stop looking, I have an increased awareness and follow [up] with the patient...” (ICN 2)
“It was so strange how she changed appearance, her nose became slightly pointed and her cheeks were sunken, and the cheekbones became very visible, bluish in skin color. I turned on more light to see if it was true, I thought it was a change in face shape ... It was not like that a few hours before ... We had basic monitoring of her, but it was nothing special [regarding the parameters]” (ICN 11)
Summing up Paper I

— ICU nurses develop foresight and awareness of incipient changes in a critically ill patient’s condition through images that consist of signs that are sensory, measurable, and that manifest as the mood of the nurse.

— Care situations and following patients through shifts are essential components of a process that enables nurses to detect signs of changes in patients’ clinical conditions.
The purpose of this paper was to explore the phenomenon of assessing changes in a patient’s clinical condition through a combination of close observation and in-depth interviews with experienced intensive care nurses.
Findings Paper II

<table>
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<th>Main theme</th>
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<td><strong>Sensitive situational attention</strong></td>
<td>- Being sensuous and emotionally present</td>
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<td>- Being systematic and concentrating</td>
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<td>- Being close to the bedside</td>
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<td>- Being trained and familiar with the routines</td>
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Sensitive situational attention - being sensitive and emotionally present

“It is morning and I am with Anna, the nurse caring for an elderly, mechanically ventilated patient. Shortly after the change-of-shift report, Anna starts with the morning care of the patient. She is attentive toward him, looking especially for his bodily movements, and says, "He has more tonus in his hands and I saw a little movement of his hand." Looking for signs of movement and also for signs of contact with the patient, Anna stops and says: "I have a feeling that I have contact with him ... It’s life in his eyes." (Field note ICN 5)
Sensitive situational attention - being concentrated and systematic

“Susan starts the shift by going to the bed. She starts assessing the patient using her senses by touching the patient's skin; listening to the stomach and the lungs; smelling the secretions; and observing the size and reactivity of the pupils. Susan says that she thought she could see an eyelid movement “but is not sure”. She is concentrated and in continuous movement at the bedside, with her body directed toward the patient. At the end of the shift, the patient’s condition is more stable. “I have a good feeling that he’s making progress,” Susan says. (Field note ICN 8)
Summing up Paper II

- Nurses understand each patient’s situation and foresee clinical eventualities through a sensitive and attentive way of thinking and working.

- This requires nurses to be present at the bedside with both their senses (sight, hearing, smell and touch) and emotions and to work in a concentrated and systematic manner.

- Knowledge about the unique patient exists in an interplay with past experiences and medical knowledge, which are essential for nurses to understand the situation.
Conclusions and clinical implications

— ICU nurses form images of individual patients that consist of signs (of incipient changes in a patient’s condition) that are sensory and measurable and that manifest as nurses’ mood.
  — These signs can aid nurses in the incipient recognition of changes in an ICU patient’s conditions and in providing improved care.

— Providing safe and high-quality care requires nurses to be sensitive and attentive to each patient’s unique situation.
  — Nurses must be close to the bedside of their patients to provide high-quality observations and must work in a concentrated and systematic manner.
Takk for oppmerksomheten