

# Critical Care Final Study Guide

- The Nursing Process
  - A (data collection) D (analysis of data) P (prioritize/delegation/goals) I (treat) E (eval)
- Comprehensive and Collaborative Plan of Care
  - Using our other resources in the hospital to help take care of patients. Such as respiratory for airway management, doctors for orders, speech for swallow evaluation.
- Prioritization & Delegation
  - DO NOT DELEGATE WHAT YOU CAN EAT. Evaluation, Assessment, Teach
- How to prioritize pts – “ABC’sDEF”
  - Airways
  - Breathing
  - Circulation
  - safety
  - Discomfort/ Disability
  - Education/ Exposure
  - Feelings
- Professional Nurse Responsibilities
  - Lifelong learning & degree advancement
- Licensure responsibilities
  - Continuous monitoring – EKG, BP, O<sub>2</sub>, RR, temp
  - Specialized equipment – IV pumps, chest tubes, ventilators, IABP (intraortic balloon pump), CRRT (dialysis for super sick patients)
  - (cont. renal replacement), ECMO (extracorporeal membrane O<sub>2</sub>), LVAD (left ventricular assist devices)
  - Invasive monitoring – Art line, pulm cath, CVP, ICP, craniostomy
- Professional development
  - Self reflection – check your own biases and beliefs before tx a pt and making yourself aware of your

# Pbds Study Guide For Critical Care

**D Siedentop**



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