

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, O2, RR, temp
 - Specialized equipment – IV pumps, chest tubes, ventilators, IABP (intraaortic balloon pump), CRRT (dialysis for super sick patients)
 - (cont. renal replacement), ECMO (extracorporeal membrane o2), LVAD (left ventricular assist devices)
 - Invasive monitoring – Art line, pulm cath, CVP, ICP, centriculostomy
- Professional development
 - Self reflection – check your own biases and beliefs before tx a pt and making yourself aware of your

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