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## **Inaugural Address at CRITICARE 2014, Annual Conference of ISSCM**

**Prof Jaya Kuruvilla, President CCNS, Birla Hall Auditorium, Jaipur**

“I am honored to be present here at the inauguration of CRITICARE 2014 and I bring warm greetings from the Critical Care Nurses Society.

Going down the memory lane, the inception of CCNS in 2011 was the result of a seed sown by the then ISSCM office bearers and a few of us from the Nursing fraternity. An endeavor like this represents the true essence of collaborative practice at the macro level. I hope it would percolate into the practice level resulting in improved patient care outcomes and job satisfaction.

The critical care environment is a high tech, high stressed one, demanding every team member to display exemplary skill, knowledge and presence of mind, ultimately enhancing accurate decision making. The demands are high on the critical care nurse, as she is the team member available 24x7 and coordinating the management of care.

It becomes all the more important to work as a team, respecting each one, recognizing the worth of each other and bringing out the best in one another, without the constraints of role conflicts, thus in turn improving the quality of patient care. Collaborative practice is the cornerstone of providing holistic care to our patients.

CCNS is at its infancy stage and the road ahead involves pivotal goals such as establishing nursing practice standards and practicing evidence based nursing. Furthermore it is crucial to retain nurse patient ratio while ensuring quality skills, knowledge and training. I as a senior critical care nurse, dream to see that all our ICU'S are manned with registered, certified and empowered nurses who apart from being care providers will also assume the role of patient advocates.

That may be the day when one can think of the possibility of getting costing of nursing care done on an individual basis. The goals are lofty but with continued collaboration from already established organizations like ISCCM, improving the quality of our nurses to meet the challenges of the complex critical care environment and making a visible contribution in our ICU's does not appear daunting.

I wish the very best for CRITICARE 2014 and conclude by acknowledging and appreciating the contribution of the past & the present Executive Committee members of ISCCM to CCNS, in particular the President Dr. Narendra Rungta and Organizing Secretary Dr. Manish Munjal and Nursing Education Coordinator Dr. Prakash Shastri.

Thank you! ”

## **CRITICARE NURSING 2014, 2<sup>nd</sup> NATIONAL CONFERENCE, JAIPUR**

### **“Collaborative Practice in Critical Care Units”**

The Critical Care Nurses Society hosted the second National Conference in collaboration with Indian Society of Critical Care Medicine at BM Birla Science & Technology Centre, Jaipur from 16<sup>th</sup>-18<sup>th</sup> February, 2014 with plenary sessions on day one followed by workshops for skill enhancement on next two days.

The Conference was inaugurated by the Chief Guest Dr. Narendra Rungta, President, Indian Society of Critical Care Medicine, the Guest of Honor Dr. Prakash Shastri, Nursing Education Coordinator, Sir Ganga Ram Hospital, Prof Jaya Kuruvilla, President, CCNS, Ms. Belinda Sawant, Vice President & Prof Sheeja Kanade, General Secretary CCNS.

The plenary sessions were steered by Nurse Leaders from Nursing Education & Nursing Service, Medical Intensivists. The Paper presentations and Panel discussion generated maximum participation from the delegates too. Ms. Jovita Ann John bagged the prize for Best Paper. The 2 days of workshop was appreciated as the delegates were able to refresh their skill competencies required for critical care nursing practice. The feedback from delegates was positive and overwhelming.

## **SYSTEM SERIES WORKSHOP III**

### **‘One Step Ahead for Nurses in Pursuit of Excellence in Endocrine Disorders’**

The 3<sup>rd</sup> of the System Series Workshops was conducted in collaboration with Seven Hills Hospital on 19<sup>th</sup> March 2014. The aim of this workshop was to conduct a comprehensive review about the updates in care of patients with endocrine disorders. The workshop was inaugurated by Dr. Hemalata Arora, MD Seven Hills Hospital, Prof. Jaya Kuruvilla, President CCNS & Ms. Belinda Sawant, Vice President CCNS.

The sessions included Recent Trends and Issues in Diabetes Management by Dr. Mihir Shah; Management of clients with DKA by Mr. John Parmar: An Overview of Thyroid Disorders by Dr. Shehzad Topiwala, Hormonal Effects on Fluid and Electrolyte Balance by Dr. Anuj Clerk & Nursing Management of Client with DKA Ms. Sheeja Kanade.

The interactive workstations on Insulin Therapy and Wound Management were appreciated. The workshop concluded with a valedictory session where resource persons & participants were awarded certificates and the feedback suggested that the session outcomes matched the preset aim.

## **TASK FORCE MEET**

### **‘Developing Standards for Critical Care Nursing Practice’**

The Task Force Meet on Developing Standards for Critical Care Nursing Practice was held on 22<sup>nd</sup> April 2014 at Hiranandani College of Nursing. Ms. Sheeja Kanade, Gen Secretary CCNS extended a warm welcome to dignitaries & the members of the Task Force. Dr. Sujit Chatterjee, CEO Dr. L. H. Hiranandani Hospital addressed the gathering and emphasized the importance of Nurses having autonomy in their practice and stressed that Nursing leaders should meet often to bring change in the profession and to raise its standards. Prof. Jaya Kuruvilla, President CCNS, delivered the Key note address.

Nursing Leaders and Nurses at Managerial levels from various hospitals participated in the meet. Ms. Susheela Samuel, Manager Huntleigh and Ms. Kawaljeet Oberoi, Director Nursing Global Hospital were the resource persons for the members of the Task Force.

The members of the Task Force Meet were divided into seven groups. Each Group was assigned with a standard to brain storm and develops objectives with measurable criteria. It was decided to include the following in the Standards:

- Definitions of Critical Care Unit & Critical Care Nursing,
- Health History Format,
- Physical Examination Format,
- Nursing Care Plan,
- Standards for Human Resource Management,
- Quality Indicators,

- Patient Safety,
- Optimal Comfort and Well Being,
- Leadership and Legal & Ethical Issues in Critical Care Unit.

Resource materials in the form of books and internet access were provided to the group members. They discussed with the references and formulated the draft on the assigned standards with objectives. The groups presented the drafts for discussion and immediate feedback and suggestions were exchanged by all group members. A certificate of Attendance was issued by the President CCNS to all the Task Force members. It was also decided that the draft of all the groups will be mailed to all for their review and suggestions for redrafting. The Task Force is scheduled to meet on 26<sup>th</sup> July 2014, with nursing leaders, social scientists and critical care and medico-legal experts for a critical appraisal of the final draft.

## ABSTRACTS

### HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

**Dr. Rani R Shetty**

*Assistant Professor, L.T. College of Nursing, Mumbai*

**Abstract:**

A survey was done to identify the level of awareness about Hospital Emergency Incident Command System (HEICS) in nurses working in selected hospitals and colleges of nursing in Mumbai. The knowledge of nurses was tested in concept of HEICS, situation awareness, High Reliability Team (HRT), nursing competencies in HEICS, communication and evaluation of HEICS. The overall knowledge score of the subjects varied from 33% to 80% in the areas studied. Comparison of mean scores revealed that younger nurses with B.Sc Nursing degree, working in senior positions and nursing teachers had higher mean scores of knowledge. The study highlighted the need to educate nurses about hospital emergency preparedness.

**Keywords:** *Awareness, Disaster preparedness, Hospital Emergency Incident Command System, Nurses*



## ABSTRACTS

### DIFFERENCE IN BLOOD PRESSURE BETWEEN RIGHT AND LEFT ARMS

Smitha Moolan\*, Jaya Kuruvilla\*\*

\*ICU Team Leader, Asian Heart Institute,

\*\*Principal, PD Hinduja College of Nursing, Mumbai

#### Abstract

**Introduction and Objective:** Accurate measurement of BP is the *sine qua non* for successful management. In case of a significant interarm difference (IAD), hypertension may go undiagnosed. The objective of this study is to evaluate the prevalence of IAD in BP (Systolic) or (Diastolic)  $\geq 6\text{mmHg}$  between arms in patients admitted to non-critical areas and to examine the clinical characteristics associated with such differences.

**Method:** A descriptive comparative study was conducted with two measurements of BP in both the arms of 202 patients using one calibrated mercury sphygmomanometer. The measurements were obtained in rapid succession; at an interval of 5 minutes between the 2 readings. The first measured arm was chosen randomly.

**Results and Discussion:** The prevalence of IAD was 53.5%; also, systolic IAD  $> 10\text{mm Hg}$  in 27.96% and diastolic IAD  $> 10\text{mm Hg}$  in 23.4% of samples was found. The higher reading in right hand was seen in around 72% of samples with IAD. The association with gender, BMI, smoking, alcohol, and co-morbidities showed no statistical significance.

**Conclusion:** It is recommended that BP be measured in both arms at the initial assessment and the higher of the 2 readings be used to guide further management.

**Keywords:** Hypertension, Blood Pressure, IAD- Interarm Difference; SIAD – Systolic Interarm Difference.

## ABSTRACTS

### BRUSHING TEETH WORKS, EVEN FOR THE MECHANICALLY VENTILATED

**Ann Mary Zachariah\*, Wilma Valsalan\*\***

*\*Staff Nurse, Sir JJ Group of Hospitals,*

*\*\*Professor, P.D Hinduja College of Nursing, Mumbai*

#### **Abstract**

**Introduction:** Colonization of the oropharynx has been a critical factor in the development of nosocomial pneumonia. Plaque allowed to accumulate along and below the gingival margin causes tissue changes within 2–4 days. A soft suction toothbrush used at least twice a day could prevent the formation of plaque.

**Method:** A quasi-experimental study was done to assess the effect of suction toothbrushes in maintaining oral hygiene in 40 mechanically ventilated patients admitted in Intensive Care Unit of a hospital in Mumbai. The effect was assessed using the Oral Health Assessment Tool, Plaque Index, and Patient Hygiene Performance Index.

**Results and Discussion:** The Mann-Whitney test was used for the post control and the post experimental group the values for the Oral Health Assessment Tool 5.45, whereas for the Plaque index it was 5.46, and also the Patient Hygiene Performance Index it was 5.43 which is greater than the table value and at the ( $p < 0.05$ ) level of significance hence accepting the hypothesis.

**Conclusion:** This suggests that the use of conventional method in providing oral hygiene is good but better is the use of the suction toothbrush for oral hygiene in mechanically ventilated patients.

**Keywords:** *Oral hygiene, Suction toothbrush, ventilated patients*

## ABSTRACTS

### Understanding Death in Context of Organ Donation

**Mr. Arun. S. Angadi**

*Lecturer, MTIN, Charusat, Gujarat*

*The measure of life is not its duration, but its donation – Peter Marshall.*

**Abstract:** Brain death and Organ Donation are matters that arouse serious dilemmas among health care personnel. Organ shortage is a global problem and many people die awaiting a transplant. Awareness of one's value system, patient's physiologic condition and preferences and knowledge of the existing laws will be of help in the decision making process. The following article is an attempt to explore basic issues related to organ donation and understand how decisions are taken.

**Keywords:** *Brain death, Organ donation, Decision making, Ethics*

## ABSTRACTS

### ICU PSYCHOSIS

**Ms. Reena D'souza\*, Ms. Neeraja Rose\*\***

*\*Tutor, \*\*Clinical Instructor, P. D. Hinduja College of Nursing, Mumbai*

#### **Abstract**

Alterations in the behavior of a critically ill patient, commonly referred as ICU psychosis, is the result of complex interaction between various psychological and physiological factors. With one in three patients who spend more than 5 days in ICU developing ICU psychosis, this condition is of major concern. It is often postulated that aspects of the ICU, such as sleep deprivation and sensory overload or monotony, are causes of the syndrome. It is caused exclusively by organic stressors on the central nervous system and it is dangerous because it impedes standardized communication and research and may reduce the vigilance necessary to promptly investigate and reverse the medical cause of the syndrome. Management strategy is to wait and watch and to reorient patients during this period. Anti-psychotics are administered when signs and symptoms are obvious. Nursing care involves multicomponent intervention with a focus on preventing ICU psychosis.

**Key words:** *ICU, ICU psychosis*

## ABSTRACTS

### CASE REPORT: OSLER-WEBER-RENDU SYNDROME

**Ms. Jeena James**

*Lecturer, P.D. Hinduja College of Nursing, Mumbai*

**Abstract:** Osler-Weber-Rendu Syndrome, also known as Hereditary Hemorrhagic Telangiectasia, is a rare autosomal dominant disorder manifested by telangiectasia of the skin and mucous membrane and arteriovenous malformation of various organs. Patients are at risk of developing cerebral vascular malformation and pulmonary arteriovenous fistulae.

Case characteristics: A 70 year old woman affected by Osler-Weber-Rendu disease, had tiny purpuric macules on both the hands and tongue, with respiratory distress and intracranial vascular malformation. Neurologic examination suggested symmetric weakness in both legs. Clinical examination revealed pallor and hepatomegaly. Multiple erythematous macular lesions on both palms and tongue and multiple petechiae over the palate were noted. The woman passed away due to stroke.

Message: The treatment options for hereditary hemorrhagic telangiectasia are considered individually for each patient owing to the diverse clinical manifestations of the disease.

**Keywords:** *Hereditary Hemorrhagic Telangiectasia [HHT], Osler-Weber-Rendu Syndrome*

## CRITICARE NURSING 2014 IN SNAPSHOTS



CCNS Executive Committee at CRITICARE NURSING 2014, Jaipur  
Prof Sheeja Kanade, Ms Sreeja Nair, Ms Akanksha Dicholkar, Prof Jaya Kuruvilla, Ms Belinda Sawant & Ms Wilma Valsalan

Prof Jaya Kuruvilla & Ms Belinda Sawant President and Vice President, CCNS in a Panel discussion with Dr. Prakash Shastri, Nursing Education Coordinator, ISSCM



Prof Jaya Kuruvilla, President CCNS with Ms Jovita Ann John, winner of Award for Best Research Paper