

NEWSLETTER

Hong Kong Association of Critical Care Nurses (HKACCN)

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Editorial

Greeting to all members: What can ICU nurses learn from the monkey?

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*Kung Hei
Fat Choi*

Kung Hei Fat Choi to all members of the HKACCN. The Year of the Monkey is in our doorstep and what can we learn about the monkey?

The monkey bears the closest resemblance to human beings and is often regarded as intelligent. They are also fun loving beings, cheerful and energetic as well as clever. We see them doing lots of tricks in shows and movies. Monkeys are also often used in research to study their behavioural patterns (Gou et al, 2003) and cognition (Zuberbuhler, 2000) as well as in many medical research (Cyranski, 2003). Biologists in China have capitalized on the region's easy access to primates and the centre based at Sun Yat-sen University have set up a global resource for disease research and plans to build up a library of primate stem cells. The supply of primate stem cells will be used in clinical trials of stem-cell therapies, however, ethical issues may cause enormous problems in this type of research.

In the renowned classical Chinese novel, *Monkey King*, known as "Journey to the West," written by Wu Cheng, the monkey is portrayed as smart and capable who became the companion of the monk on his travel for the west to get the sutras illustrating the monkey's prowess and wisdom.

The monkeys are lively, highly adaptable, versatile, enthusiastic about everything, and spend their time broadening their minds. Such are attributes that nurses can all learn from these primates.

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REPLACE with
HKACCN LOGO

ADVANCED PRACTICE

Implications of advanced nursing practice in AED

Chung Yuen Man, RN, A&E, AHNH

The health care system is continuously evolving. The creation of new posts in nursing is also expanding. In the recent nursing grade reform, a proposal for the title "Advanced Practice Nurse" has been adopted. The Advanced Practice Nurse (APN) is expected to perform specialist role in the clinical area, provide advanced nursing care to patients and families, act as resource and referral agent and teach advanced practice in the clinical area.

APN is defined as a nurse who has attained a higher level of competency above the entry or generic level of a registered nurse (Lum, 2002). The APN is also expected to have a master degree and a specialty qualification and experience (Nursing Grade Reform Joint Liaison Group, 2002).

High patient acuity with shorter hospital stays, along with downsizing hospital staff and high technological skill requirements have led the way for expanded role of the nurse in acute settings (Zwygart-Stauffacher & Lindeke, 1999). In the Accident and Emergency department (AED), patients with urgent and non-urgent problems continue to use the services. AED nurses are expected to have rich knowledge and skills to attend to these patients' needs. Due to changes in patient diversity and technological changes, the role and function of the AED nurses have also undergone enormous changes. AED nurses were expected to act as hospital-based first-aid providers. Nowadays, the roles and functions of AED nurses have expanded to include triaging, counseling patients and families, performing minor procedures, initiating diagnostic investigations such as blood sugar level (Emergency Nurses Association, 1991).

To prepare AED nurses to perform some independent role, training courses have been provided including, Advanced Cardiac Life Support, Trauma Life Support, Paediatric Cardiac Life Support, Emergency Nursing Core courses, wound suturing, intravenous access, hazardous material decontamination and many more.

In other countries, the development of APN role in AED is supported in order to improve patient outcome and satisfaction. In the United Kingdom, minor emergency clinic is being provided independently by a nurse practitioner with great success (Buchanan & Powers, 1997). Advanced nurse practitioners have specialized knowledge about nursing theories and skill in communication, ability to interpret nursing research findings, provide and diagnosis and treat a full range of patient problems (Robertson, 1999).

The development of the advanced practice nursing in Hong Kong is at its beginning. Although postgraduate nursing education has begun in Hong Kong, the educational preparation at advanced level is still in an embryonic stage. Moreover, there is no formal educational recognition as an ANP and no formal licensure, registration and accreditation of the ANP in Hong Kong (The Nursing Council of Hong Kong, 2001) although the Council provides accreditation for nurse specialists.

As a new post within the health care team in A&E, the roles and function of the APN may not be fully understood by other nurses, doctors and patients thereby leading to underutilization (Chang & Wong, 2001). Moreover, professional role conflict may induce conflicting professional agenda of being seen as “mini-doctor” that may threaten the existing status of the physician and change the scene of medical dominance in Hong Kong (Wong, 1998). Hence a job description of the APN must be clearly articulated and be clearly communicated to all those concerned and in particular, to the public consumers so that they will understand and accept this new role of nurses and hopefully contribute to quality patient care in A&E.

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REFLECTIVE PRACTICES

Advocacy in nursing practice

Yau Ching Ying, RN, A&E, QEH

Nurses regardless of the setting in which they work spend much time caring for vulnerable people. This vulnerability may arise from a number of factors, including physical or psychological ill health, physical disability, learning disability and just being old. Many vulnerable people will need someone to speak up on their behalf.

In a busy nursing practice, it is very easy to overlook patients' needs, wants and even rights, especially in a setting like the Accident and Emergency (A & E) department. In such a setting, doctors are busy ordering treatments and nurses are busy following orders. Delays are usually not allowed because of the life-threatening situations health care professionals are faced with.

Patient advocacy is increasingly being emphasised as one of the major role of a nurse (Wheeler, 2000). Patient advocacy is a process of caring for, or on behalf of someone who is unable to do so for themselves (Royal College of Nursing, 1992). The notion of patient advocacy is built on the assumption that patients have certain rights and health care providers have a duty to ensure that patient's rights are honoured (Hewitt, 2002). Patients are entitled to have their voices heard, but they are often unable to fend for themselves in the health care system, because of the compromises of illness.

Nowadays, emphasis on patient's rights becomes more and more significant. Nurses are usually regarded as the best person to advocate for the patients because they have better patient rapport. However, in a situation where providing physical care of the patient is a priority and the nurse became too exhausted that often the role of advocacy becomes secondary.

Being a patient advocate needs a certain extent of assertiveness. Potential advocates also need to be aware of the full consequences of acting as one (Mallik, 1997). During the process of advocacy, conflicts may occur especially when the chief concern of the health care professional and the patient is imbalance. Careful handling of this imbalance requires negotiation and good communication skills (Bennett, 1999). The word of advice is for nurses to remember that advocacy stems from a philosophy in which nursing practice is the support of a person to promote his or her well-being.

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Modified Borg Scale: A tool in assessing the degree of dyspnea

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Dyspnea is a common symptom in patients attending the accident and emergency department (AED). Dyspnea is a subjective sensation, this experience can only be perceived, interpreted, and rated by the individual.¹ Patients may present to a triage nurse complaining of labored, difficult or uncomfortable in breathing and nurses need to be able to rapidly and effectively assess the severity of dyspnoea. Nowadays in AED, measuring dyspnoea is limited by assessing the physiological changes associated with dyspnoea such as oxygen saturation, respiratory rate, peak flow rate, use of accessory muscle and patients' verbal complaints. Assessment should also include patients' subjective description of the intensity of dyspnea and the Modified Borg Scale (MBS), can provide supplementary information about the patients, subjective experience of dyspnoea in a quick, easy and rapid manner.²

The MBS is a vertical scale from 0 – 10 with a corresponding verbal descriptors of a progressively increasing intensity of dyspnea. Patients are asked to point to the number which best describe their exact feeling of dyspnea which can be recorded as a fraction (rated number over the total possible score; e.g. 5/10), thus providing a common language for health providers to describe dyspnoea in a measurable term.

Using MBS as part of triage assessment can assist the triage nurse in decision-making with regards to planning the most appropriate nursing intervention for a patient with dyspnoea. It is a valid and reliable tool that corresponds well to other physiologic parameters already demonstrated in previous studies.³⁻⁵ Patients being studied showed that MBS can adequately express their dyspnea; health care providers also stated it is quick and easy to use. Nowadays, Hong Kong health care system lacks tools in assessing the subjective dyspnea, adding MBS into consideration may give a great challenge to them. Since the MBS have not yet been translated into Chinese version nor tested in Chinese populations, further study is recommended.

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CONFERENCE REPORT

Facing New Challenges: 4th World Congress on Paediatric Intensive Care

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Children are not just small adult. There are some manifestations and complications unique to children. They are emotionally and cognitively immature and the immaturity will affect how to react and to respond to illness and injury. Paediatric intensive care nurses are a special group of nurses whose training focus on this group of children and their families to serve their special needs and to help them to overcome the vulnerable period of their lives. Only meeting our day-to-day practice cannot satisfy facing the coming new challenges in health care science and our clients' demand. I am very glad to have attended the 4th World Congress on Paediatric Intensive Care (PIC) held in Boston in 8-12 June 2003 to update my new trend of PIC care.

The conference focused on a wide range of areas which included: pulmonary sciences, multi-organ failure, nutrition in PICU, transplantation, transport of critically ill children, ethical issues, bereavement services in PICU, and disaster preparedness and management and etc. Because of the outbreak of SARS in Hong Kong and Canada, a special SARS symposium was also conducted in the conference. In fact, the conference provided a venue for worldwide paediatric intensivists to debate their different views on paediatric intensive care topics. Famous PICU nurses specialists and PICU advanced practice nurses who come from all over the world conducted lectures and seminars to discuss about the most recent nursing care and intervention for critically ill children.

Furthermore, this conference provided a special opportunity to expand my horizons such as meeting paediatric intensive care nurses from different countries, visiting PICU and Cardiac intensive care unit of Boston Children Hospital which is the most famous hospital in Boston to see the ward setting and nursing management of ill child, trying of different new medical paediatric products and technologies.

From this conference, I expanded my vision and found new ideas. I am sure that these could help me to improve and to reach a higher standard of care for my patients and their families.

CONFERENCE ANNOUNCEMENTS

2-4 March 2004

Association of Perioperative Registered Nurses Congress
San Diego Convention Centre

<http://www.aorn.org/congress>

24-26 March 2004

Sleep and sedation in ICU, quality versus resources,
measuring outcomes

ANZICS: New Zealand Region Annual Scientific Meeting
Te Papa, Wellington, New Zealand

<http://www.ccdhb.org.nz/anzics/anzics.htm>

18-22 April 2004

American Society of Perianaesthesia Nurses Conference
Philadelphia

<http://www.aspan.org>

12-15 May 2004

Trends in Paediatrics from clinical research to patient care
Stockholm, Sweden

<http://www.jerringfonden.org>

6-10 June 2004

10th International conference of Emergency Medicine
Cairns, Queensland, Australia

<http://www.icem2004.im.com.au>

10-13 June 2004

The 13th Congress of the Western Pacific Association of
Critical Care Medicine

Seoul, Korea

<http://www.wpaccm2004.org>

USEFUL WEBSITES

The following websites are useful to members who may be doing further studies and are conducting research.

http://www.rcsed/ac/uk/journal/vol44_6/4460010.htm

This offers an educational review covering responses to stress and trauma, tissue oxygenation, and systems monitoring.

<http://www.intensivecare.com>

This site offers resources for practicing evidence-based nursing and medicine.

http://www.ccrnnet.com/main_index/

This is a CCRN website that includes articles, index of resources, chat, and games.

<http://ccforum.com>

This website includes commentaries on recent issues, research, clinical guidelines, reports, educational reviews of clinical practice, links and schedule of conferences.

<http://www.hopkins-lungs.org/>

This website offers education and research related to pulmonary medicine, clinical programs relating to various lung diseases.

http://www.rcsed/ac/uk/journal/vol44_6/4460010.htm

This offers an educational review covering responses to stress and trauma, tissue oxygenation, and systems monitoring.

GREETINGS TO NEW MEMBERS

The HKACCN takes this opportunity to welcome all new members who have chosen to join the Association in enhancing and promoting excellence in critical care as a new dimension in nursing education, practice, management and research. Members are encouraged to continuously support and promote the Association and its activities to their colleagues.

CONTRIBUTIONS TO THE NEWSLETTER

The HKACCN Newsletter is published quarterly. The editor welcomes articles reporting news and views relevant to critical care nursing. The following deadlines for submission of issues, news clips, short articles, and research briefs must be adhered to for 1999. Please forward contributions to:

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Article preparation

Individual submissions should be double-spaced and can be sent through the email. Accompanying photographs must be of good quality. The editor reserves the right to accept, modify, reject and/or check material to corroborate information.

Submission dates

January issue – December 30
May issue - April 30
September issue – October 30

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