NEWSLETTER

香港危重病學護士協會有限公司
Hong Kong Association of Critical Care Nurses Ltd.

Hong Kong Association of Critical Care Nurses Limited (HKACCN Ltd)

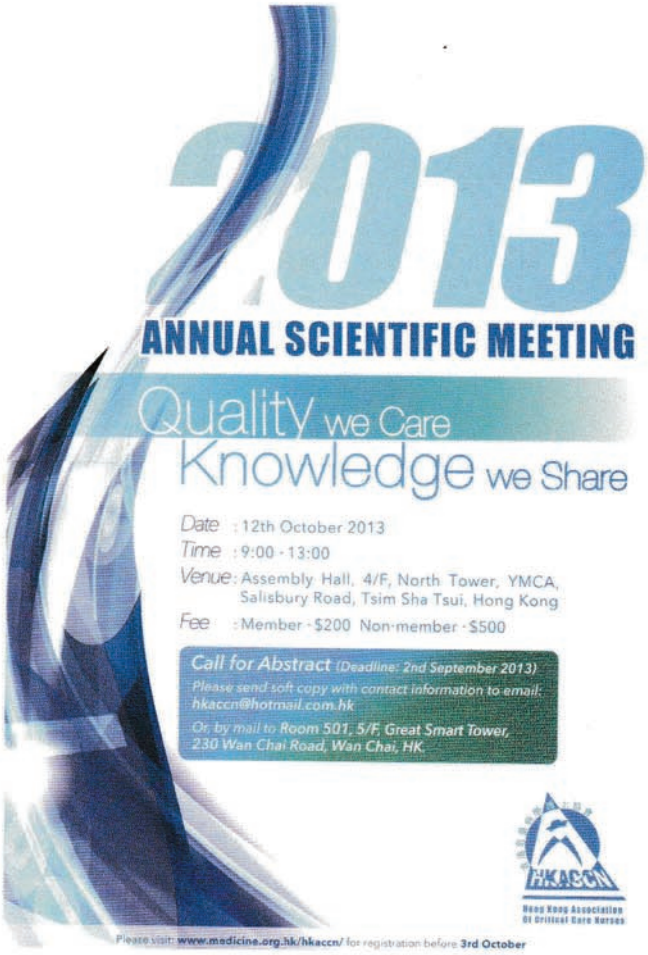
Vol. 14, No. 1, Aug 2013

Message from the Editor

Vico CHIANG
Chief Editor
HKACCN

Dear members, greetings to you all.

It has been more than half a year after our ASM last year and we are very pleased to publish a new issue of Newsletter for all of you. Our next ASM will be held on 12 Oct 2013 at the Assembly Hall, YMCA in Tsimshatsui. We cordially call for your active submission of abstracts by 2 Sept 2013. This is the second time HKACCN will independently host its ASM. We are eager to seeing you all in the AGM for the topic 'Quality we care. Knowledge we share'!



In this issue, Ms Sit Ho Yan of the ICU at Tuen Mun Hospital shares her work with us regarding a new bowel management program. As pointed out by McPeake, Gilmour & Macintosh (2011) after an audit review of an ICU at Scotland, poor bowel care associated with haphazard approach to bowel care and a high incidence of constipation and diarrhoea days were identified. Bowel care is essential for quality patient care at the ICU.

Psycho-socially, empathy is another important aspect for better care of our ICU patients. As Selph, Shiang, Engeling, Curtis & White (2008, p.1311) put it "There is an association between more empathic statements and higher family satisfaction with communication". Ms Li Kar-Ling of the ICU at Princess Margaret Hospital shares her first-handed experience of empathy in the care of critically ill patients with us.

We're very pleased to have the two authors in this issue who generously share with us their work and experiences regarding those important aspects of care at ICU. Happy Readings!

I, again, urge you to submit your abstracts to our 2013 ASM for more professional exchanges and sharing for the better quality of care of our patients in ICU. Submissions can be sent as a soft copy with your contact information by an email to hkaccn@hotmail.com.hk. Looking forwards to seeing you all at the ASM.

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Bowel Management Program in the ICU at Tuen Mun Hospital

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Introduction

Bowel elimination is a basic body function. Nevertheless, health care team usually put their focus on life saving activities on critically ill patients who have life threatening conditions. Bowel care may be neglected due to its lower priority.

Constipation occurred in 57.7% (McPeake et al., 2011) to 83% (Mostafa et al., 2003) critically ill patients. It is a common problem that experienced by patients in the Intensive Care Unit (ICU). Reasons of constipation include reduced mobility; reduced dietary fiber and nutritional intake; drugs such as sedatives, opioids, neuromuscular blocker and vasopressors; shock; dehydration; and loss of

privacy (McKenna et al., 2001; Dorman et al., 2004). Constipation may cause abdominal distension, paralytic ileus, bowel obstruction, nausea and vomiting, overflow diarrhea, bowel perforation, and overgrowth of bacterial in digestive tract with nosocomial infection and sepsis (Mostafa et al., 2003; McPeake et al., 2011). Recent studies identified that constipation could be related to prognosis of critically ill patient (de Azevedo et al, 2009). Diarrhoea is another common finding in critically ill patients and reported incidence as 32.5% (McPeake, 2011). Possible factors causing diarrhoea includes lack of fibre in tube feeding formulae, medications, stress, critical illnesss itself, disturbance in gut flora caused by antibiotics (McKenna et al, 2001; Ferrie & East, 2007). Diarrhoea can cause skin breakdown, malnutrition, dehydration, electrolyte imbalance, and infection (McKenna, 2001; McPeake, 2011). If leave untreated, either constipation or diarrhoea may put the patient safety at risk.

Retrospective Audit

From the clinical experience, bowel care is a problem that needs to be addressed in Tuen Mun Hospital Intensive Care Unit. Retrospective audit was carried out for patients admitted between November and December 2011. The American Gastroenterological Association defines constipation as the frequency of feces evacuation of less than 3 times a week, feeling of incomplete rectal evacuation, passing hard stool, struggling to pass stools and need to tap for rectal emptying (Locke et al., 2000). However, these criteria are not very practical to be applied in critically ill patients. Therefore, the more commonly used definition of constipation in critically ill patients was chosen for the audit, 'failure of the bowel to open for three consecutive days' (Mostafa et al., 2003; Dorman et al., 2004; McPeake et al., 2011). Diarrhea was defined as daily stool output exceeding 300mL, or three or more liquid or unformed stools per day (Ferrie & East, 2007). Patients who had recent bowel surgery were excluded for the audit as they were at a high risk of developing ileus. Besides, those who stayed three days or fewer in the ICU were also excluded. An extended ICU admission increased the risk of diarrhea (Ferrie & East, 2007).

The audit demonstrated the incidence of constipation as 73.5% in our ICU. On average bowels were opened on day 9 of admission. Diarrhea days were calculated as a percentage of the total number of ICU days each patient was admitted. In November and December 2011, diarrhea

occurred in 7% ICU days in our unit. There were seven patients who developed skin breakdown in relation to diarrhea.

Implementation of a Bowel Management Program

Bowel Management Guideline was developed after reviewing related literature and discussion by our Nurse Specialist and Associate Consultant. The guideline has been implemented then since July 2012. They developed a bowel management decision tree which offers a simple approach to bowel care (Appendix I). It starts from the assessment of bowel functions, which include inspection; palpation of abdomen for any distension, tenderness, and/or pain; and auscultation for any presence or absence of bowel sounds. Frequency of bowel actions, the quantity and nature of feces are reviewed daily. The patient is then considered as being at risk or already in constipation (or diarrhea) so that the appropriate interventions will be performed.

Outcome Measures

After implementation of the Bowel Management Guideline, a clinical audit was performed in November and December 2012. Constipation incidents decreased to 68.8% (73.5% for the same two months in 2011) and on average bowels opened on day 7 of admission (day 9 in 2011). Diarrhea days decreased from 7% to 6.3% ICU days and number of patients with skin breakdown due to diarrhea reduced from seven to three. The audit has demonstrated that the incidents of constipation and diarrhea can be reduced by following a standardized guideline of bowel management.

Conclusion

As a critical care nurse, we should not only manage patients' complex and life-threatening health conditions but also address to their basic physiological needs. Bowel care is an area we need to pay more attention for better practice development.

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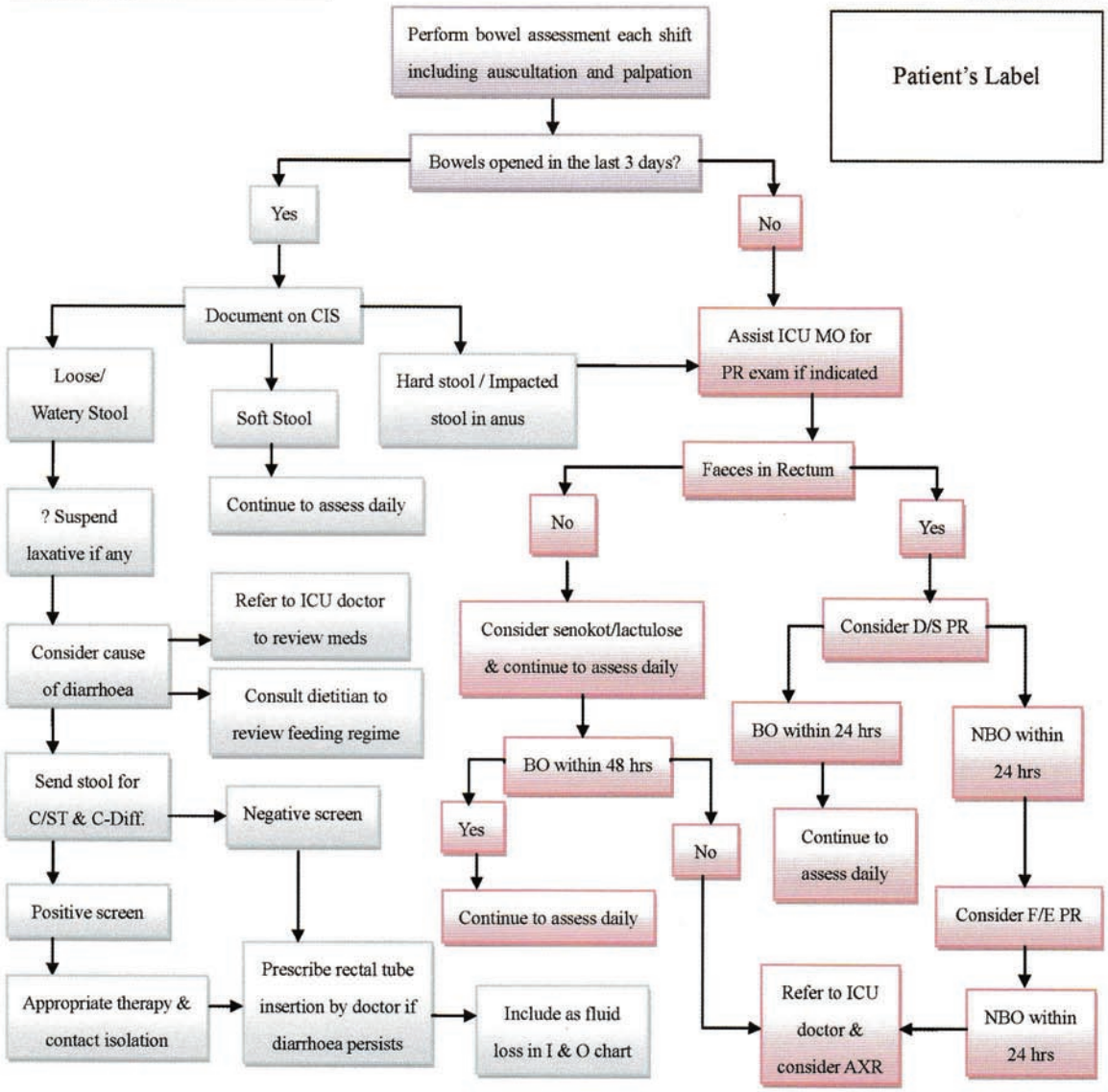
Bowel Management Flowchart

Appendix I



Bowel Management Record Form			Diagnosis: _____
ICU Day	Date	Bowel Movement (Please circle if appropriate)	Management (e.g. lactulose, AXR, stool x c/st & CD)
D1			
D2		NBO / BO / Diarrhoea	
D3		NBO / BO / Diarrhoea	
D4		NBO / BO / Diarrhoea	
D5		NBO / BO / Diarrhoea	
D6		NBO / BO / Diarrhoea	
D7		NBO / BO / Diarrhoea	
D8		NBO / BO / Diarrhoea	

Remarks: Patients post GI surgery recently, presence of colostomy and ileostomy, and injury of spinal cord are excluded.

Modified from Dorman et al. (2004)

Empathy: Are we not as nurses able to do?

LI Kar Ling
RN, ICU
Princess of Margaret Hospital

I have been a Registered Nurse for almost 20 years, with 10 years working experience in the intensive care unit (ICU). To me, the feelings and emotions of working in the ICU are much stronger and more powerful than in the other wards. I have seen new mothers who die during childbirths, and I have seen trauma deaths of young healthy persons. Even as

an experienced health care worker, these occasions still touch me as much the same as the way it did when I first started my nursing career.

Dealing with death is always hard, and accidental deaths are particularly sad and painful. Recently, we couldn't revive a patient who suffered from serious traumatic injuries due to a traffic accident. Her family was heartbroken when they received the bad news. In spite of indescribable sorrow, they were still willing to donate the organs of the deceased to help others in need. Because of this generosity, several others were able to 'restart' a new life. Their act really actualized the meaning of life to the highest level. Besides, their selfless dedication also captures the hearts of us, even the people of Hong Kong.

Early this year, a family member of mine was hospitalized in the ICU. For the first time in years, I personally experienced how it really felt to have a loved one being seriously ill. My professional judgment was overridden by emotions. Worried, I needed to know what was going on all the time and demanded answers right away. This strengthens my view that the work of a nurse does not stop at the bedside, but extending to the waiting room and beyond.

While patient care is essentially teamwork, each ICU nurse can also take charge on his or her own in looking after family members of the critically ill patients. We, as ICU nurses, are not merely responsible to update patients' conditions to the relatives, we can also listen to and understand their concerns. As human beings, we nurses are also vulnerable (Heaslip & Board, 2012), yet the need for us to be empathetic for the success of our professional care. We can help them to face their

plights by connecting them to social workers or chaplains, and facilitating them to visit the patients as much as they need and the situations allow, etc. For the families of gravely ill patients, we can try to provide a quiet and private environment for them to spend time with the patient together and the time for them to mourn. This is comforting and very important for the family members during last moments of patients.

Some good experience or meaning may emerge from the worst situations when we nurses make our best effort in caring for, and empathically attuned with, the patients and their families. I wish that the charity and love of my professional nursing colleagues will move a step further to do similar deems, and for the years to come to develop such empathetic practice more as a standard.

References

Heaslip, V., & Board, M. (2012). Does nurses' vulnerability affect their ability to care? *British Journal of Nursing*, *21*, 912 - 916.

UPCOMING PROGRAMS

I) ECG Course for Beginners

II) Basic Life Support and Advanced Cardiac Life Support Courses
- **a) Basic Life Support (BLS) Provider Course**
- **b) Advanced Cardiac Life Support (ACLS) Provider Course**

III) Elementary Critical Care Nursing (ECCN)

For detailed information & application, visit
http://www.medicine.org.hk/hkaccn/activities.htm

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Call for Articles

The HKACCN is going to publish a booklet to celebrate her 15th anniversary. We sincerely invite you to submit Chinese or English articles, stories or photos to us for making this booklet meaningful. There is no words limit for the articles.
Please submit it to hkaccn@hotmail.com.hk by 31 Aug 2013 [with your name, and pseudonym (if applicable) affiliated institution for our appreciation].

CONFERENCE ANNOUNCEMENT

28 Aug - 1 Sept 2013
11th World Federation of Societies of Intensive and Critical Care Medicine Congress: Critical care for All - Providing more for less
Place: Durban, South Africa
Website: http://www.criticalcare2013.com

17 - 19 Oct 2013
The 38th Annual ANZICS/ACCCN Intensive Care Annual Scientific Meeting (ASM) 2013
Place: Hobat, Tasmania, Australia
Website: http://www.intensivecareasm.com.au/2013/

18 - 20 August 2014
The 8th ICN INP/APNN International Conference on Advanced Nursing Practice
Place: Helsinski, Finland
Website: http://www.nurses.fi/8th-icn-international-nurse-prac/

USEFUL LINKS

International Nurses Day 2013
Theme: Closing the gap: Millennium Development Goals
http://www.icn.ch/publications/2013-closing-the-gap-millennium-development-goals-8-7-6-5-4-3-2-1/

World Federation of Critical Care Nurses (WFCCN)
www.wfccn.org