

CARING FOR COVID 19 PATIENTS MICU PANDEMIC JOURNEY



BACKGROUND

- This poster explores the global Healthcare crisis due to Covid 19 Pandemic specifically in intensive care unit.
- It pictures the role and capacity of the nurses in delivering quality care to highly infected and critical patients.
- Theoretical and practical implications of adhering to evidence based practice and treatment guidelines.

PURPOSE

- Aims to explore the nurse's capability in taking care of Covid 19 patients.
- Aims to evaluate the risks versus benefits of proning and other management of covid patients.
- Aims to determine the safety of ICU nurses while caring for Covid patients.

METHODS

- A survey of medical ICU staff is conducted to measure the following: knowledge on criteria for proning, competency on safety approaches/protocols to proning, knowledge on risks and exposure risks prevention for COVID 19 patients.
- In addition, a separate scale for burn out level among ICU nurse caring for COVID 19 proning patients are to be measured.
- A survey questionnaire using a 5 point Likert scoring will be developed to attain above data.
- A descriptive analysis of each criteria will be conducted.



THERAPY OPTIONS IN ACUTE RESPIRATORY DISTRESS SYNDROME

PRONING

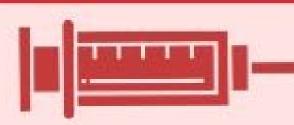


- Uniform lung inflation minimizes shunting
- Reduces pleural pressure gradients
- 111 Improves V/Q mismatching
- (ii) Have a trained team perform
- Prone for 12-16 hours per day

Complications

- Pressure Ulcers
- Airway obstruction
- Increased abdominal pressure
- ETT Dislodgement

Loss of IV access



- 1 Improves patient-ventilator synchrony
- Decreases intra-pulmonary shunting
- Minimizes muscle O2 consumption
- Functional residual capacity
- PRN > Early + Continuous Use

Complications

- Increased risk of weakness
- Myopathy
- Increased risk of delirium
- Diaphragm deconditioning

- Use tidal volumes of 4 8 mL/kg IBW
- ✓ Plateau pressure < 30 mmHg
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- Titrate PEEP to open collapsed alveoli
- Reep driving pressure < 15 cm H₂0
- Caution with recruitment maneuvers

Complications

- Increasing RA pressure
- Increasing PVR
- Hypovolemia
- Lung overdistension Pneumothorax







RESULTS

- Research has found that proper care and attention by ICU nurses improves the outcome.
- Early proning on vented and non vented patients improved the ventilation/perfusion matching through potentially decreasing mortality.
- Complications of proning, paralytic and sedation can be decreased by proper monitoring, adhering to guidelines and prompt referral by ICU nurses and staff.

CONCLUSIONS

- Proning can be use extensively as a rescue therapy in treating ARDS among covid patients.
- Thorough understanding of benefits, identifying risks, proper training and full manpower are the key points in delivering quality of care while minimizing risks among staff and maintaining optimum protection among healthcare workers.

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