

Fourth Edition

Standards for Critical Care Nursing Practice



Canadian Association of Critical Care Nurses

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Table of Contents

Standards for Critical Care Nursing Practice and Philosophical Statement of Critical Care Nursing1

Standards for Critical Care Nursing Practice

Standard 13

Standard 24

Standard 35

Standard 46

Standard 57

Standard 68

Standard 79

Bibliography11



CACCN Standards for Critical Care Nursing Practice

The Canadian Standards for Critical Care Nursing Practice are designed to provide an essential resource to all nursing professionals including direct care practitioners, educators and administrators in their pursuit of best practice in the critical care environment.

Standards for critical care nursing are achievable expectations regarding critical care nursing practice. While these standards include expectations for critical care nursing practice in Canada, registered nurses are accountable to their provincial (regulatory body) standards for the practice of nursing. CACCN acknowledges that the capacity of an individual critical care nurse to meet the practice standards is dependent on several factors, including the presence of a supportive practice environment. CACCN is committed to developing collaborative initiatives that support and promote delivery of safe, compassionate, competent and ethical critical care nursing practice.



Philosophical Statement of Critical Care Nursing

Critical care nursing is a specialty which exists to care for patients who are experiencing life-threatening health crises within a patient/family centred model of care. Nursing the critically ill patient is continuous and intensive, aided by technology. Critical care nurses require advanced problem-solving abilities using specialized knowledge regarding the human response to critical illness.

The critical care nurse, works collaboratively within the interprofessional team, and is responsible for coordinating patient care using each member's unique talents and scope of practice to meet patient and family needs. Each patient has the right to receive care based on his/her personal preferences. The critically ill patient must be cared for with an appreciation of his or her wholeness, integrity, and relation to family and environment. Critical care nurses plan, coordinate and implement care with the health care team to meet the physical, psychosocial, cultural and spiritual needs of the patient and family. The critical care nurse must balance the need for the highly technological environment with the need for safety, privacy, dignity and comfort.

Critical care nurses are at the forefront of critical care science and technology. Lifelong learning and the spirit of enquiry are essential for the critical care nurse to enhance professional competencies and to advance nursing practice. The critical care nurse's ability to make sound clinical nursing judgments is based on a solid foundation of knowledge and experience.

The terms "nurse" and "critical care nurse" throughout the document refer specifically to registered nurses. The following are standards for critical care nursing in Canada.



Standard 1

Critical care nurses use advanced skills and specialized knowledge to continuously assess, monitor and manage patients for the promotion of optimal physiological balance.

Criteria:

The critical care nurse:

- 1.1 Gathers physiological, psychosocial, cultural, developmental and spiritual data based on the patient's condition using all available and appropriate resources.
- 1.2 Analyzes and validates data from multiple sources to inform decisions about patient/family needs.
- 1.3 Makes decisions about priorities of care in life-threatening and non life-threatening situations.
- 1.4 Integrates all findings from the assessment to identify a collaborative and/or an independent plan of care.
- 1.5 Coordinates and implements the plan of care within the individual's scope of practice.
- 1.6 Anticipates, prevents, prepares for, recognizes, and intervenes in life-threatening situations.
- 1.7 Manages multiple therapies in the context of ever-changing patient needs.
- 1.8 Monitors and evaluates the effectiveness of interventions within an appropriate time frame, revising therapies as necessary to achieve expected outcomes.



Standard 2

Critical care nurses promote and facilitate optimal comfort and well-being in a highly technological environment that is often unfamiliar to patients and families.

Criteria:

The critical care nurse:

- 2.1 Manages the environment to mitigate the effects of noxious stimuli.
- 2.2 Discerns among pain, anxiety and delirium as the source of discomfort and implements individualized therapies (pharmacological and non-pharmacological) to prevent and/or alleviate suffering.
- 2.3 Preserves the dignity of each individual by respecting his/her personal privacy and individual diversity including age, ethnicity, spiritual beliefs, gender, marital status, sexual orientation, lifestyle and socio-economic status.
- 2.4 Communicates information in a manner that maintains realistic hope and that is appropriate to the patient's/family's needs, stage of development and level of understanding.



Standard 3

Critical care nurses foster mutually beneficial partnerships with patients and families based on trust, dignity, respect, communication and collaboration. Family is defined by the patient.

Criteria:

The critical care nurse:

- 3.1 Gathers data concerning patient/families' needs and responses to the critical care experience and accesses appropriate resources to address identified concerns.
- 3.2 Shares information with patients/families in an open, accurate, honest manner to establish a plan of care and assist in decision-making.
- 3.3 Seeks out, listens to, and honours patient and family perspectives when planning and delivering care.
- 3.4 Advocates for patients and families to address their expectations and needs.
- 3.5 Provides family members with open access to the patient, respecting the need for privacy as the environment and situation allows.



Standard 4

When providing care in a high risk environment, critical care nurses participate in safety initiatives and adhere to best practice.

Criteria:

The critical care nurse:

- 4.1 Integrates data to anticipate, prevent, and recognize injury or dysfunction that may contribute to a life-threatening health crisis or long term alteration in health.
- 4.2 Documents patient care and its ongoing evaluation in a clear, concise, accurate and timely manner while respecting the privacy and confidentiality of health and personal information.
- 4.3 Seeks out and incorporates patient and family feedback into quality improvement activities.
- 4.4 Uses quality improvement findings to inform change for nursing practice and health care delivery.
- 4.5 Advocates for adequate numbers of knowledgeable and skilled critical care nursing staff to ensure safe and humane care for patients based on the complexity of care required.



Standard 5

When life sustaining technologies are no longer beneficial, critical care nurses support patients and families through the transition from active treatment to a peaceful death.

Criteria:

The critical care nurse:

- 5.1 Promotes the discussion of advanced care directives with the patient and/or the family.
- 5.2 Collaborates with the patient and family to identify available resources that will provide support during end of life care.
- 5.3 Identifies potential candidates for tissue and organ donation.
- 5.4 Accesses appropriate resources to guide ethically complex situations and foster effective coping strategies and possible resolutions.
- 5.5 Maintains ongoing communication with the family and health care team about the end of life plan of care.



Standard 6

The critical care nurse promotes collaborative practice in which the contribution of the patient, family and each health care provider is solicited, acknowledged and valued in a non-hierarchical manner.

Criteria:

The critical care nurse:

- 6.1 Explains and promotes his/her roles and responsibilities to patients, families and other health care providers.
- 6.2 Demonstrates effective interpersonal communication, negotiation and conflict resolution skills to promote positive collegial relationships.
- 6.3 Accepts accountability for his/her autonomous professional contributions and collaborates to determine the best care provider based on respect for the unique roles, responsibilities and shared competencies.
- 6.4 Emphasizes the value of shared responsibility in decision making and supports the use of shared leadership and coordinating roles.
- 6.5 Consults with appropriate individuals to establish/review the plan of care and promote continuity of care.



Standard 7

Critical care nurses provide leadership by fostering a critical care culture conducive to collaboration, quality improvement, safety, professional growth and responsible resource utilization.

Criteria:

The critical care nurse:

- 7.1 Incorporates professional, legal, ethical and critical care standards into practice.
- 7.2 Maintains critical care and professional competency by engaging in reflective practice, by self-assessment of learning needs, and by participating in educational activities.
- 7.3 Promotes research, evidence informed practice and dissemination of nursing knowledge.
- 7.4 Acts as a resource person, educator, role model, advocate and/or mentor for students, peers and health care providers.
- 7.5 Contributes to and supports initiatives that enhance the critical care environment and the quality of work life.



Standards for Critical Care Nursing Practice Bibliography

- Ääri, R., Tarja, S., & Helena, L. (2008). Competence in intensive and critical care nursing: a literature review. *Intensive & Critical Care Nursing*, 24(2), 78-89.
- American Association of Critical Care Nurses (2008). *Standards for acute and critical care nursing practice*. Retrieved from <http://www.aacn.org/WD/Practice/Content/standards.for.acute.and.ccnursing.practice.pcms?menu=Practice>
- American Association of Critical Care Nurses (2005). *Standards for establishing and sustaining healthy work environments*. Retrieved from <http://www.aacn.org/WD/HWE/Content/hwehome.pcms?menu=Com>
- Ashworth, P. (1990). *High technology and humanity for intensive care*. *Intensive Care Nursing*, 6, 150-60.
- Ball, C. (1990). *Humanity in intensive care*. *Intensive Care Nursing*, 6, 12-16.
- Ball, C., & McElligot, M. (2003). Realising the potential of critical care nurses: an exploratory study of the factors that affect and comprise the nursing contribution to the recovery of critically ill patients. *Intensive & Critical Care Nursing*, 19, 226-38.
- Banfield, V., & Lackie, K. (2009). Performance-based competencies for culturally responsive interprofessional collaborative practice. *Journal of Interprofessional Care*, 23 (6), 611-620.
- Barclay, L. & Lie, D. (2007). New guidelines issued for family support in patient-centered ICU. *Medscape Medical News*. Retrieved from www.medscape.com/viewarticle/551738
- Barr, H. (1998). Competent to collaborate: towards a competency-based model for interprofessional education. *Journal of Interprofessional Care*, 12, 181-187.
- Benner, P., Hooper-Kyriakidis, P., & Stannard, D. (1999). *Clinical wisdom and interventions in critical care*. Philadelphia: Saunders.
- Benner, P., Tanner, C., & Chesla, C. (1996). *Expertise in nursing practice caring, clinical judgment, and ethics*. New York: Springer.
- Briggs, L. A., Brown, H., Kesten, K., & Heath, J. (2006). Certification: a benchmark for critical care nursing excellence. *Critical Care Nurse*, 26(6), 47-53.
- Canadian Council of Health Services Accreditation: Critical Care Services (2005). Ottawa: Author.
- Canadian Nurse Practitioner Initiative. (2005). *Questions and answers: Collaborative practice* Retrieved from http://www.cna-nurses.ca/CNA/practice/advanced/initiative/fact_sheets/default_e.aspx
- Canadian Nurses Association. (2003). CNA Position statement: Staffing decisions for the delivery of safe nursing care. Retrieved from http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS67_Staffing_Decisions_Delivery_Safe_Nursing_Care_June_2003_e.pdf

- Carnevale, F. A. (1991). High technology and humanity in intensive care: finding a balance. *Intensive Care Nursing*, 7, 23-27.
- Chaboyer, W., Dunn, S. V., & Najman, J. (2000). Developing specialty knowledge: the case of Australian critical care nursing. *Intensive & Critical Care Nursing*, 16, 13-17.
- Christensen, M., & Hewitt-Taylor, J. (2006). Defining the expert ICU nurse. *Intensive & Critical Care Nursing*, 22, 301-307.
- College of Nurses of Ontario. (2008, December). *Compendium of standards of practice for nurses in Ontario, (2nd Ed.)*. Retrieved from <http://www.cno.org/pubs/compendium.html>
- Copnell, B. (2008). The knowledgeable practice of critical care nurses: a poststructural inquiry. *International Journal of Nursing Studies*, 45, 588-98.
- Curley, M. A., & Hickey, P. A. (2006). The Nightingale metrics: Nurses at one institution improved outcomes by putting patients 'in the best condition for nature to act'. *American Journal of Nursing*, 106(10), 66-70.
- Czerwinski & Martin (2001). Facilitation of Learning. In Curley, M.A. & Moloney-Harmon, P.A. (Eds.), *Critical care nursing of infants and children* (pp 85-106). W.B. Saunders: New York.
- Fagan, M.J. (2001). Leadership in Pediatric Critical Care. In Curley, M.A. & Moloney-Harmon, P.A. (Eds.), *Critical care nursing of infants and children* (pp 71-83). W.B. Saunders: New York.
- Family Health Care Teams. (2005). Guide to collaborative team practice. Primary health care team. Retrieved from http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf
- Gardner, D. (2005). Ten lessons in collaboration. *Online Journal of Issues in Nursing*, 10(1), Retrieved from www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/No1Jan05/tpc26_116008.aspx
- Hams, S. P. (2000). A gut feeling? Intuition and critical care nursing. *Intensive & Critical Care Nursing*, 16, 310-18.
- Hawley, M. P., & Jensen, L. (2007). Making a difference in critical care nursing practice. *Qualitative Health Research*, 17(5), 663-674.
- Hazinski, M.F. (1999). *Manual of pediatric critical care*. Mosby: St Louis.
- Health Canada. (2004). Interprofessional education for collaborative patient-centred practice. Health Canada. *Health human resources strategy – interprofessional education*. Retrieved from http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/accomp-9_e.html
- Hough, M. C. (2008). Learning, decisions and transformation in critical care nursing practice. *Nursing Ethics*, 15, 322-331.
- Hov, R., Hedelin, B., & Athlin, E. (2007). Good nursing care to ICU patients on the edge of life. *Intensive & Critical Care Nursing*, 23, 331-41.
- Institute for Family-Centered Care. Retrieved from <http://www.familycentered care.org/faq.html>
- Ironside, P.M. (2008, Feb.). Abstract. *The Journal of Continuing Education in Nursing*, 39(2), 92-94.
- Lapinsky, S. E., Holt, D., Hallett, D., Abdoell, M., & Adhikari, N. (2008). Survey of information technology in intensive care units in Ontario, Canada [Electronic version]. *BMC Medical Informatics and Decision Making*, 8(5).

- Lindberg, E. (2006). Competence in critical care: what it is and how to gain it: a qualitative study from the staff's point of view. *Dimensions in Critical Care Nursing*, 25(2), 77-81.
- Lindeke, L., & Sieckert, V. (2005). Nurse-Physician workplace collaboration. *Online Journal of Issues in Nursing*, 10(1), Retrieved from www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/No1Jan05/tpc26_416011.aspx
- Manias, E., & Street, A. (2001). The interplay of knowledge and decision making between nurses and doctors in critical care. *International Journal of Nursing Studies*, 38(2), 129-40.
- McCallin, A. (2001). Interdisciplinary practice – a matter of teamwork: an integrated literature review. *Journal of Clinical Nursing*, 10(4), 419-428.
- O'Connell, E., & Landers, M. (2008). The importance of critical care nurses' caring behaviours as perceived by nurses and relatives. *Intensive & Critical Care Nursing*, 24, 349-358,
- O'Neill, A. E., & Miranda, D. (2006). The right tools can help critical care nurses save more lives. *Critical Care Nursing Quarterly*, 29, 275-281.
- Reader, T., Flin, R., Lauche, K., & Cuthbertson, B. H. (2006). Non-technical skills in the intensive care unit. *British Journal of Anaesthesia*, 96, 551-59.
- Reese, D., & Sontag, M. (2001). Successful interprofessional collaboration on the hospice team. *Health and Social Work*, 26(3), 167-175.
- Registered Nurses Association of Ontario. (2006). *Collaborative practice among nursing teams*. Retrieved from http://www.rnao.org/Storage/23/1776_BPG_Collaborative_Practice.pdf
- Rothschild, J. M., Bates, D. W., Franz, C., Soukup, J., & Kaushal, R. (2008). The costs and savings associated with prevention of adverse events by critical care nurses [Electronic version]. *Journal of Critical Care*, 12.021
- Rushton, C. (2001) Advocacy and Moral Agency: A road map for navigation ethical issues in pediatric critical care. In Curley, M.A. & Moloney-Harmon, P.A. (Eds.), *Critical care nursing of infants and children* (pp 107-127). W.B. Saunders: New York.
- Schmalenberg, C., & Kramer, M. (2007). Types of intensive care units with the healthiest, most productive work environments. *American Journal of Critical Care*, 16, 458-468.
- Sevdalis, N., & Brett, S. J. (2009). Improving care by understanding the way we work: human factors and behavioural science in the context of intensive care. *Critical Care*, 13(2), 139.
- Shirey, M. R. (2005). Celebrating certification in nursing: forces of magnetism in action. *Nursing Administration Quarterly*, 29, 245-253.
- Smith, D.L., Meyer, S. & Wylie, D.M. (2006). Leadership for teamwork and collaboration. In J. Aibberd & D. Smith (Eds.), *Nursing Leadership and Management in Canada* (pp.519-547). Toronto: Elsevier.
- Timmins, F. (2002). Critical care nursing in the 21st century. *Intensive & Critical Care Nursing*, 18, 118-127.
- Wallis, M. (2005). Caring and evidence-based practice: the human side of critical care nursing. *Intensive & Critical Care Nursing*, 21, 265-267.
- Way, D.O., Jones, L. & Baskerville, N.B. (2001). *Improving the effectiveness of primary health care through nurse/family physician structured collaborative practice*. Ottawa: University of Ottawa.

- Wilkin, K., & Slevin, E. (2004). The meaning of caring to nurses: an investigation into the nature of caring work in an intensive care unit. *Journal of Clinical Nursing, 13*(1), 50-59.
- Yeager, S. (2005). Interdisciplinary collaboration: The heart and soul of health care. *Critical Care Nursing Clinics of North America, 17*, 143-148.



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