

A DAY IN THE LIFE OF AN ICU NURSE

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If you are looking to choose a specialty in Critical Care nursing, you should take the time to learn and understand what an Intensive Care Unit

(ICU) nurse does. Patients who are admitted in ICUs will need a nurse's attention much more than a patient in a general ward. Hence the nursing care provided in an ICU is totally different when compared to any other setting in a hospital. I have worked in a critical set up most of my career, and I would like to share my experience of being an ICU nurse.

The morning shift would start at 7.30 am and a gentle walk onto the unit would reveal how the land was lying: what sort of nightshift had passed? Were the emergency trolleys out of position? Were the phones going unanswered? Was there a Consultant on the unit? Was there a transfer trolley out of its storeroom? Were there gaunt faces, so glad to see the next shift that they danced about, delighted that the end of their night was almost over? They'd survived the last 8 hours. Alternatively, what mostly happened was the night staff would just be writing and signing their nursing documentation and be ready to

head home.

A summary of the quantity and quality of the patients on the unit would be given; "a handover" by the shift in charge to the incoming staff: an overview about each patient and any pending admissions. Staff will be then allocated to patients based on skill mixes, patient condition, and quantity of staff taken into consideration; ideally, there would be enough staff for a ratio of 1 nurse to 1 or 2 patients. A longer handover was then given by the night staff to the day staff at the bedside of each patient. That handover is broken down into nine systems related to the patient as a whole: Respiratory, Cardiovascular, Neurological, Pain & Sedation, Elimination, Personal Care, Nutrition, Mobility, Skin, and Communication.

A visual check of the infusions and drugs, ventilator settings, chest drains, wound drains, drug chart, or anything worthy of "handing over" by both the incoming and departing nurse would be the cue for the nights to go home and the day staff to get started in

earnest. A further individual check of all equipment: recalibrating machines, checking of emergency equipment, suctioning, and patient's emergency ventilation oxygen and bag, just in case. Then work out a plan for the day which would start with a fresh bed bath, fresh sheets, hourly assessment and documentations, 2 hourly turns to avoid pressure sores, a drug chart to follow, relatives to keep updated, assisting other nurses, and breaks to fit in, infusions to anticipate replenishing, mouth care, eye care, ear care. After the general patient care, ward round with Doctors changing your plans or if it wasn't your day: a trip to CT scan or to get the kidney machine out or run to restart a heart.

Being in charge of the shift brings a slightly different pace to it. A more detailed report of all patients from the shift in charge of the night shift, a check of the controlled drugs cupboard, a check of the emergency equipment, coordination of staff breaks and join in the ward round which usually started at 8 am. The "In Charge" tag had its challenges and tests not limited to juggling staff shortages, skill mixes, well patients who "get broken", challenging relatives, complaints, student teaching, stock levels, drug order, being the discharge and

admission facilitator, and attending emergencies such as Cardiac Arrests.

Being an ICU nurse was extremely challenging. Even on the most difficult days I come home and feel that I have made a difference in someone's life. My favorite aspect of my job was when patients walk back into ICU after recovery to say thank you; I am reminded about the difference we make and it's the most rewarding feeling imaginable.

Reflection on experience
Aminath Shafa (former ICU nurse)