

Many Nurses Provide Care within the Ordering scope of Physicians, and this Traditional Role has shaped the Public Image of Nurses as Care Providers

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Introduction

Intensive care medicine, also called critical care medicine, is a medical specialty that deals with seriously or critically ill patients who have, are at risk of, or are recovering from conditions that may be life-threatening. It includes providing life support, invasive monitoring techniques, resuscitation, and end-of-life care. Doctors in this specialty are often called intensive care physicians, critical care physicians or intensivists. Intensive care relies on multidisciplinary teams composed of many different health professionals. Such teams often include doctors, nurses, physical therapists, respiratory therapists, and pharmacists, among others. They usually work together in intensive care units (ICUs) within a hospital. Patients are admitted to the intensive care unit if their medical needs are greater than what the general hospital ward can provide. Indications for the ICU include blood pressure support for cardiovascular instability (hypertension/hypotension), sepsis, post-cardiac arrest syndrome or certain cardiac arrhythmias. Other ICU needs include airway or ventilator support due to respiratory compromise. The cumulative effects of multiple organ failure, more commonly referred to as multiple organ dysfunction syndrome, also requires advanced care. Patients may also be admitted to the ICU for close monitoring or intensive needs following a major surgery.

There are two common ICU structures: closed and open. In a closed unit, the intensivist takes on the primary role for all patients in the unit. In an open ICU, the primary physician, who may or may not be an intensivist, can differ for each patient. There is increasingly strong evidence that closed units provide better patient outcomes. Patient management in intensive care differs between countries. Open units are the most common structure in the United States, but closed units are often found at large academic centers. Intermediate structures that fall between open and closed units also exist.

Intensive care usually takes a system-by-system approach to treatment. In alphabetical order, the nine key systems considered in the intensive care setting are: cardiovascular system, central nervous system, endocrine system, gastro-intestinal tract (and nutritional condition), hematology, integumentary system, microbiology (including sepsis status), renal (and metabolic), and respiratory system. As such, the nine key systems are each considered on an observation–intervention–impression basis to produce a daily plan.