

## Role and Care of Icu In Hospitals

S. Saranyavigneshwari Dr.J.Antonette Asumptha

MBA-HA 1yr Faculty : Madurai Kamaraj University  
 Department of Entrepreneurship Studies  
 Department of Entrepreneurship Studies  
 Madurai Kamaraj University . Madurai.

Date of Submission: 20-11-2020

Date of Acceptance: 10-12-2020

**ABSTRACT:** The aim of this study is to show the role of ICU in hospitals. ICU is an important unit in the hospitals which contains Acute care physiologic monitoring system, Pulse oximeter ,Intracranial pressure monitor ,Apnea monitor ,ventilator ,infusion pump ,crash cart ,intra aorticbaloon pump ,mobile x-rays, portable clinical lab. Devices ,blood analyzer this study also consist of therapist in the ICU and their roles, ratio of nurse and patient.The intensive care unit is for critically ill patients who need constant medical attention and highly specialized equipment of control bleeding, support breathing, control toxemia and to prevent shock. They come either from the recovery room of the OT, from wards or from the admitting section of the hospital. We get feed backs from patients, and other ICU workers , we used questionnaire with 34 items

**KEY WORDS :** Intra pulse Oximeter, Ventilator ,Infusion Pump

The intensive care unit is for critically ill patients who need constant medical attention and highly specialized equipment of control bleeding, support breathing, control toxemia and to prevent shock. They come either from the recovery room of the OT, from wards or from the admitting section of the hospital. The unit requires many engineering services in the form of controlled environment, medical gases, compressed air and power sockets. As these requirement, it is advisable to locate the ICU adjacent to recovery room of the operating department. If the engineering services are to be continued to economy, the recovery room and the intensive care unit should be on either side of support area.

Some hospital have a small combined unit, catering to needs of all the other departments, while others may have very sophisticated unit with very high tech equipments and trained manpower to deal with the critical care of the patients. An ICU is a place and not a form of treatment.

### I. INTRODUCTION

### II. REVIEW OF LITERATURE:

SL NO.	YEAR	TITLE AND YEAR PUBLISHED	AUTHOR	FINDING
1.	2004	the role of pre- operative information provision. Nursing in critical care (2004)	• SCOTT.A	A literature review was undertaken to answer the following question: „Does pre-operative information provision by intensive care nurses have the potential to contribute to reducing anxiety in elective surgical admissions to intensive care?“ Two

				key issues were explored: hospital-induced patient anxiety and preoperative information provision. Having considered the available published literature and reflected upon it in relation to practice within one ICU, recommendations have been proposed.
2.	2004	role of the interdisciplinary team. Critical care clinics (2004)	the care	Baggs, J. G., Norton, S. A., Schmitt, M. H., & Sellers, C. R. Many intensive care unit (ICU) patients do not survive the ICU experience more die before leaving the hospital. Those who eventually die in the ICU consume a disproportionate amount of ICU resources . In the period before death, these patients may endure physical and emotional consequences of aggressive supportive technologies for longer than necessary, when comfort-care measures would have been more appropriate and more humane . Reports from the Institute of Medicine have advocated greater use of interdisciplinary care to improve care and reduce error . Only recently have a few investigators begun to explore how interdisciplinary collaboration may improve the care experience of ICU patients who eventually die in this

3.	2005	Improving the ICU (2005)	Garland, A.	setting. There are two main domains of change for improving ICU performance. These are the technical components of ICU care and the organizational features of the ICU. Medical training and literature almost exclusively emphasize the technical. Thus, the attention of clinicians is dominated by choices such as ventilator settings, vasopressors, imaging modalities, ➤ and the angle of the bed during tube feeding.
4.	2008	The impact of an ICU liaison nurse service on patient outcomes. Critical Care and Resuscitation (2008)	Doric, A. G., Ernest, D., Thalib, L., Page, K. N., Chaboyer, W., Elliott, S. J., & Worrall-Carter, L. J.	Increasing interest in the role of intensive care unit nurses in the care of patients after ICU discharge has led some hospitals to introduce ICU outreach and liaison nurse services.
5.	2008	The impact of critical illness on perceived health-related quality of life during ICU treatment, hospital stay, and after hospital discharge: a long-term follow-up study(2008)	Hofhuis, J. G., Spronk, P. E., van Stel, H. F., Schrijvers, G. J., Rommes, J. H., & Bakker, J.	Health related quality of life (HRQOL) is a relevant outcome measure for patients admitted to the intensive care unit (ICU). Long term outcome for physical and psychological factors, functional status and social interactions are becoming more and more important both for doctors and nurses as well as for patients and their relatives (1;2). Therefore doctors and nurses want to know what a “reasonable” quality of

				<p>life means to their patients. The main reason for HRQOL research described in this thesis is the lack of knowledge about the outcome of HRQOL in critically ill patients admitted to an ICU.</p>
6.	2012	A national survey of Australian intensive care unit (ICU) liaison nurse (LN) services.(2012)	Elliott, S., Chaboyer, W., Ernest, D., Doric, A., &Endacott, R	<p>The Intensive Care Unit (ICU) Liaison Nurses (LNs) emerged as a member of the multidisciplinary team to: assist in the transition of patients from ICU to the ward, respond to the deteriorating patient in an appropriate and timely manner, and in some instances act as an integral member of Rapid Response Teams (RRT).          Purpose: To identify the common core aspects and diversity within the ICU LN role across Australia and to determine whether the ICU LN hours of operation and the participation in MET teams has any impact on the activities undertaken by the ICU</p>
7.	2015	Is there a role for music in the ICU?. Critical Care (2015)	DellaVolpe, J. D., & Huang, D. T. (2015).	<p>The aim of the study was to test whether listening to self-initiated patient-directed music (PDM) can reduce anxiety and sedative exposure during ventilatory support in critically ill patients.</p>

**Research gap:**

The ICU has been under research in several topics but its role in Tamil Nadu stays untouched hence we main to corner the gap in this paper

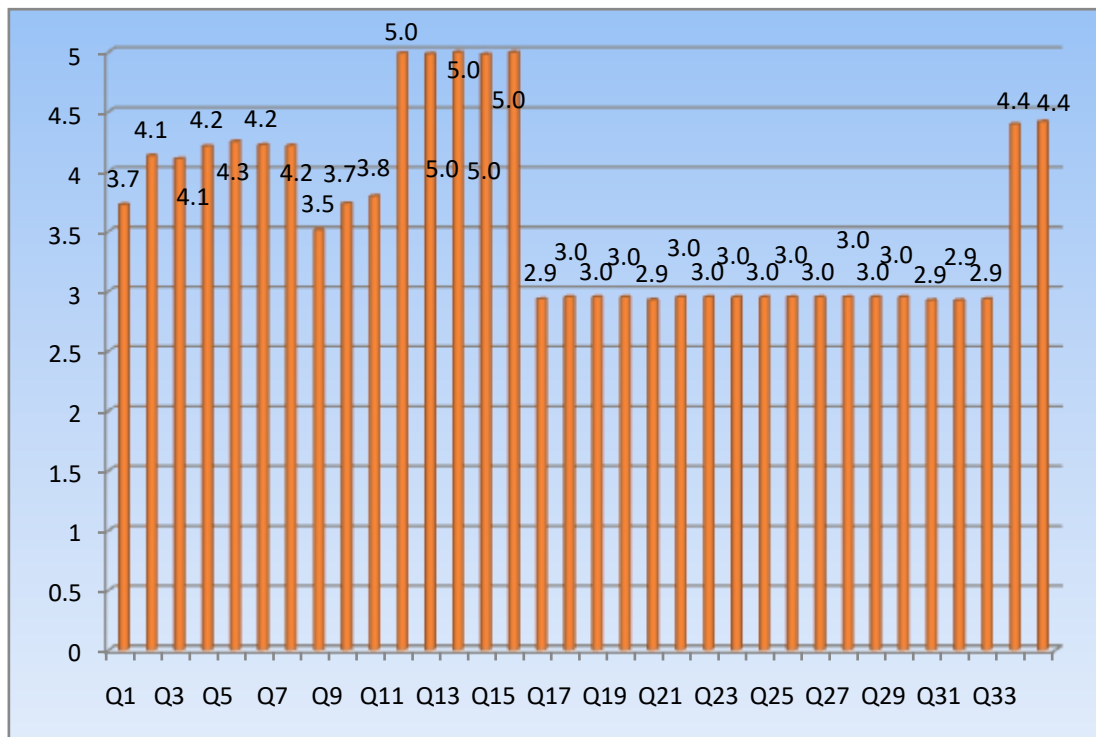
**Data Collection:**

We try to closed ended questionnaire to collect data. Data collection was done in person and by post in hospitals in Madurai-Tamil Nadu. We gave more than 200 questionnaires and

received 180 valid questions with which we did the analysis.

**III. DATA ANALYSIS AND CONCLUSION:**

We use excel sheet to analysis data and we use simple random sampling to pick data. Convergent and Discriminant was proved.



Corresponding questions are influenced in the paper=11,12,13,14,15 are 5.0  
These rank low in the study which we have done = 15,20,22,30,33 are 2.9

**REFERENCE**

[1]. Baggs, J. G., Norton, S. A., Schmitt, M. H., & Sellers, C. R. (2004). The dying patient in the ICU: role of the interdisciplinary team. *Critical care clinics*, 20(3), 525-540.

[2]. DellaVolpe, J. D., & Huang, D. T. (2015). Is there a role for music in the ICU?. *Critical Care*, 19(1), 1-3.

[3]. Doric, A. G., Ernest, D., Thalib, L., Page, K.N., Chaboyer, W., Elliott, S. J., & Worrall-Carter, L. J. (2008). The impact of an ICU liaison nurse service on patient outcomes. *Critical Care and Resuscitation*, 10(4), 296.

[4]. Elliott, S., Chaboyer, W., Ernest, D., Doric, A., & Endacott, R. (2012). A national survey of Australian intensive care unit (ICU) liaison nurse (LN) services. *Australian Critical Care*, 25(4), 253-262.

[5]. Garland, A. (2005). Improving the ICU: part 2. *Chest*, 127(6), 2165-2179.

[6]. Hofhuis, J. G., Spronk, P. E., van Stel, H. F., Schrijvers, G. J., Rommes, J. H., & Bakker, J. (2008). The impact of critical illness on perceived health-related quality of life during ICU treatment, hospital stay, and after hospital discharge: a long-term follow-up study. *Chest*, 133(2), 377-385.

[7]. Scott, A. (2004). Managing anxiety in ICU patients: the role of pre-operative information provision. *Nursing in critical care*, 9(2), 72-79.

**Appendix**

JOB ROLE ENROLLED :	BATCH ID
CENTRE ID:	ICU BED NO

SI No	Title	Disagree	Strongly Dis Agree	Neither Agree Nor Dis Agree	Strongly Agree	Agree
<b>Aspect of care: care of patient</b>						
1.	Concern and caring for patients					
2.	Pain management					
3.	Breathlessness management					
4.	Agitation management					
<b>Care of family</b>						
5.	Consideration of family needs					
6.	Emotional support for family					
7.	Spiritual support for family					
8.	Coordination of care					
9.	Concem and caring for family					
10.	Professional care					
11.	Nursing skill and competence					
12.	Frequency of communication by nurses					
13.	Physician skill and competence					
14.	Frequency of communication by physicians					
15.	Support from social workers					
16.	Support from pastors					
<b>ICU environment</b>						
17.	Atmosphere of ICU					
18.	Atmosphere of ICU waiting room					
19.	Overall satisfaction with care					
<b>Aspect of decision-making</b>						
20.	Ease of getting information					
21.	Understanding information					
22.	Honesty of information					
23.	Completeness of information					
24.	Consistency of information					
25.	Inclusion in decision-making					
26.	Involved at the right time in decision-making					
27.	Received appropriate amount of information					
28.	Had enough time to think in decision-making process					
29.	Supported during decision-making					

---

30.	Control over care					
31.	Given right amount of hope					
32.	Agreement within family regarding care patient received					
33.	Adequate time to address concerns and answer questions					
34.	Satisfaction with amount of health care					
	Overall satisfaction with role in decision- making					