

Clinical Pearls is designed to help implement evidence-based care at the bedside by summarizing some of the most clinically useful material from select articles in each issue. Readers are encouraged to photocopy this ready-to-post page and share it with colleagues. Please be advised, however, that any substantive change in patient care protocols should be carefully reviewed and approved by the policy-setting authorities at your institution.

Family-Centered Care Is Mutually Beneficial

Family-centered care is an innovative approach to planning, delivering, and evaluating health care that is governed by mutually beneficial partnerships among health care providers, patients, and families. In this issue Mitchell et al

- evaluated the effects on family-centered care of ICU nurses partnering with families to provide fundamental care to their relative
- found increased family respect, collaboration, and support.

A good resource for implementation of this model is The Institute for Family-Centered Care, a nonprofit organization founded in 1992 to advance the understanding and practice of patient- and family-centered care in hospitals and other health care settings. This group is endorsed by AACN. The Institute for Family-Centered Care provides a Web site with helpful resources for health care providers and educators at <http://www.familycenteredcare.org/index.html>.



Oral Care Protocols Can be Maintained to Help Prevent Ventilator-Associated Pneumonia

What type of oral care protocol is used in your unit? Oropharyngeal bacterial colonization plays a significant role in the development of ventilator-associated pneumonia (VAP). Garcia et al used a comprehensive oral-dental care system to reduce the VAP rate in their unit that included the following:

- oral cavity assessment every 6 hours
- deep suctioning every 6 hours
- oral tissue cleansing every 4 hours
- toothbrushing twice a day
- nursing knowledge of protocol details tested twice per year

These authors showed that oral care can be maintained over time with protocol compliance rates of 80% and results that were sustained for 12 months beyond the original 12-month intervention phase. Implementation of the protocol resulted not only in decreased VAP, but also reduced duration of mechanical ventilation, ICU length of stay, and mortality.

See Article, pp 523-532

Limiting Urinary Catheter Use Reduces UTIs

Is there a procedure to evaluate urinary catheter use in your unit? Elpern et al implemented and evaluated a process to limit use of catheters and reduce urinary tract infections (UTIs).

A team of medical intensive care unit clinicians developed catheter use criteria that included conditions in which use was deemed inappropriate, such as incontinence, diuresis, or diarrhea without other reasons for use, and frequent but nonessential urine output determination.

- Daily evaluations were conducted for all patients with a catheter.
- Catheter removal was recommended when indications for use were not present.
- As a result of this program, this unit significantly reduced catheter use and UTIs.

See Article, pp 535-542

Anger, Hostility, and Cardiac Disease

Do emotions directly affect cardiac disease or outcomes of therapy? In this issue Song et al describe the effects of hostility and anger as well as homocysteine levels on the incidence of recurrent cardiac events after percutaneous coronary intervention (PCI). They note the following:

- High levels of anger and hostility increase coronary artery disease (CAD) and recurrent cardiac events after PCI.
- Because high homocysteine levels damage vascular endothelial cells, it is also a risk factor for the development of CAD.
- This study in a Korean population with CAD showed that the majority had normal weight and cholesterol levels, but fewer than half exercised, a quarter smoked, and overall they expressed high levels of anger.
- After controlling for CAD risk factors, only anger and homocysteine levels were associated with cardiac events after PCI.

Patients with CAD who have a high level of anger and homocysteine are at increased risk for recurrent cardiac events after PCI. Nurses should identify patients who experience intense and frequent anger and assist in the identification of interventions to reduce anger to improve post-PCI outcomes.

See Article, pp 554-561

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Am J Crit Care 2009;18 510 10.4037/ajcc2009804
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