History of Pulmonary Critical Care Nursing and Where We Are Going

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KEYWORDS

• Critical care • Intensive care nurses • Intensive care unit • Pulmonary • Nursing

KEY POINTS

- Pulmonary critical care nurses have played a prominent role in intensive care units (ICUs) from the inception of critical care units.
- The future calls for the protection of the emotional health of critical care nurses and addressing the burden of ICUs on patients by finding new ways to reduce infection and provide the kind of care needed for a healthier discharge from the ICU.

INTRODUCTION

Pulmonary diseases have been the stimulus behind the evolution of pulmonary and critical care nursing. Beginning with the care of tuberculosis (TB) patients in the 1800s, nurses are now providing highly skilled care for a variety of conditions, including the complex needs of patients with severe sepsis, acute lung injury (ALI), and/or acute respiratory distress syndrome (ARDS) and multiorgan system failure. The value of specialty nurses in the care of patients in the critical care setting has solidified. This article describes how the history of pulmonary critical care nursing has evolved and discusses a few of the challenges in the years to come.

CLINICAL HISTORY OF PULMONARY CRITICAL CARE NURSING

One cannot speak of pulmonary nursing without recognizing the longstanding contributions of nurses in the late 1800s who cared for TB patients in their homes, that is, the public health and visiting nurses. These nurses laid the foundation for specialty nurses, by providing care and comfort and orchestrating the myriad social needs of

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the patients (adults and children) to recover from life-threatening illnesses. In fact, early in the history of pulmonary nursing in the American Thoracic Society (ATS), it was nurses working with TB patients who were reporting (with usually a physician as the primary investigator) findings from their studies of TB, including directly observed therapy (DOT). DOT has become the model today for the successful treatment of TB. During the 1970s, pulmonary nurses in ATS were at the forefront of independently studying suctioning techniques and methods to reduce trauma to the airway.

In the 1950s during the polio epidemic, nurses continued to show their skills in both the technical and nursing management of patients in iron lungs (negative pressure ventilators). From there, it can be said, critical care nursing evolved rapidly. This evolution was coupled with the increase in knowledge and technology in caring for the cardiac patient. In the late 1960s, critical care nurses became a formidable voice. The American Association of Critical-Care Nurses (AACN) was formed and membership increased from 600 in the 1970s to a current membership of more than 88,000. AACN is now the premier organization to offer educational opportunities and networking for the estimated 500,000 nurses working in critical care settings. 1

EDUCATION OF PULMONARY CRITICAL CARE NURSES

The educational preparation of pulmonary critical care nurses parallels that of all nurses. Initially, diploma preparation was the highest level of education of many critical care nurses. Quickly, baccalaureate degrees were more accessible, followed by the availability of master's programs directed at critical care nurses. With the exception of many public health nurses (an area that often required certification in public health), the only skills required to practice in a critical care setting were a desire to work in what at the time was considered a fast-paced setting and good clinical judgment and observation skills. This is not to say that the bedside nurse in the acute setting did not require these skills as well, as many critically ill patients are often in non-intensive care unit (non-ICU) settings. The level of knowledge and skill in delivering care to patients is more complex than ever before, in all areas of health care.

If pulmonary nursing was a predecessor of critical care nursing, then the National Association for the Study & Prevention of Tuberculosis (NTBRDA) was a key figure in advancing the education of these nurses. In 1944, the NTBRDA (later becoming the American Lung Association [ALA]) provided grants to the National Organization for Public Health Nursing and National League for Nursing (NLN) to advance the education of public health nurses in the care of TB patients. More than 20 years later, the NTBRDA awarded its first of many grants to the University of California San Francisco in 1968, to prepare pulmonary clinical nurse specialists (CNSs). Between 1974 and 1984, more than 12 universities were funded by the NTBRDA/ALA to prepare pulmonary CNSs.²

The 1970s also saw the beginning of educating critical care nurses in academic settings. Critical care CNS programs were offered by increasingly more institutions. For those not desiring to obtain formal training in an academic setting, but wishing to remain current in critical care, AACN offered education and training through its National Teaching Institute (National Teaching Institute & Critical Care Exposition®). By the mid-1970s, AACN began offering certification for critical care nurses. AACN certification in critical care nursing is not a requirement to work in most critical care units; however, many employers consider it evidence of major achievement as a critical care nurse.

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