

Suchana Roy Bhowmik

Abstract

Aims and objectives: This paper presents a critical review of published literature detailing the significance of transitional care in ICU. **Background:** Critically ill patients in the intensive care unit (ICU) often experience multiple transitions as they move through different levels of care. The transition process from Intensive Care Units, ICU, to the general ward involves the patient, their relatives, and the staff. The transfer of patients from the ICU is an everyday procedure. It is an accepted part of the ICU nurse's routine work, but also an important element of providing quality care. **Design:** This literature review study addresses the aims and objectives. **Methods:** Following a literature search of electronic databases, 30 articles were retrieved that met the selection criteria with papers discussed in relation to transition and significance of transitional care in ICU patients. **Results:** The physical and psychological effects of the ICU experience continue to affect many patients after discharge from the ICU. So there was need for ICU nurses, ward nurses and affiliated healthcare professionals to provide emotional support throughout ICU transfer. Strategies to provide this support must be developed, implemented and evaluated. **Conclusions:** There is a paucity of literature that specifically physical effect of transition among ICU patient and significance of transitional care in ICU. **Relevance to clinical practice:** Nurses' understanding of critically ill patients' transition may significantly impact the patients' care in the Intensive Care Unit. Thus, research is needed that focuses more on evaluating nurses' understanding of patients' transition and its consequences.

Introduction

Patients admitted to intensive care units (ICUs) need constant, close monitoring and usually one nurse looks after one patient.¹ Critically ill patients in the intensive care unit (ICU) often experience multiple transitions as they move through different levels of care. The transfer of patients from the ICU is an everyday procedure. It is an accepted part of the ICU nurse's routine work, but also an important element of providing quality care.²

Within the context of an intensive care unit (ICU), several transition processes can be observed. ICU transitional care as care provided before, during, and after the transfer of an ICU patient to another care unit that aims to ensure minimal disruption and

optimal continuity of care for the patient. This care may be provided by ICU nurses, acute care nurses, physicians, and other healthcare professionals.²

Body of content

It is important that patients' transfers from the ICU are done properly and at the right time when there is no longer a need for intensive care. Patients want to feel safe and secure both before and after the transfer and they can easily become dependent on the staff.³ Several studies have revealed that various physical, psychological other adverse effect are seen among ICU patients after transfer from ICU.

Each transition represents unique challenges for patients, their family members, and the healthcare professionals involved in the patients' care. The physical and psychological effects of the ICU experience continue to affect many patients after discharge from the ICU. Compromised transitional care for ICU patients may result in complications, including adverse events, readmission to the ICU, and increased rates of mortality.⁴ Organizing and performing patient transfers in the continuum of care is part of the work of nurses and other staff of the multiprofessional healthcare team. It is important to perform the preparations for a transfer to the general

Author Affiliation: *Lecturer, Sinhgad College of Nursing, Narhe, Pune, Maharashtra-411041

Correspondance: Suchana Roy Bhowmik, Lecturer, Sinhgad College of Nursing, S. No. 49/1, Off Westerly Bypass Highway Rd. Pune-Mumbai Expressway, Narhe, Pune-411 041 (Maharashtra)

E-mail: suchana.sioli@gmail.com

ward accurately and correctly. If this is not done, the patient must be readmitted to the intensive care unit (ICU) and be exposed to further stress.³

Effect of transition on ICU patient

Once transferred to an intermediate care unit, ICU patients may be the sickest patients on the new unit and may need close observation and constant nursing care. Some patients experience physical impairments, such as muscle weakness and neuropathies, and difficulties in eating, swallowing, chewing, coughing, moving the upper extremities, toileting, and mobilizing. Once in an intermediate care unit, patients may experience anxiety, panic attacks, and, in some instances, signs and symptoms of acute posttraumatic distress disorder. Patients may also withdraw emotionally or have indications of depression, paranoia, and confusion. The patient-to-nurse ratio of the intermediate care unit does not always accommodate the complex emotional and physical needs of these patients.¹

Number of factors likely contribute to impaired quality of life after critical illness, including personal factors (e.g., older age, prior health status, preexisting disease and psychiatric disorders), critical illness factors (e.g., delirium, hypoxia, hypotension, glucose dysregulation, illness severity, immobility, inflammation, loss of muscle and sedative use), and post-ICU factors (impairments in physical, cognitive, and mental health. These various factors are not independent and likely interact. While many factors contribute to the development of PICS and the reduced QOL, some personal factors e.g., older age, prior health status.⁴

Researcher supported that few aspects reflected the complex and emotional nature of transfer out of intensive care. Those aspects are a sense of sudden abandonment, pervasive feelings of vulnerability and helplessness, a loss of importance and ambivalence about the experience.⁵

Patients in ICUs can lose up to 2% of muscle mass for each day of illness, and some patients may take a year to recover completely. After discharge from the ICU, patients may experience altered sleep patterns, anxiety, depression, disorientation, mood changes and lapses of memory and concentration. Some former ICU patients continue to have hallucinations, nightmares, or delusions even after their discharge from hospital.⁶ So there was need for ICU nurses, ward nurses and affiliated healthcare professionals to provide emotional support throughout ICU transfer.^{5,6}

Different factors have impact on patients' recovery from intensive care, premorbid state, social, family, psychological, physical status, and employment.⁷ The struggle for hospital bed placement is becoming more and more frequent, and nowadays hospitals often are overcrowded, which also implies that the organization of transfers is especially important for patient safety. Discharge guidelines and policies are seen as important in the management of transfers.²

Transitional care

Transitional care is defined as a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location. Transitional care, which encompasses both the sending and the receiving aspects of the transfer, is essential for persons with complex care needs.⁸ Many researches supported various aspects which can be part of transitional care to provide quality care.

A study by Goldfrad and Rowan (2000) found that the overall ICU mortality is 2–5 times higher if the patient is discharged at night. In their study, the staff estimated that only 44% of these patients were fully ready for the transfer, compared with over 80% of patients who were transferred during the day.⁹

It is also revealed in another study that Unexpected-events (UEs) are common during transport of critically ill ICU patients and these adverse events can be reduced when critically ill patients are accompanied by intensivist/medically qualified person during transport and following strict transport guidelines.¹⁰

It also specified in a research that the nurses who are involved in the care of critically ill patients should identify the family members' needs and provide a family centered nursing care in acute care settings.¹¹ As researchers increasingly include long-term quality of life, physical and psychological assessments as outcome measures, the knowledge of sequelae after critical illness and ICU stay has increased significantly. The awareness of these problems and an increased demand for information among ICU survivors has led to the development of national and international guidelines recommending ICUs to follow up patients after critical illness.¹²

A systematic evaluation carried out of patients by the CNS, before their transfer from the ICU to a medical unit, has been proven beneficial in ensuring a comprehensive patient care plan. Patients and

families have verbalized that this intervention is helpful. Staff members have indicated that this safety initiative is useful in planning patient transfers.¹³

Conclusion

Once transferred to an intermediate care unit, ICU patients may be the sickest patients on the new unit and may need close observation and constant nursing care. The patient-to-nurse ratio of the intermediate care unit does not always accommodate the complex emotional and physical needs of these patients. The need for ICU nurses, ward nurses and affiliated healthcare professionals to provide emotional support throughout ICU transfer is the most significant implication of the study. Strategies to provide this support must be developed, implemented and evaluated.

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