

CRITICAL COMMENT



New Zealand College of Critical Care Nurses

<http://www.nzno.org.nz/groups/collegessections/colleges/newzealandcollegeofcriticalcarenurses/newsletter>



May 2016

World Federation of Critical Care Nurses (WFCCN).

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Letter from the Editor - Maree Fraser



Hello again. This is the first Critical Comment publication for 2016. We are hoping that this year will be better than last year especially during the winter months. Staffing throughout New Zealand hospitals has been stretched to the limit at times.

Dunedin Hospital has certainly been under the pressure of maximum bed capacity mixed with staff illnesses.

Dunedin's ICU is finally set for a well overdue rebuild. There have been many meetings, suggestions, proposals, investigations, visits to other ICUs in the country over several months all the while dealing with a high acuity of workload. The initial stage of the rebuild will involve relocating one ward to another floor of the hospital so the initial deconstruction of the area can take place. Unfortunately this will be a time of unsettlement and noise and general disruption.

Inside this Critical Comment is a Unit profile of the ICU in Timaru Hospital, kindly provided by Sylvie Prayoonnyuang. It has been interesting getting the profiles of different ICU throughout New Zealand. Thank you so far for the contributions and please keep them coming!

Sylvie will be leaving the National NZCCCN Committee. Thank you Sylvie for all your hard work, time and dedication to NZCCCN!

Gordon Speed has given us an update on the World Federation of Critical Care Nurses Congress and Council which was held in Seoul last August. After many years, Gordon has decided to step down from his role as NZCCCN's representative for the World Federation of Critical Care Nurses. We wish to thank him very much for all his hard work and over all these years!

Cherie Wells has shared her work regarding Organ Donation and the "Activities of a Clinical Specialty Nurse (CSN) Role in Organ Donation: The First 12 Months in Post" which is very compelling.

Tracy McKee, a recipient of a New Zealand College of Critical Care Nurses Scholarship, has provided feedback on her experience at ANZICS-ICU UNDER PRESSURE. Thank you Tracy.

If you have recently read an interesting book or article and would like to carry out a book or article review for the March 2016 Critical Comment please do so and send it on to

me. There are links to five "Articles of Interest" in this Critical Comment for you to enjoy.

Have you had a browse at the NZCCCN Facebook (FB) page? Log on to FB and check it out. There are links to more articles and interesting videos relating to Critical Care nursing as well as NZNO updates and information to mention a few. Once you have checked out the NZCCCN FB page, please "LIKE" and "SHARE" the FB page. This will then allow all your fellow critical care nursing colleagues to enjoy what is available.

The next Critical Comment will be due out in June 2016. I would love some interesting articles, stories, experiences, thoughts or suggestions that I could use for the June edition. You can do this by emailing to Sharyne Gordon at SharyneG@nzno.org.nz

Once again, I wish to thank Kim Wainscott (Administrative Assistant, Dunedin ICU), Rebecca Jarden (Auckland University of Technology) as well as the members of the National NZCCCN Committee who continue to support me in the creation of the Critical Comment.



Thank you for all your contributions for this Critical Comment. I look forward to getting more for the June edition!

Cheers, Maree

**Message from the outgoing Chair
Sarah Walker**



There have been a few changes to the Committee membership (outlined below). In January 2016 the NZCCCN invited nominations for regional positions commencing March/April 2016. There was a nomination from Northern and MidSouth, and no nomination from Midlands, so Adele is staying on a further year and none from the MidSouth. We will be resending nomination requests for this region over the next few weeks & welcome questions about the committee membership and the work involved. Please email me or contact one of the current members.

I would like to express the Committee's thanks to Alison & Sylvie. Their term has now ended. Both have worked extremely hard on behalf of the College—Thank you.

Thank you.
Sarah Walker Chairperson

The new Committee is as follows:

NZ COLLEGE OF CRITICAL CARE NURSES [NZNO] COMMITTEE MEMBER LIST				
Position	First Name	Surname	Term	Region
CHAIRPERSON	Dayle	Pearman	2 nd Term	Northern
VICE CHAIRPERSON	Adele	Ferguson	2 nd Term – 3 rd year	Midlands
SECRETARY	Elinore	Harper	2 nd Term	Central
TREASURER	Lyn	Maughan	2 nd Term	Central
COMMITTEE	Sarah	Walker	2 nd Term	Midlands
COMMITTEE	Maree	Fraser	2 nd Term	Southern
MEMBERSHIP	Leah	Hackney	1 st Term	Mid South
NEWSLETTER/WEBSITE	Steve	Kirby	1 st Term	Northern
NZNO LIAISON	Margaret	Cain	NA	

Message from the Chair-Sarah Walker

NZCCCN Membership has increased from 984 to 1014 members.

The following is a summary of the work done by the committee in line with the NZCCCN Business and Operational Plan objectives:

1. To be the lead voice for critical care nursing in New Zealand

Identify issues affecting Critical Care Nursing and communicate with the Chief Nursing Officer, NZNO & NC Networks & relationships ANZICS/ACCCN/WFCCN

The College met with ANZICS and ACCCN at the ANZICS ASM and the working relationships continue to develop.

Gordon Speed is stepping down as a representative of the NZCCCN on the World Federation of Critical Care Nurses. We wish to thank him for the excellent work he has done over the past few years to ensure the voice of NZ Critical Care nurses has been heard.

MOUs have now been signed with ICU Research Nurses, ICU NE, and Out Reach Nurses.

The NZCCCN have published a statement outlining the NZCCCN Research Approval Process & circulated this to all the NZ Higher Educational institutions that offer nursing courses.

We continue to promote NZCCCN via Facebook:

www.facebook.com/NZCollegeofCriticalCareNurses

2. To Provide, promote, and sponsor opportunities for professional development, education, and training for the critical care workforce

Review NZCCCN Education standards and Position Statement in 2015

Currently under review.

Workshop development

The committee have planned another workshop for 2016 on the 14th November. Please promote this in your local area. We aim to break even on this initiative, but without substantial support from our members this course will not continue to be financially viable for the college.

Scholarship provision

Scholarships are available for the NZCCCN Workshops & advertised in Critical Comment & on the Workshop webpage.

Upgrade the publication quality of Critical Comment

We continue to develop this but rely to a large extent on submissions from our membership. Critical Comment is a great forum for sharing your work and experiences, and we invite your submissions to the publication.

3. To promote safe working conditions and facilitate workforce planning Workplace survey of our membership

Clarify critical care nurse workforce statistics

A letter was sent to Nursing Council of New Zealand requesting a change to the data collected when an annual practising certificate is renewed. NZCCCN are concerned the data currently collected on nurses working in Critical Care is collected under ICU/CCU only. We recommended that the data be collected under ICU/HDU, CCU, and Mixed ICU/CCU in order to better reflect the critical care workforce in NZ. This request was declined on the basis that the material difference would be limited in relation to the continuity of the data base.

Evaluate how standards of practice/staffing/education are met in the workplace

Continue to highlight issues at NZNO AGM re:

Poor education opportunities, with limited funding & access; safe staffing issues; lack of skilled clinical support/debriefing/employee wellbeing; staffing matrix not support ability to access annual leave; shortage skilled staff to match patient acuity; unsafe staffing levels for patient flux into the ICU

Sarah Walker
Chairperson
New Zealand College of Critical Care Nurses (NZNO)

Message from the Chair-Sarah Walker



Critical Care Nurses Section NZNO

Sarah Walker
Chairperson
ICU Level 4 Meade Clinical Centre
Waikato Hospital, Pembroke Street
Private Bag 3200, Hamilton 3240
Sarah.walker@waikatodhb.health.nz

Critical Care Skills for Critical Care Nurses
EDUCATION WORKSHOP • 14TH NOVEMBER 2016
Clinical Skills & Simulation Centre, Waikato Hospital, Hamilton

WELCOME PROGRAMME REGISTRATION SCHOLARSHIPS HOTEL/VENUE CONTACT

Welcome

The NZCCCN are pleased to announce that the 2016 Critical Care Workshop, will again be held in at Waikato Hospital Hamilton, on the 14th November 2016.

This is a one-day event with plenty of choice and variety for all nurses working in the area of Critical Care. We have practical hands on workshops covering adult and paediatric aspects of care. Each session will have a variety of engaging and dynamic presentations on a range of topics, with a focus on collaborative practice.

We hope you will be inspired to join us for the 2016 event.

Costs for the 2016 Workshop:

Before 17th August 2016

- NZCCCN Member - Early Registration \$180.00
- NZCCCN Non-Member Early Registration \$210.00

After 17th August 2016

- NZCCCN Member - Full Registration \$210.00
- NZCCCN Non-Member - Full Registration \$230.00

REGISTER HERE

**BOOK
THIS
DATE**

MONDAY
14TH NOVEMBER
2016

SPONSOR

Conference Website: <http://confer.co.nz/nzcccn/>

If you move address, change your name; change your job/position etc, or no longer want to be a member of a college of section you have to actively update your details with NZNO. If you do not do this your membership details for NZCCCN will be incorrect. In our experience NZNO members are not aware of this process. The NZCCCN are working on solutions, but would like to request that if you no longer wish to be a member of NZCCCN, or you need to update your details that you contact NZNO directly. You can do this by emailing Sharyne Gordon SharyneG@nzno.org.nz with NZNO number and a simple request to alter your details or remove you from the membership data base.

World Federation of Critical Care Nurses (WFCCN). Gordon Speed.

WFCCN CONGRESS AND COUNCIL 2015

WFCCN are the international group that supports Critical Care Nursing Organisations throughout the world. Each year they hold a congress, which is held in conjunction with a local organisations conference. Every second year (it used to be every fourth year) this is also the World Congress of Intensive and Critical Care Medicine in conjunction with the doctors group – World Society of Intensive and Critical Care Medicine (WFSICCM) This year it was held in Seoul, South Korea at the end of August. These congresses are huge with 3-4000 delegates and take amazing organisation. In the past they were very medical-ly dominated but with the influence of WFCCN nursing is getting much more recognition and prominence. In this conference a good number of local nurses were involved and ran a very good program of local and international speakers. The congress was held in COEX, which is a large city block in the Gangnam area of Seoul. This is a shopping centre, two major hotels and a huge conference centre. At the same time as our congress another display was on in the downstairs area which seemed to be the equivalent of a “Home Show” (but everything was in Korean so the translation might have been off). Our area was large enough to have fourteen concurrent sessions – the largest room being the Auditorium which held more than one thousand delegates to the smaller rooms such as the two hundred seater that I gave a talk in. With fourteen sessions to choose from it was often difficult to decide which one to attend. This meant I was able to go to many interesting talks – but probably missed many others equally good. There is not space to review all the sessions but some of the interesting ones included updates on Ebola – with speakers that range from one from WHO on the world response to nurses from Nigeria reporting the local effects. Another that interested me was a local speaker from Seoul reporting on the program that they had introduced to integrate new nurses – with recognition programs, independence days when they were able to look after their own patients and 100 day parties. Looked like an interesting way to integrate new staff.



Ruth Kleinpell



New CORE group with Ruth



World Federation of Critical Care Nurses (WFCCN). Gordon Speed.

As well as the congress WFCCN held its annual Council meeting. This is the business meeting of WFCCN where decisions are made. Each organisation that is a member can send a representative to vote on their behalf and it has been my honour to do this for NZCCCN. These are busy days with a lot of information to discuss, plan or vote on. It can be more complex with language and experience differences as multiple countries are involved. This year the two most major discussions were over the constitution and voting for the new “core” group. The constitution is the basic rules of the organisation and was written in 2001. It was in need of some changes partly to meet the needs of a more electronic based society now and for an organisation that is growing in size. This had been begun at the previous Congress and this time the changes that were suggested were agreed to. However further discussion was had over the possibility of WFCCN becoming a registered company in Australia. This would allow the organisation to have charitable status and to make collecting donations considerably easier. One of the consequences of this is that the constitution would have to be rewritten in line with Australian rules. More work before the next meeting. The new CORE group was voted in with our president for the last few years – Ruth Kleinpell – stepping down as she takes more roles with SCCM and Paul Fulbrook from Australia taking over.



COEX centre from Buddhist monastery



Seen from the convention centre



Royal Park

Seoul is a huge modern city with ten million people living there, the hour and a half drive on motorways to get from the airport gave an idea of what to expect. With this population many things are on a large scale. The Congress dinner for the speakers was held at the national museum – and we had a tour of it first. The seating was held outside the front in a covered area that was easily large enough to hold a rugby match. We didn't have much time to explore but did get to wander around a royal park and a Buddhist temple site – both on a scale to suit the city.

The next WFCCN Congress is much closer to home, is a nursing conference and looks to have a great program so I can strongly recommend it. Find out more here:

<https://ekiddna.eventsair.com/QuickEventWebsitePortal/wfccn2016/event-info-site>



ORGAN DONATION - Cherie Watts - Original Poster Publication for ANZICs

Activities of a Clinical Specialty Nurse (CSN) Role in Organ Donation:

The First 12 Months in Post

Cherie Watts,¹ Chris Southerwood,² Alex Maxwell,¹ Zoe O'Riordan,¹ Wendy Gray,¹

Professor Maureen Coombs,^{1,3} Dr Chris Poynter.¹



Wellington Hospital ICU, Wellington, New Zealand¹, Tauranga Hospital ICU², Victoria University Wellington, New Zealand.³



Abstract ICU Link nurses with special responsibility for organ donation were established by Organ Donation New Zealand (ODNZ) in 1997. These roles provide education to staff and facilitate the process of donation. As a result of additional ODNZ funding provided by the Minister of Health, ODNZ funded a pilot 0.3 FTE CSN Organ Donation (CSN OD) position in July 2014 for Wellington ICU. This poster presents first year activity data of this post.

To inform work streams of the CSN OD post, a staff survey was undertaken to identify ICU nurses' educational needs about tissue and organ donation in October 2014. Using a 5 point Likert scale nurses were asked to rate knowledge and confidence in 11 specific areas of organ donation.

92 surveys were distributed with 64 completed surveys returned. Results indicated that 75% (n=48) of nurses reported knowing 'a moderate amount' to 'a lot' about brain death. In contrast 64% (n=41) of nurses reported knowing 'not much' or 'almost nothing' about donation after circulatory death. Whilst most nurses were 'confident' or 'very confident' about caring for a potential organ donor (76%, n=49) and would be 'comfortable' or 'very comfortable' raising donation with medical staff (75%, n=48), only 20% (n=13) of nurses reported knowing a 'moderate amount' or 'a lot' about tissue donation. Results from this survey, together with identified service development opportunities informed priority projects to improve donation practices. Over the past 12 months the following has been undertaken: monthly teaching sessions with staff on donation, CSN OD attendance at the weekly Mortality and Morbidity meetings, improved OD auditing processes and development of a tissue donation protocol.

The CSN OD role has increased the profile of donation in ICU and increased the number of referrals to ODNZ and discussions with families. On-going evaluation is required to determine long-term impact.

Introduction

New Zealand has a relatively low rate of organ donation in an international context (Gomez et al, 2013). Initiatives have been introduced by Organ Donation New Zealand (ODNZ) to recognise donation opportunities and provide local expertise, advocacy and education to hospital staff and the public. One such initiative is the organ donation link nurse role which has been running since 1997.

In New Zealand each hospital has established an organ donation Intensive Care Unit (ICU) link nurse role to meet local need. The Wellington ICU link nurse role has developed and evolved over the years (Figure 1). For the past 10 years in Wellington ICU, a link nurse has been on-call to facilitate organ donation. The link nurse worked alongside nursing and medical staff, and donor families, at this crucial time and was the key contact person with ODNZ to streamline the process.

Wellington ICU is an 18 bed tertiary referral centre providing intensive care for seven District Health Boards across the lower North Island and upper South Island of New Zealand. Into this unit there are approximately 1800 admissions per year. The mortality rate is 8.2%.

Resultant from addition funding from ODNZ in 2014, a CSN-OD role was developed to support one of ODNZ's guiding principles;

'Every opportunity for deceased organ donation should be recognised by the ICU staff and every family should have donation discussed with them by a health professional with compassion, respect and appropriate knowledge'
(www.donor.co.nz).

The scope of the CSN-OD role was to co-ordinate organ donation on the unit, develop quality initiatives based on feedback and audit of practices, and set the strategic direction for organ and tissue donation locally. In Wellington ICU the CSN-OD works with a team of three other organ donation link nurses and an ICU link doctor. This model has been informed by international clinical governance frameworks (Donatelif, 2013, NHSBT, 2014).

This poster presents first year activity of this role and details future work streams.

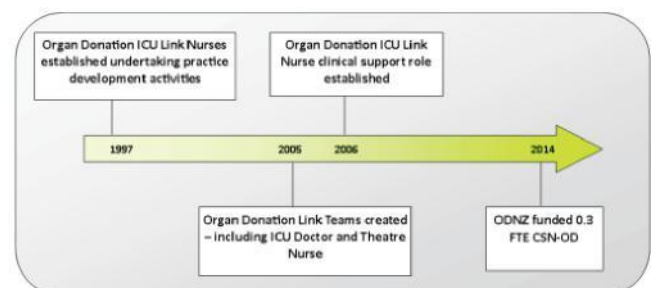


Figure. 1. Wellington ICU link nurse development timeline

Study Objectives

To identify priority working areas of the CSN-OD a survey was undertaken to assess the attitudes, behaviour and knowledge of nursing staff about organ and tissue donation in the ICU. The survey results were used to inform the development of educational strategies in the organ donation area. This approach was undertaken as education is known to make a difference in changing nurses' attitudes and behaviour intentions in organ donation advocacy (Lin et al, 2014).

Method

The survey comprised of 11 closed questions rating respondent's knowledge and confidence in specific areas of organ and tissue donation (e.g. Brain death, Donation after Circulatory Death and Tissue Donation). In addition, there were three free text questions asking about additional areas for development in organ donation practices.

92 surveys were distributed to all nursing staff on shift. Completed surveys were collected at the end of shift by one of the organ donation link nurses or were returned and placed in a sealed box.

The numeric data were manually analysed. The qualitative data were collated into themes.

Results

64 completed surveys were returned. No demographic data was collected on respondents.

When asked about understanding of brain death, donation after circulatory death and tissue donation, results demonstrated that the majority of nurses (n=48, 75%) reported knowing a 'moderate amount' to 'a lot' about brain death. The majority of nurses (n=41, 64%) reported knowing 'not much' or 'almost nothing' about donation after circulatory death and only 20% (n=13) of nurses reported knowing a 'moderate amount' to 'a lot' about tissue donation (Figure 2).

Figure. 2. Nurses knowledge about donation

81% (n=52) of nurses felt 'very confident' or 'reasonably confident' contacting the link nurse if they wanted to discuss a patient and most nurses were 'confident' or 'very confident' caring for a potential organ donor (76%, n=49).

The majority of nurses identified ICU link nurses and the ODNZ folder in the unit as being key resources in this area.

Free text data identified that increased public awareness and increased education in the ICU were seen as important by nursing staff to increase awareness of organ donation issues.

Furthermore, there were specific comments made on providing education to medical registrars and to integrate organ donation with the unit's Core Com-

Work streams Post-Survey

Survey results demonstrated that the majority of nurses did not feel knowledgeable about donation after circulatory death or tissue donation. This became a clear focus for follow-on educational sessions. The survey data, alongside discussions with senior nursing and medical leads and stakeholders in ODNZ, was used to inform a strategic work plan for the CSN-OD role. The activities undertaken and the strategic work plan for the past 12 months are reflected in Table 1.

Activities with nursing staff	Activities with medical staff	Activities to optimise donation opportunities and processes
<ul style="list-style-type: none"> • Teaching on monthly ICU Core Competency study days and orientation teaching session to new staff • Co-ordination of link nurses to facilitate organ donation in ICU • Present case studies and discuss relevant information at AGNM Meetings 	<ul style="list-style-type: none"> • Attending weekly ICU Mortality & Morbidity meetings - improving clinician engagement and auditing process • Undertake ICU Registrar Teaching - 6 monthly orientation teaching session about organ donation and brain death • Presence at medical handovers to recognise and discuss any opportunities for donation 	<ul style="list-style-type: none"> • Work with National Coronial Project Officer to streamline coronial processes nationally • Develop tissue donation policy to be piloted in ICU • Education sessions outside of the ICU, including wards, hospice and University.

Table 1. Strategic work plan for CSN-OD

The CSN-OD role was established based in the ICU. However work undertaken during the first year of the role has demonstrated important working relationships that extend to areas beyond the ICU. Links have been made with the National Coronial Project Officer, ward areas, hospices and other hospitals to ensure the opportunity of donation is available for patients. Figure 3 identifies the key working relationships established in Wellington Hospital.

Conclusions

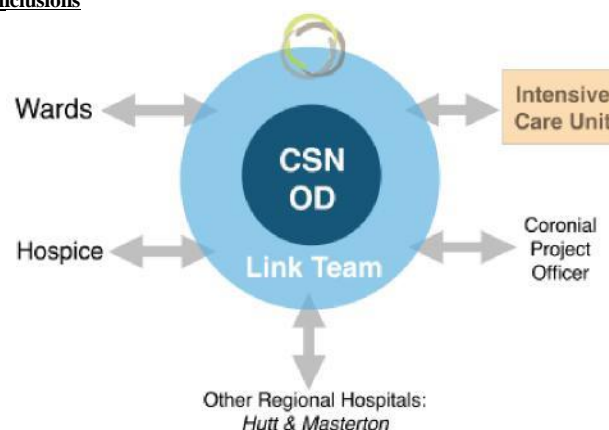


Figure. 3. Working Relationships

The establishment of a CSN-OD role has led to an increased profile of organ donation in the Wellington ICU. The presence of the CSN-OD at medical handovers and Mortality and Morbidity meetings has improved clinician engagement and auditing processes. Initial activity data demonstrates an increase in organ donation related activity since the establishment of this role. Ongoing evaluation is required to determine long-term impact.

References
Donatelife. (2013). Donatelife Clinical Governance Framework. <http://www.donatelife.gov.au>
Gomez, M.P, Perez, B, Manyalich, M. (2013). International Registry in Organ Donation and Transplantation. Transplantation Proceedings. 46: 1044-1048.
Lin, LM, Lin, CC, Chen, CL, Lin, CC. (2014). Effects of an Education Program on Intensive Care Unit Nurses' Attitudes and Behavioral Intentions to Advocate Deceased Donor Organ Donation. Transplantation Proceedings. 46: 1036-1040.
NHS Blood and Transplant. (2014). Taking Organ Transplantation to 2020. www.nhs.uk/ to2020



Registration Scholarships to attend the Critical Care Educational Workshop 2016

Registration scholarships are being offered by the NZ College of Critical Care Nurses (NZCCCN) to support nurses' attendance at the Critical Care Educational Workshop. Successful applicants for this NZCCCN will have registration costs paid.

The scholarships are being funded from profits from the ANZICS/ACCCN/NZCCCN ASM (Federal) conference held in NZ. The scholarship goals are to enrich nursing knowledge and practice in the area of critical care nursing.

Scholarship objectives:

- To assist nurses to develop their knowledge of nursing care of critically ill patients.
- To assist nurses to develop their clinical inquiry in nursing care of critically ill patients.
- To advance the development of clinical nursing care for critically ill patients.

Who should apply?

Registered Nurses who are NZCCCN members for at least 3 months prior to the closing date for applications, and are working with critically ill patients in NZ.

Selection Criteria:

Successful applicants will be selected by the NZCCCN National Committee. The committee's decision is final and no further correspondence will be entered into.

All applicants must meet the following selection criteria:

- ☐ Be a registered nurse currently working with critically ill patients in New Zealand.
- ☐ No previous successful application for a NZCCCN scholarship.
- ☐ Commitment to attend the workshop.
- ☐ Provide an article/review related to critical care nursing for publication in Critical Comment.
- ☐ Be a NZCCCN member.

Provide a current curriculum vitae.

Application: Applications will only be accepted on the attached application form and with all relevant criteria met (see selection criteria).

Address: Applications should be forwarded to the NZCCCN email address:

criticalcarenurses@gmail.com

Application Closing Date: 10th July 2016

Process

- ☐ All applicants will receive acknowledgement of receipt of their application.
 - ☐ All applicants will be notified of the panel's decision no later than 15th August 2016.
- Successful applicants will need to forward receipts for reimbursement.



Registration Scholarship to attend the Critical Care Educational Workshop Application Form

1. Personal Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Last Name:

First Names:

Postal Address:

Current employer:

Telephone: work:

home:

other:

E-mail:

Objective(s) for attending the workshop

Registration fee will be refunded to the successful applicants if these have already been paid.

Please attach additional information that you think is relevant to support your application e.g., how you contribute to your unit, additional study you are undertaking, involvement with professional groups.

Declaration

I confirm the information supplied in this application is accurate at the date of signing.

Applicant's signature:

Date:

Articles of Interest

Sutton, L., & Jutel, A. (2016). Alcohol withdrawal syndrome in critically ill patients: Identification, assessment, and management. *Critical Care Nurse*. 36(1): 28-39.

Abstract

Management of alcohol withdrawal in critically ill patients is a challenge. The alcohol consumption histories of intensive care patients are often incomplete, limiting identification of patients with alcohol use disorders. Abrupt cessation of alcohol places these patients at risk for alcohol withdrawal syndrome. Typically benzodiazepines are used as first-line therapy to manage alcohol withdrawal. However, if patients progress to more severe withdrawal or delirium tremens, extra adjunctive medications in addition to benzodiazepines may be required. Sedation and mechanical ventilation may also be necessary. Withdrawal assessment scales such as the Clinical Institute of Withdrawal Assessment are of limited use in these patients. Instead, general sedation-agitation scales and delirium detection tools have been used. The important facets of care are the rapid identification of at-risk patients through histories of alcohol consumption, management with combination therapies, and ongoing diligent assessment and evaluation. (*Critical Care Nurse*. 2016;36[1]:28-39)

Mullen, J., Reynolds, M., & Larson, J. (2015). Caring for pediatric patients' families at the child's end of life. *Critical Care Nurse*. 35 (6): 46-56.

Abstract

Nurses play an important role in supporting families who are faced with the critical illness and death of their child. Grieving families desire compassionate, sensitive care that respects their wishes and meets their needs. Families often wish to continue relationships and maintain lasting connections with hospital staff following their child's death. A structured bereavement program that supports families both at the end of their child's life and throughout their grief journey can meet this need.

Davidson, J., Winkelman, C., Gelinas, C., & Dermenchyan, A. (2015). Pain, agitation, and delirium guidelines: nurses' involvement in development and implementation. *Critical Care Nurse*. 35(3): 17-31.

Abstract

The 2013 American College of Critical Care Medicine/Society of Critical Care Medicine clinical practice guidelines for the management of pain, agitation, and delirium in adult patients in the intensive care unit serves as a living example of nurses' involvement in the development and implementation of professional guidelines. Nurses who served on this guideline-writing panel describe their experiences. Specific examples from the pain, agitation, and delirium guidelines for care are used to explore the roles of the nurse leader, nurse informaticist, staff nurse, and nurse researcher in relationship to guideline implementation.

Matheson, C., McPherson, D., Ordway, C., & Smith, M. (2015). Caring for patients treated with therapeutic hypothermia. *Critical Care Nurse*. 35(5): e1-e12.

Abstract

Numerous studies have indicated that therapeutic hypothermia can improve neurological outcomes after cardiac arrest. This treatment has redefined care after resuscitation and offers an aggressive intervention that may mitigate postresuscitation syndrome. Caregivers at Lehigh Valley Health Network, Allentown, Pennsylvania, an academic, community Magnet hospital, treated more than 200 patients with therapeutic hypothermia during an 8-year period. An interprofessional team within the hospital developed, implemented, and refined a clinical practice guideline for therapeutic hypothermia. In their experience, beyond a protocol, 5 critical elements of success (interprofessional stakeholders, coordination of care delivery, education, interprofessional case analysis, and participation in a global database) enhanced translation into clinical practice.



If you have come across any interesting articles that you feel are related to critical care nursing then please send them onto us so we can include in the next Critical Comment.

NZNO LIBRARY

NZNO Library – in a nutshell

Specialist library & information services for NZNO members

Ask the NZNO library about:



- Library current awareness e-newsletter (published weekly)
- Topic-based resource lists
- Research/topic queries
- Borrowing books, RCN & ICN publications
- Nursing thesis, dissertations and scholarship reports collection
- NZNO College & Section journals – *The Dissector*, *The Tube*, *Emergency Nurse*, *L.O.G.I.C*, *The Outlet*
- Searching online journals & databases via the NZNO website:
http://www.nzno.org.nz/resources/library/online_journals
- **Kai Tiaki Nursing New Zealand & Kai Tiaki Nursing Research**
- Australia/NZ Reference Centre database
- Psychology collection database and more
- NZ Nursing Research Index database <http://www.nursingresearch.co.nz/refbase/>

Contact Us !

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Fax: 04 382 9993

Email: library@nzno.org.nz

Web: www.nzno.org.nz/resources/library

Postal Address: NZNO Library, PO Box 2128, Wellington 6140, New Zealand

Physical Address: NZNO Library, L3, Willbank House, 57 Willis Street, Wellington 6011, New Zealand.

Have you enjoyed this issue of Critical Comment?

We hope that you have enjoyed this latest edition of the Critical Comment. The Critical Comment is our way of keeping in touch with all Critical Care nurses in New Zealand and gives us the opportunity to share thoughts, stories, publications and anything else that you wish to contribute. Our aim is to have the Critical Comment ready for publication each March, June, September & December. Thank you to everyone who has contributed to this Critical Comment. Please keep your contributions coming. We welcome submissions, case studies etc. You can send Critical Comment any critical care related item. We will accept a letter, a poem, case study (anonymity preserved), a short article, a long article, a conference / education / workshop report or a visit to another unit. Anything you think our readers would like to know about or should know about.

We need your submissions for the next issue of CRITICAL COMMENT



Benefits of belonging to an NZNO national section or college:

Our sections and colleges:

- ☐ provide expert knowledge and advice to the government and other national bodies.
- ☐ participate in the development of evidence-based guidelines and specialty competencies.
- ☐ advance practice through policy and professional development opportunities.
- ☐ keep you informed through newsletters and publications

You can be part of this!

As an NZNO member you can join up to two sections or colleges related to your practice.

Join now!

What are you waiting for? Get writing and email us your submission for the next Critical Comment

BEFORE

31st April 2016 to

criticalcarenurses@gmail.com

With 'Critical Comment Editor' in the subject line. Word limit—1000

Join NZCCCN today

Becoming a member is easy

The NZ College of Critical Care Nurses (NZCCCN) is a free membership organisation that represents Critical Care Nurses of New Zealand.

The organisation aims to promote critical care nursing and increase the profile of Critical Care Nurses.

The College remains active in key Ministry of Health projects and through collaboration with its members develop standards of Critical Care Nursing that reflects our current nursing climate in New Zealand and internationally. NZCCCN provides a communications network for all members by producing a regular publication, annual conference, education workshop and disseminating information on relevant issues via our website.

Membership benefits include:

- ☐ Updates of issues that directly affect critical care nursing
- ☐ Enables members to be apart of the consultation process when developing position statements, standards and guidelines for Critical Care in New Zealand.
- ☐ Reduced Regional ANZICS registration conference costs
- ☐ Awards / prizes awarded to CCNS members at Regional ANZICS conferences for free paper and poster presentations
- ☐ Electronic version of CCNS publication 'Critical Comment'

OUR AIMS

- ☐ To be the recognised professional organisation of all Critical Care Nurses in New Zealand.
- ☐ To promote Critical Care Nursing and increase the profile of Critical Care Nurses.
- ☐ To disseminate standards of practice and standards for education in Critical Care Nursing.
- ☐ To provide a communications network for all members including a regular journal, annual conference and disseminating information on relevant issues.
- ☐ To encourage and support research into Critical Care Nursing.
- ☐ To liaise with appropriate authorities on social, health, education and other issues, relevant to Critical Care Nursing.

<http://www.nzno.org.nz/groups/collegessections/colleges/newzealandcollegeofcriticalcarenurses/newsletter>