Nursing: Critical Care

Five Things Nurses and Patients Should Question

by
Canadian Nurses Association
Canadian Association of Critical Care Nurses

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Choosing Wisely Canada™
In collaboration with the Canadian Medical Association

1 Don't insert or leave in place a urinary catheter without an acceptable indication.

While it's common to insert indwelling urinary catheters for critical care patients, prolonged use can lead to catheter-associated urinary tract infections (CAUTI), urosepsis, increased hospital stays and other complications. Although critical illness can be a legitimate indication for urinary catheter use, daily assessment of urinary catheters is recommended. Some evidence indicates that reminder systems or stop orders in critical care settings can reduce the incidence of CAUTI and catheter duration.

2 Don't administer benzodiazepines to treat symptoms of delirium.

The treatment of delirium is multifactorial, including environmental stimulation, ongoing mobilization and family presence. Guidelines recommend against using benzodiazepines for sedation, unless otherwise indicated (e.g., withdrawal related to alcohol or benzodiazepine use). The inappropriate administration of benzodiazepines may harm a critically ill patient by inadvertently increasing the incidence of delirium or the length of stay in an ICU. Nonpharmacologic strategies should be used, along with monitoring, assessing and treating pain. Preliminary research has shown that implementing nurse-driven daily awakening protocols and best practice bundles such as ABCDE may improve outcomes, including decreases in length of overall hospital stay, ventilator days and risk of ICU-acquired delirium.

3 Don't use physical restraints with critically ill patients as the first choice to prevent self-extubation or removal of lines or tubes.

The intention to use physical restraints to prevent self-extubation or accidental removal of lines or tubes is often misguided. In fact, some research has found restraints have the potential to cause harm to critically ill patients, including complications but not limited to unplanned extubation, increased risk for delirium, and prolonged recovery. The use of physical restraints in ICU patients in Canada is common and significantly higher comparable to some European countries. Guidelines recognize the paucity of evidence to substantiate the use of physical restraints as an effective strategy. The use of physical restraints can be minimized by maintaining direct visual observation of patients, permitting the presence of family care partners, initiating spontaneous awakening and breathing trials (to support removal of endotracheal tube and thus reduce need for restraints), and assessing delirium and the need for mobilization. Decreased use of physical restraints is an important indicator of quality nursing care.

4 Don't repeatedly attempt intravenous access during a life-threatening event when intraosseous access is available.

In emergency situations, intravenous (IV) access can be difficult to obtain. Nurses often lose time trying to insert peripheral IVs, and insertion of central venous catheters may be initiated. However, intraosseous (IO) access is a faster and safer option, with less chance of complications, when inserted by trained personnel.

5 Don't prolong use of central venous or peripherally inserted central catheters without daily reassessment.

Central venous or peripherally inserted central catheters require close monitoring for signs of central line-associated bloodstream infections (CLABSI) and should be reviewed daily during multidisciplinary rounds to ensure the appropriateness of the catheter and its intended use. Peripheral intravenous catheters should be assessed daily and removed if they are not part of the continued plan of care or the lumen remains dormant for greater than 24 hours. Unless medically necessary for parenteral nutrition or vasoactive support, the strategies to mitigate CLABSI in central venous access should include considering an access device that is the least invasive with the greatest likelihood of reaching the end of the planned therapy with the lowest rate of replacements and complications.

How the list was created

The Canadian Nurses Association (CNA) and the Canadian Association of Critical Care Nurses (CACCN) established its Choosing Wisely Canada nursing list by convening an 11-member nursing working group (NWG). The group consisted of critical care nursing experts from across Canada, representing a broad range of geographical regions and practice settings. The NWG began considering its list by reviewing existing recommendations, including items from Choosing Wisely Canada's specialty societies and the American Academy of Nursing (AAN) Choosing Wisely list, both of which had already undergone rigorous evidence reviews. In addition, members brought forward recommendations on new evidence-based items. The NWG appraised 331 items for their relevance to critical care nursing using a structured process developed for this work. Each of these items (302 Choosing Wisely Canada items, 25 AAN Choosing Wisely items and 4 independently submitted items) was appraised by two working group members and then validated by the group. Using a modified Delphi process for the next two rounds of revision, the group refined and adapted 14 items until it reached consensus on a final six-item list. A literature review was conducted to confirm the evidence for these items, with support from the Canadian Agency of Drugs & Technologies (CADTH) and supporting nursing research was added where appropriate. The list subsequently underwent extensive consultation, with input from nursing experts in patient safety, members of the Canadian Network of Nursing Specialties, patient advocates, CNA jurisdictional members, CNA nurses, principal nurse advisors, CADTH and Choosing Wisely Canada's internal clinician reviewers. In March of 2020, the Choosing Wisely Canada critical care nursing list was presented to the CNA Board of Directors, who gave it their full endorsement and support.

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About the Canadian Nurses Association

CNA represents registered nurses from ten provincial and territorial nursing associations and colleges, independent registered nurse members from Ontario and Quebec and retired registered nurses from across the country. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

CANADIAN NURSES ASSOCIATION ®

About the Canadian Association of Critical Care Nurses

The Canadian Association of Critical Care Nurses (CACCN) is a volunteer organization of Critical Care Nurses. CACCN is the voice for excellence in Canadian critical care nursing. Our shared goal is promote quality patient- and family-centered care for Canadian's experiencing life threatening illness and injury.

CANADIAN ASSOCIATION OF CRITICAL CARE NURSES

About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

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