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## Monitoring of patients in Intensive Critical Care Units: What should we do and what are we doing?<sup>☆</sup>



### Monitorización de pacientes en Unidades de Cuidados Intensivos: qué deberíamos hacer y qué estamos haciendo?

Among the publications of the most widely read journal, it is interesting to find articles on the monitoring of patients in intensive care units such as “hemodynamic monitoring: the PiCCO®system” by Martín Vivas et al.,<sup>1</sup> “The role of nurses in Swan-Ganz catheter management”, by Casado Dones and Casado Dones,<sup>2</sup> “The monitoring of the patient on mechanic ventilation” by Bazan et al.<sup>3</sup> and “The monitoring of deep sedation: the BIS®monitor” by Saboya Sánchez et al.,<sup>4</sup> among others. These studies suggest the importance of a continuing education plan related to this subject and also the need to promote spaces in our clinical practice where direct care is identified in continuous monitoring and quality for critically ill patients.

This relationship between what we should do and the promotion of scenarios where we can actually achieve this has aroused a debate around what an intensive care nurse does. This forms part of the Nursing Now campaign, the goal of which is to improve health worldwide, through enhancing and fortifying the profile and status of nurses throughout

the world. In this sense, it has already been extensively stated that the role of our discipline in intensive care units (ICUs) in advanced practice has direct impact on the quality of care, improves patient outcomes and also achieves the transformation of health services through the effective use of the labour force. This could alleviate the imminent increase in the demand for healthcare services.<sup>5</sup>

Continuous monitoring is highly relevant for intensive care nurses and many pre and postgraduate training programmes emphasise this type of activity as the essential pillar for care of the critically ill patient. But, how long do we have to monitor our patients? Several authors have described the specific activities carried out by ICU nurses. These include both administrative and procedural tasks and educational activities. This setting poses challenges for the nurse in terms of the compliance of objectives in keeping with the hours available to achieve them. Several studies have described that monitoring becomes second place, being displaced by administrative activities even when the critical condition of the patients is high, as found by Valls-Matarín et al. in Spain in a 2015 publication in this same journal.<sup>6</sup> This situation was similar in several countries such as Brazil, where several tasks such as “documentation” were the ones most frequently undertaken, according to Santos de Campos et al. in his 2018 study.<sup>7</sup> Greater dedication to another type of basic care like that mentioned by Carmona-Monge et al. has also been described, where the patient’s personal hygiene activities took up most of the nurse’s time.<sup>8</sup>

Although as nurses we have demonstrated the importance of our role in monitoring patients in the ICU, certain challenges continue existing, such as work overload, limited access to technology and inefficient health systems.<sup>9</sup> An awareness of the outcomes of the application of the best available evidence in monitoring critically ill patients, may also benefit our nursing discipline through the recognition and grading of our role in the ICU.

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