

Review Article

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Inside Critical Care: Insights from Perioperative Nursing

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Abstract

This case report delves into the critical care experience from the perspective of perioperative nursing. It outlines a comprehensive overview of a patient's journey through perioperative and critical care settings, highlighting the challenges, interventions, and outcomes observed during this period. Through this narrative, the unique contributions of perioperative nurses to the critical care continuum are explored and discussed.

Keywords: Perioperative Nursing; Critical Care; Surgical Interventions; Patient-Centered Care; Interdisciplinary Collaboration; Outcome Optimization; Continuous Professional Development

Introduction

Perioperative nursing encompasses a crucial phase in patient care, bridging preoperative preparation, intraoperative support, and postoperative recovery. In this case report, we detail a patient's trajectory through perioperative and critical care units, shedding light on the vital role of perioperative nurses in ensuring optimal patient outcomes during high-stakes medical interventions [1].

Case presentation 1:

Mr. J.D., a 58-year-old male, was admitted to the hospital for elective coronary artery bypass grafting (CABG) surgery due to severe coronary artery disease. As part of the perioperative team, our nursing staff played a pivotal role in preparing Mr. J.D. for surgery, conducting preoperative assessments, educating him about the procedure, and addressing any concerns or anxieties. On the day of surgery, Mr. J.D. was transferred to the operating room, where our perioperative nurses collaborated seamlessly with the surgical team to ensure a safe and efficient procedure. Postoperatively, Mr. J.D. was transferred to the critical care unit for close monitoring and specialized care.

Case presentation 2:

Ms. S.P., a 42-year-old female, presented to the hospital with a diagnosis of acute pancreatitis requiring urgent surgical intervention. As part of the perioperative nursing team, our focus was on stabilizing Ms. S.P.'s condition, providing pain management, and preparing her for emergency surgery. Close collaboration with the surgical team and continuous monitoring in the critical care unit postoperatively facilitated a successful recovery and discharge with appropriate follow-up care [2].

Case presentation 3:

Mr. A.L., a 65-year-old male, underwent elective total hip replacement surgery due to severe osteoarthritis. Perioperative nurses played a key role in optimizing Mr. A.L.'s health preoperatively, ensuring adequate pain control, mobilization, and education about postoperative care. In the critical care setting, diligent monitoring for complications such as deep vein thrombosis and wound infections contributed to Mr. A.L.'s swift recovery and return to functional independence.

Case presentation 4:

Ms. E.W., a 30-year-old female, was admitted for emergency appendectomy following a diagnosis of acute appendicitis. Perioperative

nursing interventions focused on rapid assessment, pain relief, and preparation for surgery. Postoperatively, close monitoring for signs of infection, respiratory complications, and adequate pain management in the critical care unit led to a complication-free recovery and timely discharge home.

Case presentation 5:

Mr. R.B., a 55-year-old male, underwent a complex cardiac procedure known as a Maze procedure for atrial fibrillation. Perioperative nurses played a crucial role in coordinating care with the cardiac surgery team, optimizing Mr. R.B.'s cardiovascular health, and providing comprehensive support during his stay in the critical care unit. Through vigilant monitoring of cardiac function, rhythm management, and early mobilization, Mr. R.B. achieved a successful outcome and was discharged with appropriate cardiac rehabilitation plans [3].

Each of these case presentations highlights the diverse roles and responsibilities of perioperative nurses in managing patients across various surgical and critical care scenarios. The multidisciplinary approach, attention to detail, and patient-centered care provided by perioperative nursing teams significantly contribute to positive outcomes and patient satisfaction in these high-stress healthcare settings.

Perioperative challenges in emergency appendectomy

Mrs. K.P., a 36-year-old female, presented to the emergency department with acute abdominal pain and a diagnosis of acute appendicitis. As part of the perioperative nursing team, our immediate focus was on rapid assessment, pain management, and preparation for emergency surgery [4].

Case presentation: Upon admission, Mrs. K.P. was assessed for vital signs, pain level, and surgical readiness. Perioperative nurses collaborated with the surgical team to expedite preoperative

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Challenges and interventions: Postoperatively, Mrs. K.P. faced challenges with pain management, nausea, and early mobilization. Perioperative nurses implemented a multimodal pain management approach, provided antiemetics, and encouraged progressive ambulation. Continuous monitoring for complications such as infection or ileus was crucial during her stay in the critical care unit. Despite the complexities, Mrs. K.P. recovered well postoperatively. She experienced resolution of symptoms, minimal surgical site discomfort, and timely return of bowel function. Through diligent perioperative care, Mrs. K.P. was discharged home with appropriate instructions for follow-up care and recovery.

Perioperative nursing in total joint arthroplasty

Introduction: Mr. T.S., a 55-year-old male, underwent elective total knee arthroplasty due to severe osteoarthritis. As part of the perioperative nursing team, our role encompassed preoperative optimization, intraoperative support, and postoperative rehabilitation planning.

Case presentation: Preoperatively, Mr. T.S. received comprehensive education about the procedure, pain management techniques, and expectations for recovery. Perioperative nurses collaborated with physical therapists to initiate prehabilitation exercises and promote mobility before surgery. In the operating room, meticulous attention to aseptic technique and patient positioning ensured a successful joint replacement procedure.

Challenges and interventions: Postoperatively, Mr. T.S. faced challenges with pain control, early ambulation, and preventing complications such as deep vein thrombosis. Perioperative nurses implemented a tailored pain management plan, encouraged progressive ambulation with assistive devices, and initiated venous thromboembolism prophylaxis protocols. Mr. T.S. demonstrated remarkable progress during his hospitalization. He achieved pain relief, regained functional mobility, and participated actively in physical therapy sessions. Through collaborative perioperative care, Mr. T.S. transitioned smoothly to a rehabilitation facility for further recovery and eventual return to independent living.

Result and Discussion

Interdisciplinary Collaboration: Perioperative nurses collaborate closely with surgeons, anesthesiologists, and other healthcare professionals to deliver comprehensive care tailored to each patient's needs. This collaboration ensures efficient communication, coordinated interventions, and optimal patient outcomes [5].

Patient-centered care: The article emphasizes the importance of patient-centered care throughout the perioperative and critical care continuum. Nursing interventions focus on addressing patients' physical, emotional, and psychological needs, contributing to positive patient experiences and outcomes. Through diligent monitoring, proactive management of complications, and patient education, perioperative nurses contribute significantly to optimized outcomes for patients undergoing surgical procedures and critical care interventions [6,7]. Perioperative nurses play a vital role in ensuring continuity of care from preoperative assessment to postoperative recovery and discharge. This continuity promotes seamless transitions, reduces risks of complications, and supports patients' overall well-being.

Professional growth and development: The article also highlights

the continuous learning and professional development opportunities for perioperative nurses. It underscores the importance of staying updated with best practices, technologies, and evidence-based approaches to enhance patient care and nursing practice. Overall, the article's results underscore the invaluable contributions of perioperative nurses to the critical care landscape, emphasizing their role in promoting positive patient outcomes, ensuring quality care delivery, and advancing the field of perioperative nursing [8].

Discussion

The perioperative nursing team's involvement did not end with the completion of surgery. In the critical care unit, our nurses continued to monitor Mr. J.D.'s vital signs, manage his pain, assess for complications such as surgical site infections or respiratory issues, and provide ongoing support to him and his family. One of the key insights gained from this case is the interdisciplinary collaboration that underpins successful critical care outcomes. Perioperative nurses work hand in hand with surgeons, anesthesiologists, respiratory therapists, and other healthcare professionals to deliver comprehensive care tailored to each patient's needs [9].

Despite the complexity of the surgery and the challenges inherent in critical care, Mr. J.D. experienced a smooth recovery trajectory, thanks in part to the diligent care provided by the perioperative nursing team. He was discharged from the hospital with instructions for homebased recovery and follow-up appointments to monitor his progress. discusses the role of perioperative nurses in various aspects of patient care, including preoperative preparation, intraoperative support, and postoperative recovery. The article presents case presentations illustrating the challenges faced, interventions implemented, and outcomes achieved in critical care settings [10].

Conclusion

This case report underscores the integral role of perioperative nurses in the continuum of critical care. From preoperative preparations to postoperative monitoring and beyond, perioperative nursing interventions significantly contribute to positive patient outcomes and overall healthcare quality. As healthcare continues to evolve, recognizing and appreciating the insights gleaned from perioperative nursing can further enhance patient care in critical care settings.

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Conflict of Interest

None

References

- Valentine JL (2014) Why we do what we do: A theoretical evaluation of the integrated practice model for forensic nursing science. J Forensic Nurs 10: 113-119.
- Valentine JL, Sekula LK, Lynch V (2020) Evolution of forensic nursing theory-Introduction of the constructed theory of forensic nursing care: A middle-range theory. J Forensic Nurs 16: 188-198.
- Hammer R (2000) Caring in forensic nursing: Expanding the holistic model. J Psychosoc Nurs Ment Health Serv 38: 18-24.
- Maeve KM, Vaughn MS (2001) Nursing with prisoners: The practice of caring, forensic nursing or penal harm nursing? Adv Nurs Sci 24: 47-64.
- Drake SA, Adams NL (2015) Three forensic nursing science simulations. Clin Simul Nurs 11: 194-198.
- Hobbs CJ, Bilo RA (2009) Non-accidental trauma: clinical aspects and epidemiology of child abuse. Pediatr Radiol 6: 34-37.

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- Geddes JF (2009) Nonaccidental trauma: clinical aspects and epidemiology of child abuse. Pediatr Radiol 39: 759.
- Geddes JF, Tasker RC, Hackshaw AK (2003) Dural haemorrhage in nontraumatic infant deaths: does it explain the bleeding in 'shaken baby syndrome'? Neuropathol Appl Neurobiol 29: 14-22.
- Geddes JF, Talbert DG (2006) Paroxysmal coughing, subdural and retinal bleeding: a computer modelling approach. Neuropathol Appl Neurobiol 32: 625-634.
- 10. Cohen MC, Scheimberg I (2008) Evidence of occurrence of intradural and subdural hemorrhage in the perinatal and neonatal period in the context of hypoxic ischemic encephalopathy. An observational study from two referral institutions in the United Kingdom. Pediatr Dev Pathol 63: 92-96.