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Development and use of mobile containment units for the evaluation and treatment of potential Ebola virus disease patients in a United States Hospital

Gregory Sugalski
Rutgers New Jersey Medical School, USA

Ebola virus disease (EVD) has been the subject of recent attention due to the current outbreak in West Africa, as well as the appearance of a number of cases within the United States. The presence of EVD patients in the United States required health care systems to prepare for the identification and management of these patients. The presence of confirmed EVD patients in the United States identified an urgent need for planning and preparation throughout the health care sector. The challenge for most health care systems is the identification and management of EVD cases presenting unidentified and unannounced. To evaluate patients with recent travel to Ebola-affected countries, it was essential to provide the highest degree of safety while minimizing unnecessary exposure to other patients and staff. It was also critical to have the least possible effect on normal workflow and operations throughout the facility. In response, our Emergency Department (ED) used a unique approach to the screening and care of these patients in a location that was detached from the hospital. Among the challenges in the development of the detached location was the need to create a suitable treatment area with the requisite isolation capabilities. Hospital leadership believed a location remote from the main ED would be the least disruptive to the daily functions of the hospital. This presentation discusses the use of mobile containment units (MCUs) in an extended treatment area (ETA) as a novel approach to isolation and screening of potential EVD patients.

sugalsgr@njms.rutgers.edu

Changes in health-related quality-of-life in older patients one year after an intensive care unit stay

Jeitziner Marie-Madlen
University Hospital of Bern, Switzerland

Introduction: As older patients increasingly survive intensive care unit hospitalization, the long-term quality of life is also a significant outcome. Therefore, this presentation investigates the health-related quality of life; an important outcome for assessing ICU treatment, and assisting patients, relatives and healthcare professionals in selecting treatment decisions one year after an ICU stay.

Methods: A prospective non-randomized longitudinal study investigated the health-related quality-of-life of older patients. The Short Form Health Survey 36 was administered 1 week after an ICU stay (retrospective baseline), and after 6 and 12 months to the study population and to an age-matched comparison group at recruitment (baseline), and after 6 and 12 months. Demographic data, admission diagnosis, length of stay, severity of illness, pain, anx-iety, agitation, and intra-tracheal suctioning, turning and intubation were recorded. Recruit-ment period: December 2008 to April 2011.

Results: Health-related quality of life was significantly lower than the comparison group, both before and after the ICU stay, and showed great individual variability. Within group scores, however, were stable. Both physical and mental health scores were lower for the older patients. Renal failure, cardiac surgery and illness severity were associated with lower physi-cal health scores. Cardiovascular illness, intra-tracheal suctioning and turning were associated with lower mental health scores.

Conclusion: After discharge older patients with severe illnesses, cardiac surgery or acute re-nal failure need additional support. Discharge planning should ensure that support. The de-velopment and utilization of methods to reduce distress during routine intensive care inter-ventions such as intra-tracheal suctioning or turning is needed.

marie-madlen.jeitziner@insel.ch