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Bedside clinical ultrasound-based approach to right ventricular failure and hypervolemia

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Right ventricular (RV) failure is a major cause of mortality in the intensive care unit. It can result from a variety of etiologies one of which is hypervolemia or excessive fluid administration. The diagnosis of RV failure can be made at the bedside using central venous pressure and RV pressure waveform analysis. In addition ultrasound can be used to diagnose not only RV dysfunction but its repercussion on the brain, the lung, the liver and the kidney. New modalities such as brain and somatic oximetry can also be used as monitor of RV failure. In terms of treatment the use of inhaled agents instead of intravenous drugs can be used, but fluid management appears to be one of the most important strategies in managing patients with RV failure.

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Critical care nurses and relatives of elderly patients in intensive care unit – Ambivalent interaction

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The objective was to explore the experiences of CCNs in relation to relatives of elderly patients 80 years and older admitted to ICU. Through methods grounded in phenomenology, 6 CCNs were purposefully selected for their experiences with relatives of elderly patients admitted to an ICU in Norway. Each CCN participated in semi-structured personal interviews. Using content analysis, interviews were coded and categories and themes were identified. An overall theme emerged: “CCNs ambivalent interactive struggle with the relatives of elderly patients”, which reflected the mixed feelings that CCNs recalled having towards relatives. Two themes emerged during the analysis. Those were: “relatives are a resource for CCNs and the patient”; and “relatives are seen as challenge”. 6 sub-themes were identified: 1) CCNs are relying on relatives, 2) relatives and their understanding of the situation, 3) relatives are committed, 4) relatives have high expectations, 5) relatives can be seen as burden and 6) relatives with cultural differences are a challenge. CCN’s experiences with the relatives of elderly patients in ICU represent a significant personal, mixed struggle. The findings indicate that development of communication, education, reflection and a more structured organization of intensive care unit can improve results for CCNs and may improve the possibilities for CCNs to promote an excellent family nursing for the elderly patient and his relatives.

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