

8-7-2022

## Clinical Skills and a Quick Reference Guide for Critical Care

Kayla McCarty

Nova Southeastern University, km2379@mynsu.nova.edu

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### NSUWorks Citation

Kayla McCarty. 2022. *Clinical Skills and a Quick Reference Guide for Critical Care*. Capstone. Nova Southeastern University. Retrieved from NSUWorks, . (91)  
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# Clinical Skills and a Quick Reference Guide for Critical Care

Kayla McCarty OTD-S

Lillian Durbetaki OTDR/L - Providence St. Vincent Hospital: Cardiac and Stroke Center



Patient being prepared for a sling transfer

## Introduction

An integrative review through the lens of the World Health Organization International Classification of Functioning, Disability and Health found that up to 2.4 million people surviving critical illness in the United States experience significant loss of function and quality of life following admittance to the ICU (Potter, Miller, & Newman, 2021).

Key words: Occupational therapy, critical care, intensive care, outcomes

## Site Description

Providence St. Vincent Hospital is a cardiac and stroke center with multiple levels of acute care available to patients. There are three levels of critical care, the lower levels, cardiac intensive care unit, and the neurological critical care unit.

## Summary of Needs Assessment

Due to the advanced skill set needed by clinicians in the ICU setting, advanced training and mentorship has continued to be an area of need for therapists willing to enter into this practice area. The distinctive OT focus and skill set encapsulates holistic care with consideration of multifactorial interactions such as the person, occupation and environment (Weinreich, Herman, Dickason et al., 2017).



Patient receiving care for pressure relief

As more capstone students and practicing OT's are exploring settings, it is imperative that the ICU is discussed and added as an educational component. Possibilities include capstone students after having completed acute care level II and the creation of continuing education for practicing therapists.

## Literature Review Summary

Until recently the literature has lacked descriptive roles of occupational therapy (OT) in the ICU setting, however more recognition of the functional impact on patients in the ICU has been found to have clinically important outcomes (Weinreich, Herman, Dickason, et al., 2017). Despite the evidence of mobilization of patients in the ICU being safe and feasible, barriers to mobilization are still prevalent. Conservative ICU culture with under-valued perceptions of mobilization, sedation practices, and uncertainty of professional responsibility for mobilization are among them (Dafoe, Stiller, Chapman, 2015). Multiple functional benefits as well as detailed outcome measures have been documented of patients receiving occupational therapy, including improved strength, reduced delirium, improved function, less sedative use, and shorter length of stay overall (Weinreich, Herman, Dickason, et al., 2017).

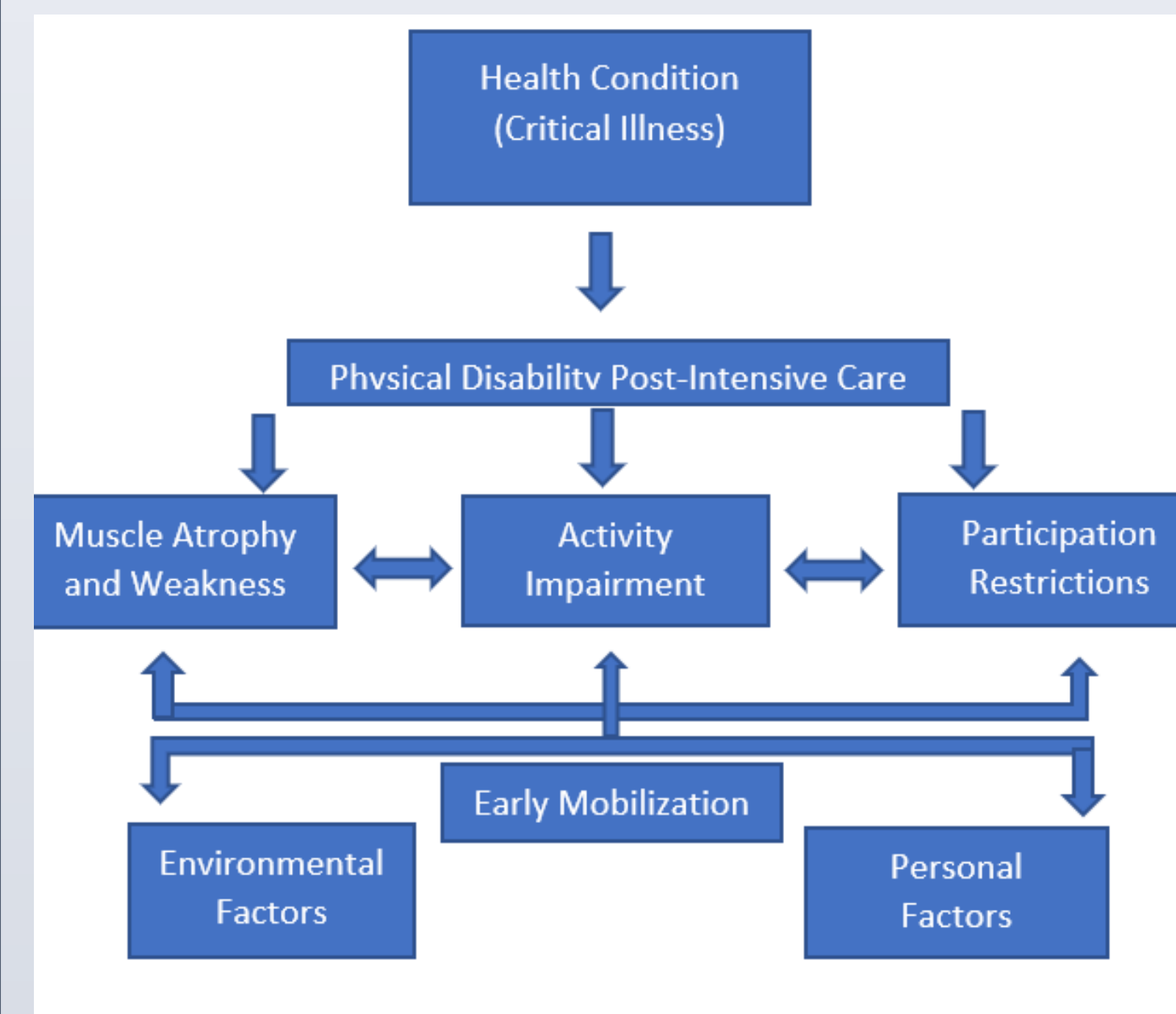


Figure 1. Applied World Health Organization (WHO) International Classification of Functioning, Disability, and Health and physical disability post-intensive care (Potter, Miller, & Newman, 2021)

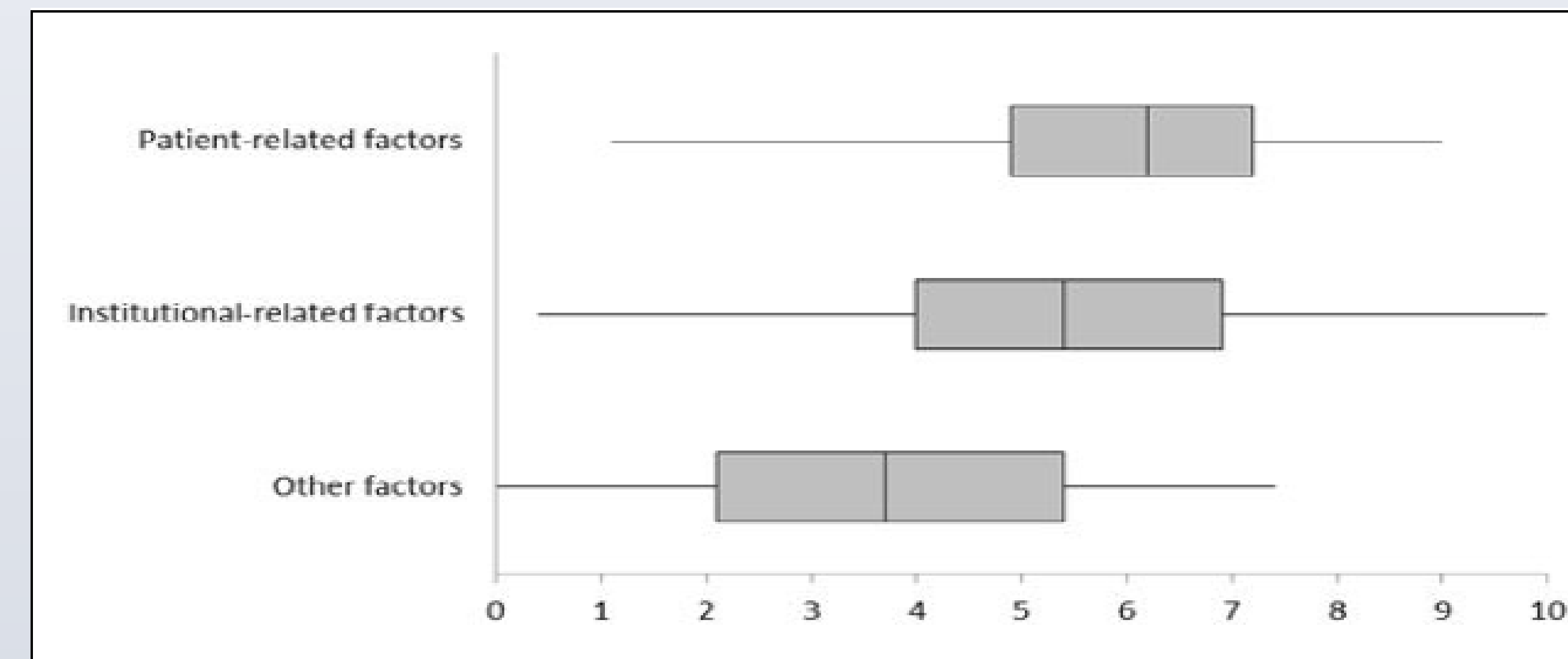


Figure 2. Summary of Visual Analogue Scale Data for the Barriers to Mobilization (Dafoe, Stiller, Chapman, 2015).

## Capstone Project Description

**Purpose Statement:** An acute care capstone experience to gain clinical practice skills and clinical reasoning skills beyond entry level on general floors and gain skills towards becoming proficient on critical floors such as the intensive care unit (ICU) and neurological critical care unit (NCCU) with enough knowledge to create a training manual for the therapy department to use for future employee orientation.

To support the competency of OT's from acute care units who are transitioning into critical care, this capstone project consisted of gaining clinical skills and providing educational material to create a quick reference guide for therapists to refresh knowledge and mobilization techniques for patients with difficult or intimidating medical devices, lines or difficult medical needs.

### Guide to Weekly Experience:

**Week 1-8:** Gained occupational therapy-based skills in critical care with mentorship in the room and available for assistance with full case load.

**Week 8-10:** Independently mobilized, supported, educated, and instructed critical care patients in ADL performance with partial case load.

**Week 10-16:** Independently mobilized, supported, educated, and instructed critical care patients in ADL performance for critical care patients with intermittent partial and full case load. In addition, I also assisted lead OT in seeing priority patients needing immediate care for discharge planning.

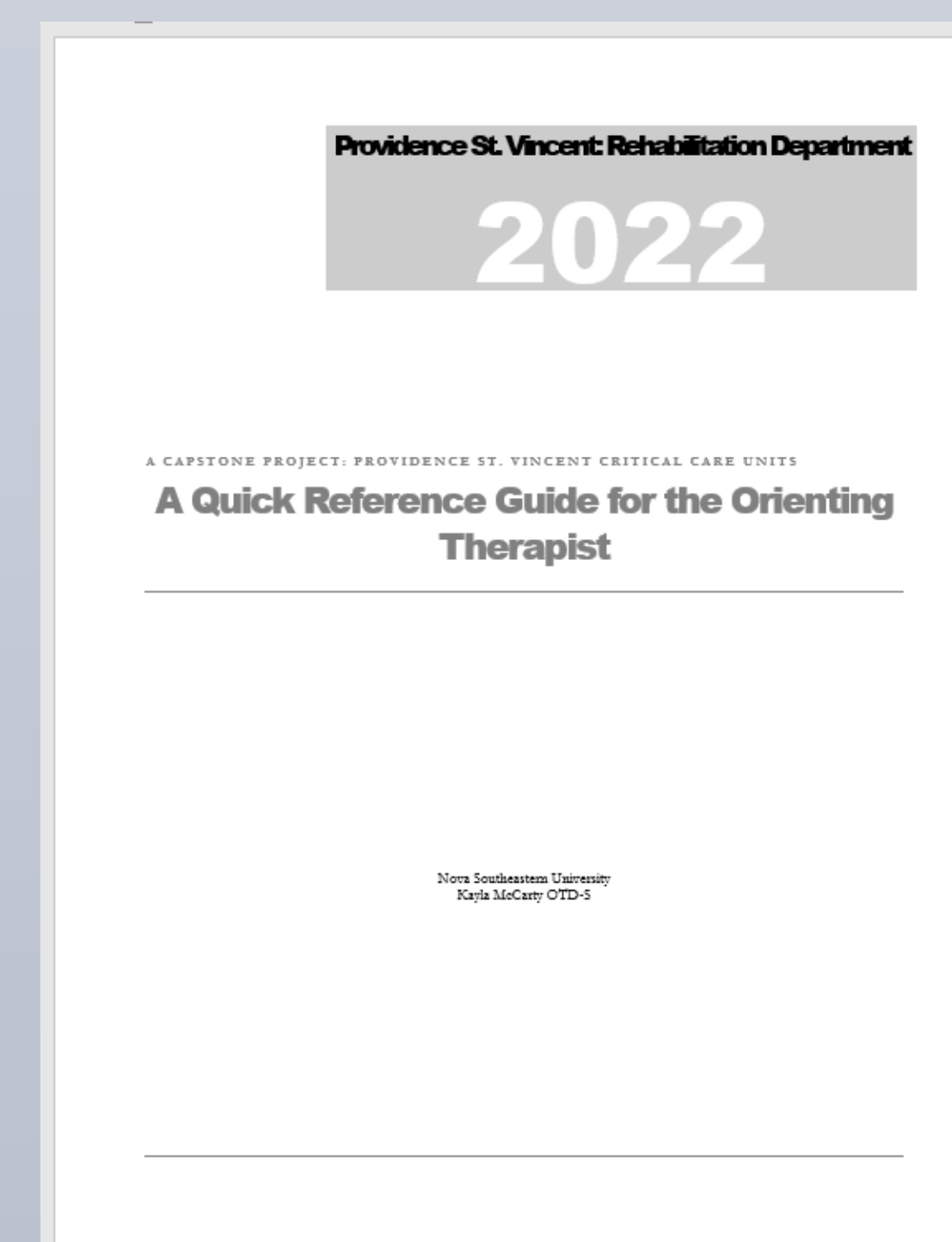


Figure 3. Cover Page of Quick Reference Guide Final Product



Patient on a ventilator spending time with family

Common equipment that created barriers to mobilization:

- External Ventricular Drain
- Intra-Aortic Balloon Pump
- Tracheostomy
- Ventilator
- Endotracheal Intubation
- Impella

Common Precautions:

- Sternal
- Craniotomy
- Spinal
- Aspiration
- Abdominal

## Learning Objectives Achieved

### Achieved Goals:

1. Gained OT clinical skills beyond entry-level on acute care units.
2. Gained valuable skills in OT treatment of critically ill patients in the ICU and NCCU with live preserving lines and difficult medical needs.
3. Created an evidence-based training manual for therapists wishing to cross train in the ICU and NCCU floors that is transferable between the OT and PT department.

## Implications for OT Practice

1. Further advocating for the profession and creating space for occupational therapy in areas that are in need of services, but currently do not receive them.
2. Creating opportunities for students to further their understanding of complex medical patients, and ability to apply occupational therapy principles to critically ill individuals
3. Bridging the gap of literature and practice by educating students on the needs of these areas and opening up the opportunity for research and program development.



Patient with breathing support being assisted with a reading task

## REFERENCES & ACKNOWLEDGMENTS

I would like to acknowledge my mentor Lillian Durbetaki OTD for the amount of time, work and patience she has taken over the last four months. Additionally, physical therapists Jess Walton DPT and Katie Koenig DPT for their mentorship and instruction from a physical therapy scope.

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