

Research and Reviews: Journal of Nursing and Health Sciences

Critical Care-Nursing

Taha Nafees*

Chaitanya Degree & PG College, kishanpura, Warangal, Telangana

Commentary

Received: 29/05/2015
Accepted: 01/06/2015
Published: 10/06/2015

*For Correspondence

Taha Nafees, Chaitanya Degree & PG College, kishanpura, Hanmakonda, Warangal, Telangana, India, Tel: +91 9000586984; E-mail: tahanafees@rediffmail.com

COMMENTARY

Basic consideration nursing is the field of nursing with an attention on the most extreme consideration of the discriminatingly sick or temperamental patients. Discriminating consideration medical caretakers can be discovered working in a wide assortment of situations and strengths, for example, general serious consideration units, therapeutic concentrated consideration units, surgical escalated consideration units, injury escalated consideration units, coronary consideration units, cardiothoracic serious consideration units, and some injury focus crisis offices. These claims to fame for the most part deal with basically sick patients who require mechanical ventilation by method for endotracheal intubation and/or titratable vasoactive intravenous medicines [1-3].

Discriminating Care Nurses are otherwise called ICU medical caretakers. They treat patients who are chronically sick or at danger for savage diseases. ICU medical attendant apply their specific learning base to nurture and keep up the life backing of discriminatingly sick patients who are regularly very nearly demise. On a regular premise a basic consideration medical attendant will ordinarily, "perform evaluations of discriminating conditions, give escalated treatment and intercession, advocate for their patients, and work/keep up life emotionally supportive networks which incorporate mechanical ventilation by means of endotracheal, tracheal, or nasotracheal intubation, and titration of constant vasoactive intravenous pharmaceuticals to keep up a " mean blood vessel weight that guarantees sufficient organ and tissue perfusion [4-6]. A more particular rundown of employments done by these medical attendants incorporate, "surveying a quiet's condition and arranging and executing patient consideration arrangements, treating injuries and giving propelled life bolster, helping doctors in performing methodology, watching and recording patient essential signs, guaranteeing that ventilators, screens and different sorts of medicinal hardware work legitimately, overseeing intravenous liquids and medicines, requesting indicative tests, teaming up with kindred individuals from the discriminating consideration group, reacting to life-debilitating circumstances, utilizing nursing guidelines and conventions for treatment, going about as patient supporter, lastly giving instruction and backing to the persistent's families." so as to adjust and perform these high requesting assignments to the best of their capacities, these attendants must be extremely composed and organized. These attendants have a considerable amount of trustworthiness or thinking regarding the matter of settling on critical choices. Utilizing the capacity to handle their circumstances, they utilize the aptitudes beforehand said to take in everything that is going ahead around them and settle on the right decision taking into account that [7-10].

Discriminating consideration nurture in the U.S. are prepared in Advanced Cardiac Life Support (ACLS) and numerous win their Critical Care Registered Nurse (CCRN) confirmation through the American Association of Critical-Care Nurses. Because of the precarious way of the patient populace, LPN/LVNs are seldom used in an essential consideration part in the emergency unit. Notwithstanding, with legitimate preparing and experience LPN/LVNs can assume a huge part in giving excellent bedside consideration to the discriminatingly sick patient. To turn into a Critical Care Nurse one must first accomplish an Associate or Bachelor's degree in Nursing and pass the National Council Licensure Examination (NCLEX-RN). Once the exam is passed, then somebody can begin acting as a normal enlisted medical caretaker (RN). In the wake of getting procured into a basic consideration region, extra concentrated preparing is typically given to the medical attendant. Following 1750 hours of giving direct bedside mind in a basic consideration region, an attendant can then sit for the CCRN exam. The American Association of Critical Care Nurses consultative board sets and keeps up principles for basic consideration medical attendants. The accreditation offered by this board is known as CCRN. Contingent upon the healing facility and State, the RN will be obliged to take a certain measure of proceeding with instruction hours to stay exceptional with the present innovations and evolving methods [10-15].

Enrollment is an administrative term for the procedure that happens between the individual medical attendant and the state in which the medical attendant practices. All medical caretakers in the US are enrolled as attendants without a strength [15-18]. The CCRN is a sample of a post enrollment claim to fame certificate in discriminating consideration. There are likewise variations of discriminating consideration confirmation test that the AACN offers to permit attendants to confirm in dynamic consideration (PCCN), heart drug (CMC) and cardiovascular surgery (CSC). Furthermore, Clinical Nurse Specialists can affirm in grown-up, neonatal and pediatric intense and discriminating consideration (CCNS). In November 2007, the AACN Certification Corporation dispatched the ACNPC, a propelled practice accreditation examination for Acute Care Nurse Practitioners. None of these accreditations give any extra practice benefits, as nursing practice is controlled by the singular's state leading body of nursing. These confirmations are not needed to work in an emergency unit, are empowered by head honchos, as the tests for these affirmations have a tendency to be hard to pass and require broad information of both pathophysiology and basic consideration therapeutic and nursing practices. The affirmation, while hard to acquire, is looked upon by numerous in the field as exhibiting ability in the field of basic consideration nursing, and showing the singular's medical attendant's yearning to propel their insight base and aptitude set, consequently permitting them to better administer to their patients [19-25].

Concentrated consideration medical attendants are additionally needed to be OK with a wide mixed bag of innovation and its uses in the discriminating consideration setting. This innovation incorporates such gear as hemodynamic and cardiovascular observing frameworks, mechanical ventilator treatment, intra-aortic inflatable pumps (IABP), ventricular help gadgets (LVAD and RVAD), consistent renal substitution hardware (CRRT/CVVHDF), extracorporeal layer oxygenation circuits (ECMO) and numerous other propelled life bolster gadgets. The preparation for the utilization of this gear is given through a system of in-healing center inservices, producer preparing, and numerous hours of training time with experienced administrators. Yearly proceeding with training is needed by most states in the U.S. furthermore, by numerous superintendents to guarantee that all abilities are stayed up with the latest. Numerous emergency unit groups will send their medical attendants to gatherings to guarantee that the staff is kept up to the current condition of this quickly evolving innovation [25-30].

Discriminating consideration medical caretakers work in a mixed bag of distinctive territories, with a various patient populace. There are numerous basic consideration medical caretakers working in doctor's facilities in concentrated consideration units, post-agent consideration and high reliance units. They additionally deal with restorative departure and transport groups [31-35].

In August 2004, to show the work of discriminating consideration medical caretakers Massachusetts General Hospital welcomed columnist Scott Allen and photographic artist Michelle McDonald from The Boston Globe to partake in an 'inundation experience' in the Surgical Intensive Care Unit (SICU). The Globe staff members burned through eight months shadowing an accomplished attendant and a learner medical caretaker to find out about nursing practice direct. The outcome was a four section, front-page

arrangement that kept running from October 23--October 26, 2005, entitled Critical Care: The making of an ICU medical caretaker [35-40].

The included mental anxiety of nursing in discriminating consideration units has been all around reported, and it has been contended the anxiety experienced in ICU regions are extraordinary in the calling [36].

As per Washington, regardless of their strength, all medical caretakers must have the capacity to fabricate trusting associations with their patients. At the point when the medical caretakers create solid connections between their patients they find themselves able to get vital data about them that may be useful to diagnosing them. Likewise, relatives that get to be included in this relationship make it simpler for the medical caretakers to manufacture these trusting associations with the persistent's on account of the relatives could facilitate any anxiety that could lead the patient to be hesitant. At the point when a patient has a long haul sickness, the great connections assembled between the medical attendant and patient can enhance the understanding's personal satisfaction [37-40].

Discriminating Care Nurses can have practical experience in a few distinct territories in view of either the quiet's age or the sickness/damage that the patient has. Geriatric patients are thought to be individuals beyond 65 years old and medical attendants that have practical experience in geriatrics work in a grown-up Intensive Care Unit (ICU). Pediatric patients are youngsters less than 18 years old, a medical caretaker that works with exceptionally debilitated kids would work in a Pediatric Intensive Care Unit (PICU). At long last, a tyke is viewed as a neonatal patient from the time they are destined to when they leave the doctor's facility. In the event that a tyke is conceived with an existence undermining sickness the kid would be exchanged to a Neonatal Intensive Care Unit (NICU).

Likewise, the area that the CCRN works can shift. A few places that they can work most generally incorporate clinics: in customary or specific serious consideration units. Extraordinarily they can work at a few patients' homes, in some flight focuses and outpatient offices [41-50].

The claim to fame territories of the Critical Care Nurses can likewise be in view of the quiet's sickness or harm. Case in point, a unit that is an Adult Intensive consideration unit, represented considerable authority in the consideration of injury patients would be an Adult Trauma Intensive Care Unit. The center of the unit is by and large on either a grown-up or a pediatric/neonatal populace, as the treatment systems vary for the age ranges. Another illustration could incorporate an Intensive Care Unit exclusively to administer to patients straightforwardly previously, then after the fact a noteworthy or minor surgery.

Patients obliging serious consideration may oblige support for insecurity (hypertension/hypotension), aviation route or respiratory bargain, (for example, ventilator bolster), intense renal disappointment, possibly deadly heart arrhythmias, or the combined impacts of different organ disappointment, all the more usually alluded to now as numerous organ brokenness disorder. They might likewise be conceded for serious/obtrusive checking, for example, the pivotal hours after significant surgery when considered excessively insecure, making it impossible to exchange to a less seriously observed unit [51-55].

Escalated consideration is typically just offered to those whose condition is conceivably reversible and who have a decent risk of getting by with serious consideration support. A prime imperative for admission to an emergency unit is that the fundamental condition can be overcome.

Therapeutic studies propose a connection between ICU volume and nature of look after mechanically ventilated patients. After modification for seriousness of ailment, demographic variables, and attributes of the ICUs (counting staffing by intensivists), higher ICU volume was essentially connected with lower ICU and healing center death rates. Case in point, balanced ICU mortality (for a patient at normal anticipated danger for ICU passing) was 21.2% in doctor's facilities with 87 to 150 mechanically ventilated patients yearly, and 14.5% in healing centers with 401 to 617 mechanically ventilated patients every year. Doctor's facilities with middle of the road quantities of patients had results between these extremes. ICU/CCU psychosis is a disorder regular in serious consideration and heart units where patients who are

in new, tedious environment create manifestations of insanity (Maxmen & Ward, 1995). This may incorporate deciphering machine clamors as human voices, seeing dividers quiver, or fantasizing that somebody is tapping them on the shoulder [55-60].

All in all, it is the most lavish, mechanically progressed and asset escalated range of restorative consideration. In the United States, evaluations of the 2000 use for discriminating consideration prescription extended from US\$15–55 billion. Amid that year, basic watch over 0.56% of GDP, 4.2% of national wellbeing use and around 13% of clinic expenses. In 2011 clinic stays with ICU administrations represented a little more than one-quarter of all releases (29.9%) yet about one-50% of total aggregate healing center charges (47.5%) in the United States. The mean healing center charge was 2.5 times higher for releases with ICU administrations than for those without [61-70].

Discriminating consideration medication is a moderately new yet progressively vital restorative claim to fame. Doctors with preparing in basic consideration drug are alluded to as intensivists. In the United States, the strength requires extra partnership preparing for doctors having finished their essential residency preparing in inner prescription, pediatrics, anesthesiology, surgery or crisis drug. US board affirmation in discriminating consideration prescription is accessible through each of the five claim to fame sheets [71-73]. Intensivists with an essential preparing in inward medication some of the time seek after consolidated association preparing in another subspecialty, for example, pneumonic drug, cardiology, irresistible illness, or nephrology. The American Society of Critical Care Medicine is an entrenched multiprofessional society for professionals working in the ICU including medical caretakers, respriatory specialists, and doctors. Most therapeutic examination has exhibited that ICU consideration gave by intensivists delivers better results and more practical consideration. This has driven the Leapfrog Group to make an essential proposal that all ICU patients be overseen or co-oversaw by a devoted intensivist who is solely in charge of patients in one ICU. Notwithstanding, in the US, there is a discriminating deficiency of intensivists and most healing facilities do not have this basic doctor colleague [73-75].

Different individuals from the discriminating consideration group might likewise seek after extra preparing in basic consideration solution as intensivists. Respiratory advisors may seek after extra instruction and preparing prompting credentialing in grown-up discriminating consideration (ACCS) and neonatal and pediatric (NPS) fortes. Medical attendants may seek after extra instruction and preparing in basic consideration pharmaceutical prompting confirmation as a CCRN by the American Association of Critical Care Nurses [76-80]. Paramedics are ensured to levels of CCEMT-P, PNCCT-P, CCP-C and/or FP-C relying on their strength [81-84]. Nourishment in the emergency unit remarkable difficulties and discriminating consideration sustenance is quickly turning into a subspecialty for dieticians who can seek after extra preparing and accomplish affirmation in enteral and parenteral sustenance through the American Society for Parenteral and Enteral Nutrition (ASPEN). Drug specialists may seek after extra preparing in a postgraduate residency and get to be confirmed as discriminating consideration drug specialists [85-90].

Understanding administration in concentrated consideration varies fundamentally between nations. In nations, for example, Australia and New Zealand, where serious consideration prescription is a settled forte, numerous bigger ICUs are depicted as "shut". In a shut unit the concentrated consideration expert tackles the senior part where the tolerant's essential doctor now goes about as an advisor. The benefit of this framework is a more composed administration of the patient in light of a group who work solely in ICU. Different nations have open ICUs, where the essential doctor decides to concede and, when all is said in done, settles on the administration choices. There is progressively solid confirmation that "shut" concentrated consideration units staffed by intensivists give better results to patients [91-100].

In veterinary drug, discriminating consideration medication is perceived as a strength and is firmly unified with crisis pharmaceutical. Board-ensured veterinary basic consideration masters are known as criticalists, and are for the most part utilized in referral foundations.

REFERENCES

1. Jos GraneroMolina. Using Web Simulation for Teaching and Learning about Critical Care: New Times and New Solutions. *J Nurs Care*. 2015. 4:e123.
2. Raquel Guillamat Prats. From Bench to Bedside: Therapies for Acute Respiratory Distress Syndrome. *Med chem*. 2015. 5: 108.
3. Kwadwo Kyeremanteng and Gianni DrsqquoEgidio. Why Process Quality Measures may be More Valuable than Outcome Measures in Critical Care Patients. *Biol Med*. 2015. 7: 232.
4. Blick KE. The Ten Commandments of Modern Laboratory Practice: Insuring the Survival of Your Hospital Emergency Department and Other Critical Care Areas. *Emerg Med*. 2015. 5: 237.
5. Nick Crombie, et al., Role Allocation and Team Dynamics during Pre-Hospital Rapid Sequence Induction of Anaesthesia by a Physician-Critical Care Paramedic Team in the United Kingdom: A 12 Months Review of Practice. *J Anesth Clin Res*. 2015. 6:507.
6. Negin Kassiri and Seyed Mohammadreza Hashemian. ARDS Definition Evolution: Past and Future Quotes. *J Anesth Clin Res*. 2014. 5: 464.
7. Brian Benneyworth, et al., Using All Patient Refined Diagnosis Related Group to Identify Cost-Management Targets. *Pediat Therapeut*. 2014. 4: 217.
8. Andrea Chamberlain and Brian M Varisco. The Pharmacology of Acute Respiratory Distress Syndrome. *Clin Pharmacol Biopharm*. 2014. 3:120.
9. Shaista Taufiq Meghani and Nasreen Sulaiman Lalani. The Journey of Educational Training from Competency to Proficiency of Pediatric Intensive Care Unit Nurses (PICU). *Pediat Therapeut*. 2014. 4: 209.
10. Vasanthrie Naidoo and Sibiya MN. Experiences of Critical Care Nurses of Death and Dying in an Intensive Care Unit: A Phenomenological Study. *J Nurs Care*. 2014. 3:179.
11. Karen EA Burns, et al., The Approach Trial: A Mixed Methods Pilot RCT Comparing Alternative Strategies for Approaching Substitute Decision Makers for Proxy Consent for Research Participation. *J Clin Trials*. 2014. 4: 164.
12. Lars P. H. Andersen, et al., Melatonin in Surgery and Critical Care Medicine. *J Anesth Clin Res*. 2014. 5: 407.
13. Ingrid Johansson. Emotional Responses of Family Members of a Critically Ill Patient: A Hermeneutic Analysis. *Int J Emerg Ment Health*. 2014. 16:102.
14. Alicia Aleman and Gustavo Giachetto. Noninvasive Ventilation Outside Critical Care Units for Children with Severe Low Respiratory Infection: Is it a Potential Strategy for Critically Ill Children in Uruguay?. *J Neonatal Biol*. 2014. 3:e109.
15. Christie Racine, et. al. Sleep Duration, Insomnia Symptoms, Emotion Regulation among Black Women. *J Sleep Disorders. Ther* 2014. 2: 122.
16. Ahmed Elsherbeny and Makhlof Belghaith. Agreement between Central and Mixed Venous Oxygen Saturation Following Cardiac Surgery. *J Anesth Clin Res*. 2014. 5: 386.
17. Schönberger TJA. Clinical Impact of Emergency Ultrasound by Emergency Physicians after Implementation in a Hospital in the Netherlands. *Emergency Medicine*. 2014. 4: 180.
18. Philipp Schuetz, et al., Incorporation of Nutritional Factors and Insulin Resistance into Insulin Sliding Scales in the Non-Critical Care Inpatient Setting: A “Before After” Study. *J Diabetes Metab*. 2014. 5:325.
19. Annthea SW Lee and Anne AL Hsu. Pulmonary Embolism-A Mechanical Compression Effect on Lower Limb Deep Venous Thrombosis. *J Blood Disord Transfus*. 2014. 5: 183.
20. Marit Kvangarsnes, et al., Nurses' Perspectives on Compassionate Care for Patients with Exacerbated Chronic Obstructive Pulmonary Disease. *J Allergy Ther*. 2013. 4:158.

21. Bernard Mbwele, et. al. Quality of Neonatal Health Care: Learning From Health Workers' Experiences in Critical Care in Kilimanjaro Region, Northeast Tanzania. *Prim Health Care*. 2013. 3: 138.
22. Nadia M Taha and Zeinab H Ali. Physical Restraints in Critical Care Units: Impact of a Training Program on Nurses' Knowledge and Practice and on Patients' Outcomes. *J Nurs Care*. 2013. 2: 135.
23. Federico Bilotta, et al. Insulin Signaling in the Central Nervous System and Alzheimer's Disease. *J Alzheimers Dis Parkinsonism*. 2013. 3:e129.
24. Lawrence A DeLuca. Emergency Medicine / Critical Care Medicine and the Need for a Practice Track: Are we Cutting off our Certification at the Root?. *Emergency Medicine*. 2012. 2: e125.
25. Abhishek Singla and Ariel M Modrykamien. Diabetes Mellitus: Protective in Development of ARDS. *J Pulm Respir Med*. 2012. 2: e119.
26. Sukhminder Jit Singh Bajwa. Emergency and Critical Care Challenges during Pregnancy. *J Pain Relief*. 2012. S1-e001.
27. Kasra karvandian, et al., Comparison the Effects of Infusion of Propofol -Remifentanil with Midazolam-Remifentanil in Reducing Bleeding in Patients undergoing Middle Ear Surgery. *J Anesthe Clinic Res*. 2012. 3:201.
28. Richard M Elias, et al., Impact of A Standardized Recommendation and Electronic Prompts on Follow-Up of Indeterminate Pulmonary Nodules Found on Computed Tomography. *J Pulm Respir Med*. 2012. 2:113.
29. Lars P. H. Andersen, et al., Melatonin in Surgery and Critical Care Medicine. *J Anesth Clin Res*. 2014. 5: 407.
30. Annthea SW Lee and Anne AL Hsu. Pulmonary Embolism-A Mechanical Compression Effect on Lower Limb Deep Venous Thrombosis. *J Blood Disord Transfus*. 2014. 5: 183.
31. Lawrence A DeLuca. Emergency Medicine / Critical Care Medicine and the Need for a Practice Track: Are we Cutting off our Certification at the Root?. *Emergency Medicine*. 2012. 2: e125.
32. Abhishek Singla and Ariel M Modrykamien. Diabetes Mellitus: Protective in Development of ARDS. *J Pulm Respir Med*. 2012. 2: e119.
33. Asako Matsushima, et. al. Potential Clinical Usefulness of the Polymerase Chain Reaction Test to Detect Pathogens Causing Sepsis. *J Medical Microbiol Diagnosis*. 2012. 1:106.
34. Richard M Elias, et al., Impact of A Standardized Recommendation and Electronic Prompts on Follow-Up of Indeterminate Pulmonary Nodules Found on Computed Tomography. *J Pulm Respir Med*. 2012. 2:113.
35. Catherine K. Floroff, et al., Critical Illness and the Aging Population: Clinical Implications and Pharmacotherapy Challenges. *J Neurol Disord*. 2015. 3: 197.
36. Neelam Saleem Punjani. Paraphenylene Diamine (Hair Dye) Poisoning Leading to Critical Illness Neuropathy. *J Neurol Disord*. 2014. 2: 180.
37. Alexandre Toledo Maciel and Daniel Vitorio. Sequential Serum Phosphate and Urinary Biochemical Changes in Postoperative Systemic Inflammatory Response Syndrome: Potential Additional Diagnostic Tools in Acute Kidney Injury. *J Med Diagn Meth*. 2014. 3: 160.
38. Rakesh Bhadade. Prospective Evaluation and Mortality Outcome of Nosocomial Infections in Medical Intensive Care Unit at Tertiary Care Teaching Centre in Mumbai. *Emergency Medicine*. 2013. 3: 159.
39. Mark L. Walker. Critical Illness Related Corticosteroid Insufficiency in Trauma – A Review. *J Trauma Treat*. 2012. 1:139.
40. Andrew Udy. Understanding the Impact of Critical Illness on Drug Pharmacokinetics - Scientifically Robust Study Design. *J Clin Toxicol*. 2012. S4-002.

41. Roger G. Spragg. Strategies for Achieving the Goals of a Lung-Protective Ventilation Protocol in Large Clinical Trials. *J Clin Trials*. 2011. 1:101.
42. Jacqueline Simatovic, et. al. Characteristics of Individuals Admitted to the Intensive Care Unit for Asthma. *J Pulm Respir Med*. 2015. 5: 256.
43. Djibril MA, et. al. Profile of People Living with HIV in Intensive Medical Care in Togo: Epidemiological and Evolutionary Aspects. *J Hematol Thrombo Dis*. 2015. 3:201.
44. Salima Alburke, et al., Neonatal and Perinatal Mortality Rates in Neonatal Intensive Care Unit of Misurata Teaching Hospital – Libya/2013. *J Hematol Thrombo. Dis* 2015. 3:194.
45. TodorovaChristova M, et. al. Nosocomial Infections Incidence Rates, Bulgaria, 1999-2011. *J Bacteriol Parasitol*. 2015. 6: 218.
46. Lai KY, et al., The W-Shaped Mortality-Age Distribution of Novel H1N1 Influenza Virus Helps Reconstruct the Second Wave of Pandemic 1918 Spanish Flu. *J Pulm Respir Med*. 2015. 5: 245.
47. Mohammad S Abdallah, et al., The Best Use of Systemic Corticosteroids in the Intensive Care Units, Review. *J Steroids Hormon Sci*. 2015.
48. Maureen A Coombs. What is Important to Families in Intensive Care Once a Decision has been Made to Withdraw Treatment. *J Palliat Care Med*. 2015. 5: 212.
49. Ana Maria Arauacutejo, et al., Ambulatory Anaesthesia in a Patient with Niemann-Pick Disease Type C. *J Anesth Clin Res*. 2015. 6:509.
50. Bashir Ashur. Neonatal and Perinatal Mortality Rates in Neonatal Intensive Care Unit of Misurata Teaching Hospital – Libya/2013. *J Hematol Thrombo Dis*. 2015. 3:184.
51. Herruzo R, et. al. Controlling an Outbreak of *Pseudomonas aeruginosa* in a Neonatal Intensive Care Unit: Multivariate Analysis of Risk Factors through a Case- Case- Control Study. *J Neonatal Biol*. 2014. 3: 163.
52. Brohan J, et al., Metabolic Acidosis with a Raised Anion Gap Associated with High 5-Oxoproline Levels; An Under-Recognized Cause for Metabolic Acidosis in Intensive Care. *J Clin Toxicol*. 2014. 4: 220.
53. Dominik Hentschel, et al., The Role of Procalcitonin in Septic Patients A Brief Overview. *Transl Med (sunnyvale)*. 2014. 4: 144.
54. Frank van Someren Greacuterve, et. al. Course – Prevalence, Clinical Outcomes and Viral Shedding Patterns during Viral Respiratory Tract Infections in Intubated Intensive Care Unit – patients: Design and Protocol. *J Clin Trials*. 2014. 4: 185.
55. Brian Benneyworth, et al., Using All Patient Refined Diagnosis Related Group to Identify Cost-Management Targets. *Pediat Therapeut*. 2014. 4: 217.
56. Enrico Raineri, et. al. Ventilator-Associated Pneumonia Caused by *Pseudomonas aeruginosa* in Intensive Care Unit: Epidemiology and Risk Factors. *J Med Microb Diagn*. 2014. 3: 149.
57. Minyahil Alebachew Woldu, et. al. Assessment of the Incidence of Neonatal Sepsis, its Risk Factors, Antimicrobials Use and Clinical Outcomes in Bishoftu General Hospital, Neonatal Intensive Care Unit, Debrezeit-Ethiopia. *Pediat Therapeut*. 2014. 4: 214.
58. Sebastien Ponsonnard, et. al. A Dramatic Transport Respirator Failure. *J Anesth Clin Res*. 2014. 5: 418.
59. Gabrielle Mari Rosetti Alves, et al., Role of the Clinical Pharmacist in Detection of Drug Therapy Problems in Critically Inpatients: Experience Report. *J Pharmacovigil*. 2014. 2:139.
60. Shaista Taufiq Meghani and Nasreen Sulaiman Lalani. The Journey of Educational Training from Competency to Proficiency of Pediatric Intensive Care Unit Nurses (PICU). *Pediat Therapeut* 2014. 4: 209.
61. Vasanthrie Naidoo and Sibiya MN. Experiences of Critical Care Nurses of Death and Dying in an Intensive Care Unit: A Phenomenological Study. *J Nurs Care*. 2014. 3:179.

62. Sachiko Nagaya, et al., Assessment Of Blood Pressure For Determining The Time To Perform First Postural Change In Patients After Cardiac Surgery In The Intensive Care Unit. *J Nurs Care*. 2014. 3:177.
63. Okuyama E, et. al. Clinical Experience of Noninvasive Positive Pressure Ventilation in Patients with Acute Cardiogenic Pulmonary Oedema Treated in a Community Hospital in Japan. *Emergency Medicine*. 2014. 4: 196.
64. Mohammad Toma, et. al. QT Interval Prolongation after Cardiac Surgery; An Interesting Biological Phenomenon or A Clinical Problem? Data from the Prolonqit Study. *J Clin Toxicol*. 2014. 4:195.
65. Mette Ratzer, et al., Posttraumatic Stress Disorder in Patients Following Intensive Care Unit Treatment: A Review of Studies Regarding Prevalence and Risk Factors. *J Trauma Treat*. 2014. 3.190.
66. Messina G, et. al. Role of Orexin in Obese Patients in the Intensive Care Unit. *J Anesth Clin Res*. 2014. 5: 395.
67. Hiromi Arita, et al., Sleep Disturbance in Elderly Patients after Cardiac Surgery during their Stay in Intensive Care Unit and Surgical Ward. *J Nurs Care*. 2014. 3:137.
68. Chris Dawber, et al., A Longitudinal, Comparative Evaluation of Reflective Practice Groups for Nurses Working in Intensive Care and Oncology. *J Nurs Care*. 2014. 3:138.
69. Wafaa Ali Hassan, et al., Impact of Intensive Care Management of Life Threatening Asthma on Feto-Maternal Outcome. *J Women's Health Care*. 2014. 3: 144.
70. Kimberley Haines, et al., Predicting Physical Function and Health Related Quality of Life Following Intensive Care. *Int J Phys Med Rehabil*. 2013. 2:180.
71. Rakesh Bhadade. Prospective Evaluation and Mortality Outcome of Nosocomial Infections in Medical Intensive Care Unit at Tertiary Care Teaching Centre in Mumbai. *Emergency Medicine*. 2013. 3: 159.
72. WU Yu-qi. Case Control Study for Hospital Infections Caused by Gram-Negative Bacilli in Emergency Intensive Care Unit. *Trop Med Surg*. 2013.
73. José Luis Mosso Vázquez. Using Cybertherapy to Reduce Postoperative Anxiety in Cardiac Recovery Intensive Care Units. *J Anesth Clin Res*. 2013. 4: 363.
74. Fortin JL, et al., One Poisoning Can Hide Another. *Emergency Medicine*. 2013. 3: 153.
75. ToledoMedina C, et. al. Sedation with Inhaled Anaesthetics in Intensive Care Units: Intravenous Route is not the Only Way. *J Med Diagn Meth*. 2013. 2:133.
76. Bamgboye M Afolabi, et al., A Review of Neonatal Morbidity and Mortality in an Intensive Care Unit of a Paediatric Health Facility in Lagos, Nigeria. *J Trop Dis*. 2013. 1: 115.
77. Manu Chaudhary and Anurag Payasi. Changing Trends of Commonly Used Intensive Care Unit Antibiotics Due to Differential Membrane Permeability in Resistant *Escherichia coli* Collected in EASE Programme. *J Microb Biochem Technol*. 2013.
78. YeaJen Hsu, et al., Impact of Nursing Staffing on Patient Outcomes in Intensive Care Unit. *J Nurs Care*. 2013. 2:128.
79. Surya Gandham. Orthopaedic Patients Who Require Intensive Care Admission. *J Trauma Treat*. 2013. 2.169.
80. Vargas LA, et al., Epidemiological Profile for Acute Coronary Syndrome: The Difference between Genders in an Intensive Care Unit. *J Hypertens*. 2013. 2:120.
81. S gueda, et al., Viral Infections in a Neonatal Intensive Care Unit. *Pediat Therapeut*. 2013. 3: 154.
82. Monika BrzychczyWloch, et. al. Outbreak Intervention for Bloodstream Infections Caused by Methicillin Resistant Coagulase-Negative Staphylococci in Neonatal Intensive Care Unit. *Clin Microbiol*. 2013. 2:115.
83. James Kirkpatrick C, et al., Non-Equivalence of Antibiotic Generic Drugs and Risk for Intensive Care Patients. *Pharmaceut Reg Affairs*. 2013. 2: 109.

84. Swati Srabani Nayak, et al., Anesthesia and Intensive Care. *J Anesthe Clinic Res* 2013. 4: 310.
85. Germano De Cosmo, et. al. Postoperative Analgesia in Thoracic Surgery: A Comparison between Continuous Paravertebral Nerve Block and Continuous Incisional Infusion with OnQ Pain Relief System. *J Anesthe Clinic Res*. 2013. 4: 279.
86. Chia Ter Chao. Risk Factors for Acute Kidney Injury in Intensive Care Units. *General Med*. 2013. 1: e102.
87. Ahmed O. ElGendy, et al., Clinical Screening for Bacteriocinogenic *Enterococcus faecalis* Isolated from Intensive Care Unit Inpatient in Egypt. *J Microb Biochem Technol*. 2012. 4: 161.
88. Karel Allegaert. Propylene Glycol in Neonates: Never Prescribed, Frequently Administered, Hardly Evaluated. *J Clin Toxicol*. 2012. 2: e113.
89. Robert A. Niebler, e al., Plasma Transfusion and Lung Injury in the Pediatric Intensive Care Unit. *J Blood Disord Transfus*. 2012. 3: 122.
90. N. Girish, et al., Extended Spectrum β Lactamase Producing *Klebsiella pneumoniae* and *Escherichia coli* in Neonatal Intensive Care Unit. *J Bacteriol Parasitol*. 2012. 3:141.
91. Muesser Özcan. Attitudes of Neonatal Intensive Care Nurses and Physicians Regarding Quality and Value of Life: Preliminary Results of a Turkish Survey. *J Palliat Care Med*. 2012. S1:001.
92. Alan M Fujii and Bharati Sinha. Bedside Ultrasound in the Neonatal Intensive Care Unit: A Wave of the Future. *J Pulm Respir Med*. 2012. 2: e112.
93. Cristina Granja. Medical Futility and End-of-Life Decisions in Critically ill Patients: Perception of Physicians and Nurses on Central Region of Portugal. *J Palliat Care Med*. 2012. 2: 110.
94. Roziah Arabi, et al., Neonatal Intensive Care Unit in Malaysia: Staff Nurses' Positive Experiences. *J Nursing Care*. 2012. 1:109.
95. Mariusz Wysokinski, et. al. Demand for Nursing Care from Elderly People Hospitalised at an Intensive Care Unit. *J Nursing Care*. 2012. 1:105.
96. Omid Mehrpour. Epidemiology and Treatment of Severe Poisoning in the Intensive Care Unit: Lessons from a One-Year Prospective Observational Study. *J Clin Toxicol*. 2011. S1: 007.
97. StPierre L, et al., Challenges and Issues in Adult Intensive Care Nursing. *J Nursing Care*. 2011. 1:101.
98. Mattias Casutt, et. al. Intermediate Cervical Plexus Block for Carotid Endarterectomy: A Case Series of the Spread of Injectate. *J Anesthe Clinic Res*. 2011. 2:123.
99. Takeshi Umegaki, et al., Impact of Intensive Care Unit Physician on Care Processes of Patients with Severe Sepsis in Teaching Hospitals. *J Anesthe Clinic Res*. 2011. 2:120.
100. Darshan Shah, et. al. Pre-Term Exposure Patterns in Neonatal Intensive Care Unit Alters Immunological Outcome in Neonates. *J Allergy Ther*. 2011. 2:106.