

Progressive Care Fact Sheet

Background

In the early 1970s, major medical center recruiters placed advertisements for both critical care and progressive care nurses in *Heart and Lung*. Initially, progressive care units housed post myocardial infarction patients requiring cardiac monitoring, but not requiring intensive care and observation. With the changing healthcare environment, the acuity of patients admitted to hospitals steadily increased and caused an increase in the demand for critical care beds. With the increased demand and decreased availability of critical care beds, patients were often transferred from critical care units while still requiring an increased level of nursing care and vigilance. Patients admitted to critical care units five to ten years ago are now routinely admitted to progressive care.

Progressive care is the term the American Association of Critical-Care Nurses (AACN) uses to collectively describe areas that are also referred to as Intermediate Care Units, Direct Observation Units, Step-down Units, Telemetry Units, or Transitional Care Units as well as to define a specific level of patient care. AACN recognizes the need to define and identify the special needs of progressive care nurses. In 2008, the Certification Corporation convened a progressive care nursing study of practice. The study of practice determined the scope of practice, populations served, the core competencies and basic knowledge and skill requirements of progressive care nurses and provided a foundation for development of certification exams. Progressive care nurses across the country participated in the study of practice.

Definition

The American Association of Critical-Care Nurses recognizes progressive care as part of the continuum of critical care. AACN is dedicated to creating a healthcare system driven by the needs of patients and families where critical care nurses make their optimal contribution. The AACN Synergy Model for Patient Care is the conceptual framework that actualizes the vision. It defines nursing practice based on the needs of the patient and the characteristics of the nurse to attain optimal patient outcomes.

Progressive care defines the care that is delivered to patients whose needs fall along the less acute end of that continuum. Progressive care patients are moderately stable with less complexity, require moderate resources and require intermittent nursing vigilance or are stable with a high potential for becoming unstable and require an increased intensity of care. Characteristics of progressive care patients include: a decreased risk of a life-threatening event, a decreased need for invasive monitoring, increased stability, and an increased ability to participate in their care.

Progressive Care Patient Location

AACN's Synergy Model assists in defining the progressive care patient. The Synergy Model identifies patients based on the characteristics and needs that they present and not on the location of the bed they occupy. As in critical care, the geographic domain of progressive care is expanding. Care provided to progressive care patients is not limited by geography but is based on the needs and required interventions of the patient. While specific progressive care units can be identified, patients requiring progressive care nursing can be located throughout the hospital.

According to the Synergy Model, stability, complexity, vulnerability, resiliency, predictability, resource availability, participation in care and participation in decision making are the patient characteristics that describe patient function. The nurse characteristics that typically represent comprehensive nursing practice include clinical judgment, advocacy, caring practices, collaboration, systems thinking, response to diversity, clinical inquiry and learning facilitation. The framework, therefore, takes into account the unpredictability of the progressive care patient and, based on the patient's and family's needs, the competencies of the progressive care nurse. Progressive care can be very specialized, with care focused on a specific system such as cardiac, or more generalized, as in the care of patients with multi-system problems.

Educational Requirements

Progressive care nursing has expanded beyond the basic cardiac telemetry that marked its beginning and now encompasses many of the same technologies and therapies that were once limited to critical care units. To meet the changing needs of the patient, nurses caring for progressive care patients must demonstrate competencies that are influenced by ever changing technology. Progressive care nurses must demonstrate the following core competencies:

- Cardiac monitoring techniques and lead placement.
- Basic & advanced life support.
- Basic dysrhythmia interpretation and treatment, including ST segment and QTc interpretation.
- Drug dosage calculation, continuous medication infusion administration, and patient monitoring for medication effects.
- Titration of selected vasoactive medications such as nitroglycerin.
- Monitoring patients using standardized procedures for pre, intra, and post procedures (i.e., cardioversion, TEE, cardiac catheterization with PCI, bronchoscopy, EGD, PEG placement, chest tube insertion)
- Invasive arterial pressure monitoring including equipment setup and troubleshooting, monitoring and recognition of signs and symptoms of patient instability.
- Non-invasive hemodynamic pressure monitoring including equipment setup and troubleshooting, monitoring and recognition of signs and symptoms of patient instability.
- Recognition of the signs and symptoms of cardiopulmonary emergencies and initiate standardized interventions to stabilize the patient awaiting transfer to critical care including cardioversion, defibrillation and transcutaneous pacing. Seek assistance as needed.
- Monitoring normal and abnormal diagnostic test results.
- Interpretation of ABGs and communicating findings.
- Recognition of indications for and management of patients requiring non-invasive O2 delivery systems including oral airways, bipap, and nasal CPAP
- Assessment of the ventilated patient to assure delivery of the prescribed treatment and patient response including tracheostomy care, and continuous and intermittent SpO₂ monitoring.

- Managing patients with chest tubes.
- Assisting with thoracentesis and chest tube insertion.
- Administering medications for procedural sedation and monitor patient's response.
- Assessing, monitoring and managing patients with stroke, seizure disorders and intracranial hemorrhage.
- Managing and titrating insulin infusions.
- Recognition of indications for and complications of enteral and parental nutrition
- Assessing, monitoring and managing patients requiring renal therapeutic interventions; e.g. hemodialysis, peritoneal dialysis, stents, continuous bladder irrigation, and urostomies
- Management of patients with complex wounds with fistulas, drains, and vacuum-assisted closure devices.
- Recognition of signs and symptoms of behavioral emergencies (e.g. delirium and dementia, mood disorders and substance abuse).
- Evaluating the family's need for enhanced involvement in care to facilitate the transition from hospital to home.

Reference List

AACN Scope and Standards for Acute and Critical Care Nursing Practice. AACN. Aliso Viejo, CA. 2008.

American College of Critical Care Medicine of the Society of Critical Care Medicine: Guidelines on admission and discharge for adult intermediate care units, 1997.