

Establishing Criteria for 1:1 Staffing Ratios

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Patient Characteristics

Criteria for 24-Hour 1:1 Nursing Care

Stability Level I

- Patients with unstable cardiac rhythms that cause hemodynamic compromise and necessitate frequent assessments, pharmacological interventions, and/or mechanical termination of the rhythm and patients who require external cardiac pacing and/or placement of a transvenous pacemaker
- Patients who experience hypertensive or hypotensive crisis and require rapid stabilization of blood pressure
- Patients with symptomatic cardiac tamponade who require immediate intervention on the unit including drainage and stabilization
- Patients who experience inadequate myocardial perfusion who exhibit ongoing symptoms of chest discomfort resulting in decreased cardiac output and severe hemodynamic instability
- Patients who develop symptomatic bleeding and require immediate intervention
- Patients who experience cardiac arrest and remain severely compromised requiring ventilatory and pharmacological support with continuous adjustments
- Patients who exhibit symptoms of extreme dyspnea, acute anxiety, orthopnea, and diffuse pulmonary congestion who are highly complex and vulnerable in the acute phase of their illness
- Patients who require insertion of an intracranial pressure monitoring device (ventricular drain or Camino) and demand continuous intracranial pressure monitoring with frequent assessment and interventions
- Patients with an acute change in neurological status who require continuous nursing assessment and interventions
- Nonventilated patients exhibiting life-threatening airway compromise who require frequent treatments and continuous observation
- Patients in metabolic crisis with multisystem compromise who require continuous monitoring, assessment, and interventions
- Patients who must leave the critical care area for a procedure or test and require continuous nursing assessment and monitoring for the duration of the test

Highly Complex Level I

- Patients assigned to a research protocol who require initiation into the study that necessitates documentation every 15 minutes or more often
- Patients who require a diagnostic or therapeutic intervention in conjunction with conscious sedation and recovery
- Patients who are potential organ donors who require immediate, extensive preparation and/or management
- Patients who are severely compromised and require continuous arteriovenous hemofiltration
- Patients who require pressure control ventilation in the acute stage of acute respiratory distress or ventilated patients in the critical stage of acute lung injury with high-PEEP and high oxygen requirements

Vulnerability Level I

- Patients whose families require frequent interventions including complex teaching and help resolving ethical concerns; for example, families who require counseling because they are considering terminating life support measures and/or donating organs for transplantation
- Patients exhibiting emotional trauma who require intensive care, collaboration, and coordination with other support services, including but not limited to victims of sexual assault

Resiliency Level I

- Patients in the acute phase of their illness who exhibit signs of confusion, sensory overload, or psychosis and require continuous assessment and immediate pharmacological interventions
- Patients who require continuous intravenous sedation and/or neuromuscular blockade for control of anxiety in the acute phase of their illness and those who exhibit withdrawal symptoms as they are weaned from long-term sedation.

Stability refers to a patient's ability to maintain a steady-state equilibrium.

Complexity is the intricate entanglement of 2 or more systems (e.g. body, family, therapies).

Vulnerability refers to a patient's susceptibility to actual or potential stressors that may adversely affect outcomes.

Resiliency is the patient's capacity to return to a restorative level of functioning by using compensatory and coping mechanisms.

Predictability is a summative patient characteristic that allows the nurse to expect a certain trajectory of illness.

Resource availability refers to resources the patient, the family, and the community bring to a situation; resources are personal, psychological, spiritual, social, technical, and financial.

Participation in decision-making and care refers to the degree to which the patient and the family engage in the plan of care and the outcome.

Nurse Characteristics

Clinical Judgment includes clinical reasoning and decision making, critical thinking, and a global grasp of the situation coupled with acquired skills.

Advocacy is the ability to represent the concerns of the patient, family and community and to help resolve ethical and clinical issues and concerns.

Response to patient uniqueness involves caring for the whole patient and family while creating a compassionate and therapeutic environment.

Collaboration promotes and encourages each person's contribution toward achieving optimal and realistic goals both for patients and colleagues.

Holistic interrelationships that exist across healthcare systems are recognized and appreciated.

Response to diversity is the ability to recognize and appreciate the individual, cultural, ethnic, spiritual, racial, and socioeconomic beliefs and values of patients, families, and colleagues.

Clinical inquiry is the ongoing process of questioning and evaluating practice through research and experiential learning.

Facilitator of learning for the patient, the family and colleagues.

Adapted from Biel M. Reconceptualizing Certified Practice. Aliso Viejo. Calif: AACN Certification Corporation; 1997.

References

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2. Moloney-Harmon PA. The synergy model: contemporary practice of the clinical nurse specialist. Crit Care Nurse. 1999;9(2):101-104.