Establishing Criteria for 1:1 Staffing Ratios

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Critical Care Nurse, Vol. 20, No. 2, April 2000

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.


**References**
