

Oncology–Critical Care Nursing Collaboration: Recommendations for Optimizing Continuity of Care of Critically Ill Patients With Cancer

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Highly specialized care is required for critically ill patients with cancer, but continuity of care equally is important to their survival when they are admitted to the critical care setting. The use of oncology nurses as liaisons to critical care nurses may help ensure the continuity of care and reduce rates of morbidity and mortality. This article provides a framework for collaborative consultation between oncology and critical care nurses.

Critically ill patients with cancer require highly specialized care because of the complications of their disease and treatment. At times, that care is beyond the resources available to traditional oncology units and patients must be transferred to a critical care setting. Patients with cancer who are moved to a critical care unit (CCU) have urgent physiologic needs, but continuity of care is equally important to their survival. The use of oncology nurses as liaisons to critical care nurses may help ensure continuity. This article provides a framework for oncology nurses regarding collaborative consultation with the critical care setting.

Literature Review

Survival rates for critically ill patients with cancer have improved dramatically in recent years, as evidenced by a 20% decrease in the overall mortality rate between 1978 and 1998 (Thiery et al., 2005). This may be attributed to improved technology, earlier detection of complications requiring critical care intervention, and better screening of patients who would improve with such intervention (Thiery et al.). Technologic advances serve as a benefit to the continuity of patient care in such instances, but they also can become a detriment. Technologic advances may influence how nurses are trained, omitting some essential elements of nursing practice.

The focus of training nurses new to critical care frequently is driven by technical procedures, and preceptors may find it “difficult to articulate and convey the substantive values of the practice” (Day, 2005, p. 435). McKnight (2006) reported that critical care nurses in her study believed that taking time away from patient care to read was unethical. Additionally, Egerod (2006) noted that evidence-based practice is a challenge for all nurses and a distinctive challenge for critical care nurses. This may be a result of an inability to adequately apply evidence-based practice to the present patient population because of fac-

At a Glance

- ✦ Critically ill patients with cancer require highly specialized care because of the complications of their disease and treatment, requiring admission to the critical care setting.
- ✦ Continuity of care between oncology and critical care is important to patient survival.
- ✦ The use of oncology nurses as liaisons to critical care nurses may help ensure continuity of care.

tors such as changes in the level of consciousness from delirium or sedation. McKnight suggested the urgent need for continuing education, especially information that is obtained from print and electronic sources that may be more readily available to nurses with limited time.

The human component of health care sometimes is overshadowed by the constant stressors present when caring for critically ill patients. Staffing shortages, working long hours in highly stressful situations, and the practice of mandatory overtime add to the constant demand to master new technology. Such stressors can contribute to burnout and may cause nurses to leave specialty areas or even the nursing profession. Hughes (2004) listed several work-related health risks associated with

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