Journal Review

# Article 1

This article was chosen because it states the definition that was more helpful for practical identification and recognition of sepsis patients. It states, 'life-threatening organ dysfunction caused by a deregulated host response to infection’ (Seckel, 2017). The second reason for selecting this article was it defines septic shock in a way that would be helpful to rapidly implement interventions and new quick scoring (Seckel, 2017). Patients with sepsis and a higher score on the quick SOFA would have a higher risk for sepsis.

As the novel definitions will be gradually assimilated into medical practice, it would be difficult in the start to familiarize nurses with the new definitions (Seckel, 2017). However, these definitions would be helpful in early interventions and interferences for sepsis patients in nursing practice (Seckel, 2017). Also, it would help to generate new policies in nursing practice for the treatment and management of sepsis patients (Seckel, 2017). The quick SOFA score would be helpful for nurses to identify and manage sepsis patients retrospectively.

A 50 years old patient was admitted in the surgical unit with a hysterectomy and vital signs were RR 25 breaths per minute, 128 beats per minute heart rate, BP 100/50, temperature 97o F and MAP 66 mm Hg on Saturday morning. She has stimulated a sepsis alert because of her three abnormal vital signs, including heart rate, respiratory rate, and temperature. A rapid intervention including instant fluid bolus and initiation of sodium chloride was directed. She was moved to ICU as her blood pressure was still low. I administered her with additional sodium chloride-based on her low blood pressure. She was under observation with a leg raised test and ultrasound was performed. With the help of new definitions and prompt interventions, her sepsis was resolved and controlled; therefore, I moved her to the medical unit that night on antibiotics.

# Article 2

The article was chosen because the cumulative occurrence of drug-resistant entities and the exertion in the initial diagnosis in immunosuppressed patients is high and prevention is a significant solution. A multidimensional method of infection anticipation contains the operative screening of transplant individuals and donors (Tran and Miniard, 2017). It is required to have antimicrobial prophylaxis, ecological control, and attentiveness in the analysis. The second reason for choosing this article is that it encourages obese and overweight individuals to decrease the body mass index (BMI) to have a sound and healthy body (Tran and Miniard, 2017). It will ultimately reduce infection rates in individuals.

Nurses are contributory and influential to improving consequences for individuals with infections or taking immunosuppresses (Tran and Miniard, 2017). Nurses can deliver primary recognition of symptoms and signs, early infectious control management and treatment, support to eliminate barriers to manage and handle patients with transplant and endorse education regarding infection control. A nurse can implement evidence-based research on patients as they are the core persons delivering care directly to the patients (Tran and Miniard, 2017). As nurses have direct connection with patients in emergency departments also in care units, homes, surgical centers and hospitals (Tran and Miniard, 2017). Nurses can assist patients in primary healthcare such as infection control strategies and effective diagnosis before transplantation and can save a patient's life.

One month ago, a patient was admitted to the intensive care unit with severe pain in the chest. She was 60 years old with tenderness and redness in the abdominal and chest area and diagnosed with infection. She had a kidney transplant three weeks back. Her vital signs as HR 110 beats per minute, BP 88/50, RR 31 and TOT 101.80 F. She was diagnosed with viral infection as during transplantation, her profile and the donor's profile were not checked appropriately. I checked the profile of the patient and found out that donor had viral infection and it was missed during the examination. Because of the mismanagement, she was admitted in a critical state. She was administered and treated with antibiotic therapy to save her life. Her vitals become normal after 5 hours; however, within five hours, she was saved with early interventions and care.

# Article 3

The article was chosen because the forecast for individuals with multiple organ dysfunction syndromes (MODS) is a serious condition and has shown with high mortality and, therefore, should be addressed on a priority basis (Simko and Culleiton, 2019). The second reason for choosing this article was it states that early detection and assessment are significant for the improvement of the patient's condition (Simko and Culleiton, 2019). Also, it can help nurses to improve the probability of survival as patients with cardiogenic shock need support for the organs to survive.

The study recognizes numerous inferences for nursing practice such as assessment, a manifestation of SIRS and MODS, and SOFA score (Simko and Culleiton, 2019). Using these indicators, nurses can help patients survive and improve their health. It assists nurses regarding knowledge that patients with anaphylactic, hypovolemic, or cardiogenic shocks have a higher risk for the development of MODS. Most particularly, the practice and valuation in early interventions and prompt treatment. It can help nurses to provide a concept that primary management is crucial for the patients until the organs initiate proper functioning (Simko and Culleiton, 2019). This study emphasizes the primary interventions and helps nurses in improving those factors and indicators that can lead to high mortality and morbidity.

A patient 90 years old was admitted to the emergency department last week with abnormal ECG. I noted her vitals were BP 82/45, Heart rate of 137 beats per minute, RR 31 breaths per minute. Her symptoms started before her arrival at the hospital and her condition was very critical. She was placed on a ventilator and everything was done to save her life. After continuous efforts of 24 hours, she was saved on enteral feeding and vasopressors. It was evident that when 4 or 5 organs fail to work appropriately, MODS would be observed having a mortality of 100%. Early and primary diagnosis is important in the cases with MODS and this patient could have different outcomes when she was admitted after her initial symptoms. Negligence at initial stages can lead to the complications in the disease management and treatment.

# Article 4

This article was chosen because it represents three major protocols for the administration and management of the Lumbar drain (admin, 2016). First of all, it is important to drain at a specific level, secondly drain to a specific volume is critical, and lastly, specific pressure should be maintained during lumbar drain (admin, 2016). Second reason for choosing this article was it discussed the most important factor which has a higher incidence of infection rate among patients with lumbar drainage. As the infection increases the risk of obstruction and leakage, it is significant to have a standard protocol to improve this practice in nursing. It can lead to life-threatening conditions such as hernia, tension and subdural hematoma.

This article has discussed a significant problem that can help nurses to improve and reduce the complicated situations with patients having lumbar drains (admin, 2016). It is observed from the article that variations in the interventions and interferences can troubleshoot some serious complications that occurred during lumbar drainage. These implications may also help in an intervention such as tubing occlusion and excessive CSF drainage (admin, 2016). The condition and ultimately, early administration and intervention will help nurses in practice. These guidelines would be helpful for nurses to accelerate interventions and interferences. It would help nurses in the improvement of patients with neurologic status in her daily practice whenever she encountered subtle signs such as excessive drainage.

One month ago, a patient was admitted to the intensive care unit with severe pain in the lower abdomen. She was 58 years old with tenderness in the abdominal area. She was a diabetic patient with vital signs as HR 110 beats per minute, BP 88/50, RR 31 and TOT 101.80 F. she was diagnosed with CSF positive depicting bacterial infection. She had increased CSF pressure last week and had gone through the lumbar drain. Instantly, she was administered antibiotic treatment therapy. The patient told me that during her lumbar drain, there was tubing occlusion, and still, the attendant had her drainage process done with the same tube. She acquired her infection during that drainage and was suffering aftermaths. During the lumbar drainage procedure, it is significant to inform physicians regarding tubing occlusion or other issues and should have followed the standard approaches for the lumbar drain. Her vitals were normal after 3 hours’ effort and was shifted to antibiotic therapy. She was administered timely and treatment was provided accordingly. However, within two hours, she was saved with adequate interventions and care.

# Summary

Different studies have suggested that early diagnosis, treatment, and management in nursing practice can improve and reduce complicated and severe situations with patients. It is observed from the articles that variations and modifications in the interventions and interferences can troubleshoot complications that occur during lumbar drainage procedure and early diagnosis of sepsis. Predominantly, the nursing practice can effectively reduce the morbidity and mortality associated with sepsis, lumbar drainage, and MODS condition. These articles have shared significant information related to the management and treatment of patients of all conditions in nursing practice. Primary interventions assist nurses in providing management and treatment services that can help reducing disease burden. The studies emphasized the primary interventions and support nurses in improving those factors and indicators that can lead to high mortality and morbidity. Moreover, the primary interventions would help promote new policies in nursing practice for the management of sepsis patients. The quick and prompt protocols would be helpful for nurses to significantly identify and manage MODS and patients having complications with infections and lumbar drainage. Nursing is an important setting where they interrelate with patients in care units, surgical units, emergency departments, rehabilitation homes, and nursing homes. Nurses can play a noteworthy role in primary healthcare, such as infection control approaches and effective diagnosis and management that can save a patient's life.

References

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