



## **South African Nursing Council**

(Under the provisions of the Nursing Act, 2005)

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## **COMPETENCIES FOR CRITICAL CARE NURSE SPECIALIST (ADULT)**

### **1. NATURE OF SPECIALISATION**

Critical Care Nursing is care of patients with life-threatening illnesses and injuries and it occurs within a continuum from the scene of initial incident or onset of critical illness such as home through stabilisation, transfer/transportation, emergency and intensive care up to and including transfer to care in lower acuity levels/ step down units. Critical care is complex care offered either with or without technology by highly skilled clinical practitioners who may be nursing, medical and or paramedical personnel. Nursing personnel is supposed to be assigned on a 1:1 basis with a running or Floor Nurse who is often a team leader.

Critical Care Nursing supports the primary health approach in South Africa hence the adoption of the concept Critical Care Nursing rather than Intensive Care Nursing, the latter being the component of the former.

To align Critical Care Nursing to the Primary Health Care Approach, the Critical Care Nursing Specialist proposes to adopt Comprehensive Critical Care which includes both Preventive and Reactive Critical Care Nursing as follows.

#### **Preventive critical care:**

- Averting episode of critical illness
- Early detection of critical illness
- Initiate action with urgency
- Teaching within a continuum of critical care
- Empower ward and HDU staff on assessment to achieve above
- Outreach service to support patient needs in general wards and Primary Care Setting
- Collaboratively develop early warning systems to enable nurses outside ICU to implement Preventive Critical Care

**Reactive Critical Care** is what is currently happening (Conventional Critical Care) and cannot be done away with but can be eased with Preventive Critical Care especially because access to such care is dependent on the availability of beds. Reactive Critical Care occurs in the Critical Care Units.

## **Components of Reactive Critical Care**

The components of critical care include Emergency (Trauma) Nursing, Transportation, Acute Care/ High Dependency/ Step Down Units and Intensive Care Nursing.

Intensive care consists of several units within a hospital staffed with specialized nurses and equipped with high technology for the monitoring, care and treatment of patients with life threatening conditions. The intensive Care Units are classified according to disciplines they serve for example: Multidisciplinary (General) ICUs, Trauma Unit, Cardiothoracic ICUs, Neurosurgical ICUs, Burns Unit, etc.

Intensive Care Units can also be classified according the populations served, e.g. Neonatal ICU, Child and Adolescent ICU, Adult ICU, Obstetric ICU for the pregnant mother with critical complications.

Intensive Care Units may be open or closed in which case they may include High Dependency and Step Down Unit Services within the ICU if these services are not available outside the ICU. The staff employed in such high dependency units is often experienced staff in Critical Care Nursing. The staffing ratios are 1:3 or 1:4 depending on the availability of relevant staff.

The Critical Care Nurse may also work in association with the operating theatre in anaesthetics and recovery room though the complex respiratory, haemodynamic and biochemical compromise can be accommodated by direct transfer of the critically ill patient to ICU hence the location of the operating theatre is close to the ICU especially the cardiothoracic ICU.

## **2. ADULT CRITICAL CARE NURSING CONTEXT**

Adult Critical Care Nursing encompasses a field of nursing where the focus is on the care of adult patients that are critically ill or unstable, in collaboration with members of the health care team. Care takes place in a continuum as set above, from the scene of the accident or initial sickness to the critical Care Unit where the nurse functions within a complex technological environment and displays a high level of knowledge, skill and competence in caring for the patient and family/support system to discharge to a safe place. Due to the complexity of adult illness, Critical Care Nurses can be found working in a variety of settings/contexts such as Multidisciplinary Units, Trauma Units, Neurosurgical Units, Cardiothoracic Units, Burns Unit, etc, providing optimum holistic care. Therefore, it is important for such nurses to acquire transferrable skills among these units for ease of allocation and rotation in such units.

### **3. CLINICAL CONTINUUM**

Critical Care Nursing ranges from the scene of accident or onset of illness where stabilization is provided, through transportation in emergency vehicles, Emergency/ Trauma Units/ Casualty, Acute Care/ High Dependency Care, Intensive Care Units and Step Down Units/Facilities. Critical care therefore, ranges from Primary Health Care Settings, through secondary level and predominantly at tertiary level. Therefore, critical care includes stabilization, transportation, Surgical Nursing Care (if the patient needs surgery before admission to ICU), monitoring, care and treatment with complex technologies and regimens, acute rehabilitation, recovery and to a lesser extent palliative care while the patient is awaiting transfer out/discharge/or death after DNR orders.

### **4. OVERLAP OF COMPETENCIES WITH OTHER NURSING SPECIALIZATIONS**

While each of the study area below may yield a stand – alone qualification, there is shared knowledge and skills (commonalities among these, creating an overlap of some competencies. This will probably have educational implications, where some modules may have to be shared by the different specialities. It is possible that some of the named disciplines may not become full qualifications depending on educational requirements and the percentage of core content. The overlapping qualifications are:

- Adult Critical Care competencies should include a component of Child Critical Care
- Child Critical Care competencies should include a component of Neonatal Critical Care
- Neonatal Critical Care competencies should include a component of Child Critical Care.

Advanced Midwifery and Neonatal Nursing competencies should include a component of Neonatal Critical Care bearing in mind that Neonatal Care as part of Advanced Midwifery is concerned with the care of a stable neonate for the first seven (7) days of life, stabilization and referral of a sick neonate, possibly to Child/Paediatric Critical Care Unit.

Emergency Nursing competencies should include a component of a child nursing.

The following areas of study need to be considered in the formulation of competencies for the Critical Care Nurse:

- Operating Theatre Nursing in anaesthetics and recovery rooms though the complex respiratory, haemodynamic and biomedical compromise can be mitigated by direct transfer of the critically ill patient to ICU, hence the location of operating theatres close to ICU especially the Cardiothoracic ICU

- o Nephrology Nursing: The nature and extent of association with the Nephrology Nurse needs to be determined if it is collaborative, consultative or referral. Some questions arise, for example:
  - If it is referral in nature, is it expected that the Nephrology Nurse should be competent in monitoring the complex respiratory, haemodynamic and biochemical consequences of dialysis that a Critical Care Nurse has to deal with on a daily basis?
  - If not, should training of Critical Care Nurses include renal replacement therapy?
  - Should there be dedicated Nephrology Nurses for acute dialysis in ICU, if so, what are they engaged in or occupied with if there is no such therapy in ICU.

DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
<b>1.1 Professional Practice</b>	1.1.1 Accepts accountability for increased responsibility for own professional and clinical judgment, actions, Health Care Outcomes and continued competence in accordance with the prescribed Scope of Practice, relevant Health and Nursing Acts and Regulations
	1.1.2 Practises within the realm of Critical Care Nurse Specialist Scope of Practice and knowledge based in accordance with the advances, current evidence and trends in Critical Care Nursing
	1.1.3 Engages in self-evaluation of own practice on a regular basis, identifying areas of strength as well as areas in which professional growth would be beneficial
	1.1.4 Obtains formal and informal feedback regarding one's own practice from health care users, peers, professional colleagues and others
	1.1.5 Actively engages with the intra and inter-professional peers and colleagues contributing one's professional perspective to enhance one's own professional practice or role performance
	1.1.6 Provides peers with formal and informal constructive feedback regarding their practice or role performance to enhance professional development/advancement
	1.1.7 Demonstrates commitment to personal growth through self-reflection, and inquiry as well as engagement in and keeping of a record of lifelong learning

DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	1.1.8 Fosters professional autonomy and accountability in self and others
	1.1.9 Participates and advocates for the profession in policy development on health care in particular Critical Care Nursing and professional affairs
	1.1.10 Participates actively and expertly in consultative activities or affairs of the professional associations and regulatory bodies especially in relation to Critical Care Practice to enhance personal and professional development
	1.1.11 Contributes to nursing knowledge by conducting or synthesizing research and other evidence that reveals, examines and evaluates current practice, knowledge, theories, criteria and creative approaches to improve critical care practice and professional development
	1.1.12 Shares best practice with colleagues, peers and professional counterparts through dissemination by way of presentations in conferences, publication in reputable but accessible journals to local health care professionals and journal clubs
<b>1.2 Legal Practice</b>	1.2.1 Participates directly and/or indirectly in the development of Health Care Legislation, Regulations, Policies and Care Management Tools, such as, clinical guidelines, protocols, early warning signs and algorithms
	1.2.2 Practises in accordance with the relevant International and National Legislative Framework, local policies and Care Management Tools such as clinical guidelines, protocols, algorithms, including but not limited to: <ul style="list-style-type: none"> <li>• World Health Organization (WHO) Guidelines</li> <li>• National Health Act</li> <li>• Nursing Act</li> <li>• Medicines and Related Substances Act</li> <li>• ACLS Guidelines</li> </ul>
	1.2.3 Analyses constantly policies and Care Management Tools for relevance against the current developments and trends and feeds back to line management, colleagues and the Multidisciplinary Team in order to collaboratively initiate change

DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	1.2.4 Observes relevant legislation and consults with the Occupational Health Nurse Specialist in dealing with the Human Resources in the Critical Care Setting to avoid protest and litigation with its financial implications to the employer and taxpayer, for example, the Labour Act, Basic Conditions of Employment Act, Employment Equity Act, Occupational Health and Safety Act, etc.
<b>1.3 Ethical Practice</b>	1.3.1 Delivers care in a manner that preserves and protects the autonomy, dignity, rights, values, beliefs and preferences of the health care user and family in the midst of dehumanizing environment such as high technology, buzzing alarms, complex decision making like termination of life support considering applicable the code of conduct, Pledge of Service, Patient's Rights Charter, Batho Pele Principles
	1.3.2 Engages in ethical and legal debates concerning some complex decisions and orders in ICU for example: the Do Not Resuscitate (DNR) orders, Assisting with Natural Death (AND) orders and research of vulnerable patients who are unconscious, heavily sedated and with communication barriers within the relevant Multidisciplinary Team
	1.3.3 Recognizes the significance of the critically ill patient and family in ethical decision making within the Multidisciplinary Team ensuring that they take informed decisions
	1.3.4 Upholds and advocates for the critically ill patient confidentiality within the legal and ethical framework in particular because the critically ill patient is not in control of his/her situation
	1.3.5 Takes appropriate action in case of illegal, unethical or inappropriate behaviour that exposes the critically ill patient to risk and jeopardize the best interest of the patient, for example, reports and documents adverse events to relevant structures including the regulatory body
	1.3.6 Speaks up when appropriate to question critical care practice when necessary for safety and quality improvement

<b>DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
	1.3.7 Participates and advocates for the patient and profession in decision making about ethical dilemmas, such as blood transfusion to Jehova's Witnesses and withdrawal of life support
	1.3.8 Provides information on the risks, benefits, and outcomes of health care regimens to allow informed decision making by health care users, including informed consent and refusal of treatment
	1.3.9 Advocates for staff in addressing risks in the critical care environment, promoting advancement and positive practice environments
	1.3.10 Demonstrates sensitivity to medico-legal risks related to monitoring and therapeutic interventions in ICU and consciously avoids them or reports them accordingly
	1.3.11 Demonstrates sensitivity to cultural, professional and technological diversity within the Multidisciplinary Team and Critical Health Care Continuum

<b>DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
<b>2.1 Health Promotion</b>	2.1.1 Applies the insight into the position of critical care in the health care system to provide care
	2.1.2 Orientates critically ill patients, their families and community on the critical care environment in collaboration with other health care teams
	2.1.3 Develops appropriate discharge plans concurrently with other interventions of the critically ill patient
	2.1.4 Ensures continuity of care through an accurate, comprehensive handover to Step Down Units/Facilities and related units like operating theatre and diagnostics
	2.1.5 Utilizes epidemiological data of the critically ill patient to plan and advocate for the patient in the community in terms of provision of infrastructure, equipment, etc. for the continuity of care

DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	<p>2.1.6 Empower nursing professionals outside the Critical Care Setting (Wards and HDU) in an attempt to:</p> <ul style="list-style-type: none"> <li>• Avert or reduce episodes of critical illness</li> <li>• Ensure early detection of critical illness if it develops</li> <li>• Initiate action with urgency (Comprehensive Critical Care)</li> </ul>
	2.1.7 Collaboratively develop early warning systems to enable nurses outside ICU to implement Preventive critical care (prevention, early detection and immediate action)
	2.1.8 Allays fears and dispel myths and misconceptions about the Intensive Care or extraordinary care in the community by orientating the community on the role of ICU through collaboration with Community Health and Primary Care Nurses
<b>2.2 Assessment</b>	<p>2.2.1 Develops an epidemiological profile concerning the incidence, prevalence, morbidity and mortality of life threatening conditions in order to practice evidence based assessment</p>
	2.2.2 Applies biomedical and social sciences such as anatomy, physiology, patho-physiology, clinical pharmacology, educational, psycho-socio-cultural, ethical, legal and economical context of disease to assess a critically ill patient
	2.2.3 Organizes, synthesizes, analyses and interprets the assessment data of the critically ill patient from the various data sources to derive the nursing diagnoses
	2.2.4 Formulate nursing diagnoses based on accurate analysis and interpretation of the assessment data obtained from a critical evaluation of the critically ill patient or patient with life threatening problems
	2.2.5 Establishes priorities in relation to the critically ill patients' problems according to severity as determined by the complexity and multiplicity of problems including the life threat and impingement on the patient's quality of life



DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	<p>2.2.6 Continuously monitors, interprets and reacts to the respiratory and haemodynamic status of the critically ill patient including acid base and electrolyte status as frequently as hourly to 4 hourly according to care management tools (protocols, guidelines, algorithms, etc.) using both non-invasive (pulse oxymeter, cardiac monitor, NIBP, capnograph, cardiac output) and invasive technology (invasive arterial pressure monitor, ventricular assist mechanisms like IABP)</p> <p>2.2.7 Safely and confidently operates various types of technology used in the Critical Care Setting, e.g. mechanical ventilators, cardiac monitors, infusion pumps, both volume, pressure and patient controlled pumps, IABP, and CVVH</p>
<b>2.3 Planning</b>	<p>2.3.1 Applies critical thinking and clinical judgment underpinned by scientific, biomedical and technological knowledge in the Critical Care Field to deduce a plan of care for the critically ill patient</p> <p>2.3.2 Develops a complex, comprehensive, individualized and evidence based plan of care according to determined health care priorities and care management tools in collaboration with the relevant Multidisciplinary Team</p> <p>2.3.3 Collaboratively and frequently makes a critical analysis of the plan of care based on the critically ill patient progress and as directed by the care management tools (protocols, algorithms, guidelines) and laboratory findings</p> <p>2.3.4 Collaboratively reviews and revises the plan of care of the critically ill patient according to the compromise/deterioration or progress of the critically ill patient as illustrated/confirmed in the patient status, advanced technological parameters and laboratory findings</p>
<b>2.4 Implementation</b>	<p>2.4.1 Implements individualized, comprehensive, evidence based care, based on the findings of the scientific, biomedical and technological assessment of the critically ill patient within the relevant contextual variables/factors and multidisciplinary collaboration</p>

DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	2.4.2 Appropriately prepares for, initiate under supervision, monitors and administers appropriate care to critically ill patients on technological support, e.g. mechanical ventilator, ventricular assist devices like IABP, pacemaker, CVVH, etc.
	2.4.3 Executes airway management in accordance with the patients' needs or state of respiratory failure, e.g. position, anatomical alignment, meticulous suction of a mechanically ventilated patient with special consideration of detrimental consequences to the haemodynamic status including intubation (oropharyngeal, nasopharyngeal, endotracheal)
	2.4.4 Performs effective oxygenation of a critically ill patient using various types of oxygenation devices in accordance with patient needs/status and vital parameters or criteria, for example: nasal prongs, various O <sub>2</sub> masks, ambu bags, CPAP, mechanical ventilation, etc.
	2.4.5 Determines readiness, prepares for and performs weaning of critically ill patients from assistive technological devices in accordance with current evidence and protocols, for example, mechanical ventilation, Intra-Aortic Balloon Pump (IABP)
	2.4.6 Determines readiness, prepares the patient for and performs extubation of an intubated patient based on good understanding of current evidence and protocols
	2.4.7 Initiates/performs advanced resuscitative procedures informed by the patient's cardiopulmonary status and technological parameters, using advanced airway management techniques, cardioversion, defibrillation, external cardiac pacing and emergency drugs, among others, as spelt out in the care management tools such as protocols or Advanced Cardiac Life Support (ACLS) algorithm

DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	<p>2.4.8 Accurately records, analyses, interprets and reacts appropriately to advanced biomedical and technological findings/information/ parameters such as ventilator parameters, arterial and venous blood gases (where required), capnograph, sputum status; arterial and venous pressure, pulse; electrocardiogram (ECG) both cardiac monitored and 12 to 18 lead ECG, electrolytes, renal output, intracranial pressure (where applicable), Glasgow Coma Scale (GCS), peripheral pulses, skin colour, temperature (core and peripheral) including capillary refill, etc.</p>
	<p>2.4.9 Utilizes evidence based formulae to accurately calculate drug dosages for continuous infusions and boluses of treatment to a critically ill patient, especially inotropic support or vasoactive drugs, glycaemic control, etc.</p>
	<p>2.4.10 Utilizes evidence based formulae to accurately calculate replacement and maintenance fluids for haemodynamically compromised patients</p>
	<p>2.4.11 Safely and confidently operates various types of technology used in the Critical Care Setting for the care and maintenance of the homeostatically and clinically compromised patient, including calibration where necessary, such as cardiac monitors, mechanical ventilators, pulse oximeter, infusion pumps, both volume, pressure and patient controlled pumps, intracranial pressure monitor, etc.</p>
	<p>2.4.12 Prepares for and assists with diagnostic procedures performed to critical care patients including execution of insightful post procedure observations, e.g.:</p> <ul style="list-style-type: none"> <li>• Cardiac catheterization</li> <li>• Coronary angiogram and insertion of stent</li> <li>• Percutaneous Transluminal Coronary Angioplasty</li> <li>• Insertion of artificial pacemaker Insertion of Intra-Aortic Balloon Pump (IABP)</li> </ul>
	<p>2.4.13 Appropriately prepares for reception, initiates and maintains care of patients post major surgery and/or multiple trauma in the ICU, for example, cardiac surgery, neurosurgery, thoracic surgery, transplant, chest trauma, head injuries and abdominal injuries</p>

<b>DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
	2.4.14 Executes appropriate interventions, both emergency and maintenance, for critical care conditions such as coronary artery syndromes, valvular diseases, cardiomyopathies, neurological conditions, like status epilepticus, vascular and abdominal emergencies, poisoning etc.
	2.4.15 Executes appropriate critical care nursing to special patient populations when confronted with such in the critical care practice/setting, for example: <ul style="list-style-type: none"> <li>• Patients in the immediate post –operative period</li> <li>• Critically ill pregnant patient</li> <li>• Paediatric patient in an Adult Critical Care Unit</li> <li>• Critically ill elderly patient (SA cannot accommodate them in the interest of distributive justice)</li> <li>• Critically ill patient with a neuropsychiatric disorder</li> <li>• Caring for the Bariatric (obese) patient</li> <li>• Oncologic emergencies (again SA and distributive justice)</li> <li>• Chemical dependency</li> <li>• End-of-life care</li> </ul>
	2.4.16 Safely administers massive blood transfusion and other blood components including fluid challenges while accurately anticipating homeostatic and haemodynamic reaction of the critically ill patient to such treatment
	2.4.17 Safely monitors and executes appropriate care of venous and arterial
	2.4.18 Safely monitors the haemodynamic, biomedical and clinical effects of the multiple pharmacological agents used in the critical care settings, namely, vasoactive (inotropic) drugs, antidysrhythmics, thrombolytics, anticoagulants, antidiuretic, analgesics and antibiotics
	2.4.19 Monitors, analyzes and critically evaluates interventions and progress of the patient with a life threatening condition in the frequency determined by the compromise, care management tools and in collaboration with the Multidisciplinary Team
	2.4.20 Revises the care of the critically ill patient according to the revised plan, patient status and progress in collaboration with the Multidisciplinary Team

DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	2.4.21 Engages in decision making and clinical judgment in safe weaning of the patient from assistive or therapeutic technological devices, such as the mechanical ventilator, pacemaker, intra-aortic balloon pump, Continuous Venovenous Haemofiltration (CVVH), etc.
	2.4.22 Articulates the Critical Care Nursing with psychosocial aspects in the Care of the critically ill patient, for example, communication, family support and involvement in addition to judicious administration of analgesics and sedation for pain/comfort and sleep management
	2.4.23 Correlates or articulates the Basic Nursing Care with Critical Care Nursing of the patient with a life threatening condition/problem, considering hygiene of the patient (mouthwash, bed bath, catheter care, perineal care and eye care especially for patients with loss of corneal reflex
	2.4.24 Prevents, identifies early and manages complications of inactivity of critically ill patients using conventional and /or assistive devices, for example, ripple beds for decubitus ulcers, elastic stockings or sequential compression devices (SCDs) for venous thrombo-embolism, or low dose heparin as prescribed, with early mobilization taking priority
	2.4.25 Ensures the comfort of the patient through appropriate basic strategies, such as: <ul style="list-style-type: none"> <li>• Comfortable rotated positioning</li> <li>• Comfortable bandage/dressing tension</li> <li>• Catheter patency to ensure empty bladder</li> <li>• Aggressive critical care measures such as: <ul style="list-style-type: none"> <li>○ administration and titration of analgesia as prescribed and in accordance with protocols</li> <li>○ sedation as prescribed and in accordance with protocols</li> <li>○ neuromuscular blockade in extreme cases as prescribed and in accordance with the organizational or inter-professional guidelines.</li> </ul> </li> </ul>
	2.4.26 Actively participates in decision making on transfer out of patients including termination of life support

DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	2.4.27 Initiates a timely discharge plan directly or indirectly through the family or relatives in consultation with the relevant health care team members, for example, medical counterparts, dietician, microbiologist including nursing colleagues at the Step Down Units and/or discharge coordinator if available
	2.4.28 Provides adequate and early enteral or parenteral nutrition of a compromised critically ill patient in accordance with energy requirements, respiratory capability, status of the gut, current evidence including unit protocols
	2.4.29 Ensures continuity of care and adjustment of the critically ill patient by: <ul style="list-style-type: none"> <li>• Preparing the patient and the family including staff at SDU for transfer and/or discharge</li> <li>• Communicating a comprehensive discharge plan and handover report on the patient progress in ICU and further management to Step Down Unit Staff</li> </ul>
	2.4.30 Ensures safe intra-hospital and inter-hospital transportation of critically ill patients especially in relation to the airway management, oxygenation and placement and patency of invasive line
	2.4.31 Accurately, comprehensively and regularly documents the interventions and progress of the patient as determined by the critical illness of the patient and applicable care management tools or protocols
<b>2.5 Evaluation</b>	2.5.1 Regularly monitors and critically evaluates the progress of the patient with a life threatening condition against the collaboratively predetermined and revised outcomes of the critically ill patient
	2.5.2 Validates the patient progress with the relevant Multidisciplinary Team and significant others
	2.5.3 Utilizes evaluation data to modify the plan of critical care of the patient with life threatening condition in accordance with protocols and algorithms and in collaboration with the Multidisciplinary Team

DOMAIN 2: CLINICAL PRACTICE: CARE PROVISION AND MANAGEMENT	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
<b>2.6 Therapeutic Communication and Relationships</b>	2.6.1 Uses skilled communication to foster true inter and intra-professional collaboration in the interest of continuity of patient care and professional development
	2.6.2 Establishes and enforces channels of communication (written and verbal) within the nursing structures and Multidisciplinary Team involved in Critical Care Nursing Practice
	2.6.3 Communicates effectively and timely within the Multidisciplinary Team in relation to consultation and referral of complex problems or deterioration in the patient's status
	2.6.4 Role models for and encourages staff on therapeutic communication especially in relation to patients with compromised communication ability in a highly technological environment, for example, making time to communicate with patients and families (availability), active listening, therapeutic touch (high-touch versus high-tech), being sensitive to cultural diversity, ensuring privacy, assurance of confidentiality, paying attention to non-verbal cues, etc.
	2.6.5 Communicates effectively with critically ill patients whose communication skills are compromised from intubation, sedation and loss of consciousness from the disease process employing verbal and non-verbal communication
	2.6.6 Communicates with the critically ill patient irrespective of the level of consciousness to explain and orientate the patient on all interventions carried out based on the assumption that hearing is the last sense to die
	2.6.7 Advocates for the patient in relation to all interventions and orders especially in relation to clinical trials, "do not resuscitate (DNR) orders" and termination of life support
	2.6.8 Communicates with the family of the critically ill patient to orientate them about the ICU interventions, technology and the patient status especially when there is a change in the patient status and to foster smooth transition of the patient across the Critical Care Setting
	2.6.9 Establishes trust in the critically ill patients and families through constant availability, listening, giving honest answers, non-judgmental attitude, etc.

<b>DOMAIN 3: QUALITY OF PRACTICE</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
<b>3.1 Quality Improvement</b>	3.1.1 Regularly analyzes the whole health care system and its philosophy to align the critical care accordingly, for example, Primary Health Care Approach, the implication of national core standards for Critical Care Nursing Practice, other national health care programme such as the strategy for Nursing Education, Training and Practice, infection control programme, disaster programmes, etc.
	3.1.2 Regularly reflects on the social, political, cultural and economic developments within the context of the health care system of the country whilst conforming to national and international standards of Critical Care Nursing
	3.1.3 Provides leadership in the design, implementation and monitoring of quality improvement activities
	3.1.4 Collaboratively develops indicators and checklists to monitor quality and effectiveness of Critical Care Nursing Practice based on contextual variables, for example, infection rates, length of stay, morbidity, mortality, adverse events, etc.
	3.1.5 Collaboratively implements, evaluates and updates policies, procedures, and/or guidelines to improve the quality and effectiveness of Nursing Practice
	3.1.6 Participates in the formulation and review of management tools e.g. protocols, algorithms used in the practice of Critical Care Nursing
	3.1.7 Manages and optimizes the critical care context (physical, psychological and physiological) in a professional manner to the benefit of critically ill patients, families and other health care workers e.g. <ul style="list-style-type: none"> <li>• Observes aseptic technique with all procedures even the simplest</li> <li>• Ensures adequate supply of antiseptics and disinfectants</li> <li>• Provides meticulous care to venous or arterial accesses</li> <li>• Performs meticulous respiratory/bronchial hygiene to avoid Ventilator Associated Pneumonia (VAP)</li> <li>• Ensures that emergency/safety plugs are labelled and continuously available</li> </ul>



<b>DOMAIN 3: QUALITY OF PRACTICE</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
	<ul style="list-style-type: none"> <li>• Orientates staff on safety including general assistants</li> <li>• Coordinates infection surveillance at intervals to identify nosocomial infections and resistant organism in collaboration with the health care team especially the microbiologist</li> <li>• Traces infection with first signs of infection, for example, change in the consistency and colour of sputum, urine, drainage, etc.</li> <li>• Ensures that alarms are kept on and within acceptable limits/ranges</li> <li>• Applies the various patient restraints considering safety, prescriptive requirements and legal implications</li> <li>• Avoids/reduces noise in the ICU</li> <li>• Consciously observes the dignity of the patient and their families through affording them privacy and explanation of all interventions and progress or deterioration</li> <li>• Communicates effectively with the patient whose communication ability is compromised by intubation, sedation and disease process</li> <li>• Provides unrestricted family visitation</li> <li>• Accurate and appropriately timed haemodynamic and biomedical monitoring</li> <li>• Communicates effectively and timeously within the Multidisciplinary Team to ensure timeous consultation and referral of critically ill patients.</li> </ul>
	3.1.8 Designs innovations to effect change in Critical Care Nursing Practice and improve outcomes based on current evidence
	3.1.9 Evaluates the practice environment and quality of Critical Care Nursing rendered in relation to existing evidence, feedback from health care users and pre-set indicators
	3.1.10 Uses the results of quality improvement activities to initiate changes in Critical Care Nursing Practice and in the health care delivery system, for example, change of equipment reported to be having problems
	3.1.11 Participates in clinical inquiry such as infection surveillance for prevalent and resistant organisms to

DOMAIN 3: QUALITY OF PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	execute quality improvement activities
	3.1.12 Collects data to monitor quality and effectiveness of Critical Care Nursing Practice
	3.1.13 Analyses quality data to identify opportunities for improvement of Nursing Practice and care of the critically ill patient
	3.1.14 Formulates evidence based recommendations to improve critical care nursing practice and implements activities to enhance the quality of Critical Care Nursing Practice
	3.1.15 Ensures that quality improvement activities incorporate the patient's and family's beliefs, values and preferences as appropriate
	3.1.16 Establishes and maintains an environment conducive to adequate performance of staff, for example: <ul style="list-style-type: none"> <li>• Coordinates the services to ensure harmony in the unit</li> <li>• Ensures good functioning of equipment or technological devices</li> <li>• Ensures adequate material resources, for example, cleaning, servicing and replacement of defective equipment</li> <li>• Ensures adequate Human Resources both in quantity (numbers for shifts) and quality (specialization) including skills mix on a daily basis</li> <li>• Ensures good interpersonal relationships among staff in the unit, for example, provides stress management, debriefing sessions, considers individual requests, promotes communication, engages in team building, etc.</li> </ul>
	3.1.17 Engages with the various committees of the health facility to keep up to date with developments in the health facility, for example, the Infection Control Committee, Hospital Planning Committee, Quality Improvement Committee, Resuscitation Committee, Cash Flow Committee
	3.1.18 Utilizes critical thinking and decision-making skills needed to improve care of high-risk clients and act as agents of change
	3.1.19 Demonstrates adaptability to unexpected situations (situational leadership)

DOMAIN 3: QUALITY OF PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	3.1.20 Liaises effectively with other departments in relation to staff, students, patients and equipment, for example, HEIs/NEIs, support departments, other units/wards, etc.
	3.1.21 Performs audits of records and all interventions carried out in ICU at regular intervals and utilizes the outcomes of the audits to put in place quality improvements
	3.1.22 Participates in review meetings, grand rounds to learn of the general activities in the critical care unit and from omissions and commissions or adverse events to improve quality in the critical care environment
	3.1.23 Documents incidents both adverse and commendable to allow quality assurance and recognition of staff involved in commendable incidents
<b>3.2 Continuing Education</b>	3.2.1 Creates and utilizes learning opportunities for orientation and teaching of staff, patients and families of critically ill patients in the very unfamiliar and stressful ICU environment
	3.2.2 Continuously reflects on the self and staff competence and keeps her/himself and staff up to date with current health issues and health care trends in the dynamic environment like Critical Care Nursing
	3.2.3 Consciously seeks experiences and formal and independent learning activities to maintain and develop clinical and professional skills and knowledge as well as personal growth
	3.2.4 Applies principles of teaching, learning and evaluation to design educational programmes that enhance the knowledge and practice of staff in the Critical Care Unit
	3.2.5 Mentors staff and students in the Critical Care Unit to develop expertise in of critically ill patients
	3.2.6 Participates in the formal and informal education of students, both specialist and general nursing students including new staff members
	3.2.7 Acts as a resource person or expert in the health facility by: <ul style="list-style-type: none"> <li>• Responding to calls for resuscitation in other units</li> <li>• Responding to enquiries especially in relation to post ICU patients in step down facilities</li> </ul>

<b>DOMAIN 3: QUALITY OF PRACTICE</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
	<ul style="list-style-type: none"> <li>Support of staff in general wards to avert unnecessary admissions to ICU, promote early detection of critical illness and prompt action in case of emergency.</li> </ul>
	3.2.8 Liaises with the trade representatives in relation to new equipment/technology on the market to empower staff in the critical care units on the use and maintenance of such equipment or technology
	3.2.9 Educates recuperating patients and their families post major surgery or diagnostic procedures such as adult and paediatric cardiac and thoracic surgery, neurosurgery, angiogram, etc.
	3.2.10 Maintains professional records that provide evidence of competency and lifelong learning

<b>DOMAIN 4: MANAGEMENT AND LEADERSHIP</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
	4.1 Creates a Critical Care Practice environment that reduces environmental risks for workers and health care users including families, for example, reduced risk for transmission of infections
	4.2 Assesses the practice environment for risks such as air quality, noise, odour, obstacles like cords, temperature, and light that negatively affect the health care user and staff
	4.3 Takes action to prevent or report a hostile work environment
	4.4 Undertakes timeous and appropriate conflict resolution among staff and various disciplines
	4.5 Ensures constant availability of adequate, operational, cost effective, safe and efficient equipment and technology for the care of critically ill patients on a daily basis
	4.6 Ensures availability of back up airway, oxygenation and haemodynamic management equipment and technology for patient on life support and for transportation

<b>DOMAIN 4: MANAGEMENT AND LEADERSHIP</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
	<p>4.7 Designs evaluation strategies to demonstrate cost effectiveness, cost benefit and efficiency (fitness for purpose) factors associated with critical care nursing practice, for example: documents adverse events in relation to specific practice, technology, compares parameters from various technology, e.g. O2 saturation from different sources, NIBP and IBP which should not project dramatic differences</p>
	<p>4.8 Considers fiscal and budgetary implications in decision making related to practice and practice modifications, for example:</p> <ul style="list-style-type: none"> <li>• Evaluates the use of products and services for appropriateness and cost/benefit in meeting critical care needs</li> <li>• Conducts cost/benefit analysis of new clinical technology</li> <li>• Evaluates the impact of introducing or withdrawal of products, services and technologies</li> </ul>
	<p>4.9 Engages in commissioning of a critical care unit with confidence based on sound knowledge of the needs and resource requirements of an ICU setting</p>
	<p>4.10 Ensures adequate coverage of all shifts with appropriately qualified staff and skills mix in accordance with the organizational policies, guidelines and norms</p>
	<p>4.11 Assigns aspects of care based on a careful assessment of the needs and condition of the patient, the potential risks/harm, availability and competence of the health care providers and applicable policy, norms and legal framework like the Scope of Practice</p>
	<p>4.12 Assists the health care user including the family to make informed choices in relation to treatment options, alternatives, risks, benefits and costs for treatment and care which will result in the same expected outcomes across the Critical Care Continuum</p>
	<p>4.13 Shares, fosters and translates the vision and mission of the organization into the practice of nursing in the Critical Care Setting</p>

<b>DOMAIN 4: MANAGEMENT AND LEADERSHIP</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
	4.14 Coordinates the care of critically ill patients across critical care continuum to ensure smooth/seamless transition through the critical care continuum, enhance health care delivery and achieve optimal patient outcomes
	4.15 Oversees the care given by others while retaining accountability for the quality of care given to the critically ill patients and their families
	4.16 Mentors colleagues for the advancement of Critical Care Nursing Practice, the Nursing Profession and quality of care
	4.17 Mentors colleagues in acquisition of clinical knowledge, skills, abilities and judgment
	4.18 Participates in efforts to influence health care policy on behalf of health care users and the profession
	4.19 Develops and implements a succession plan to ensure continuity of care in the Critical Care Nursing Practice
	4.20 Participates in key roles on committees, councils and administrative teams in the interest of empowering own Nursing Practice, that of colleagues and the profession
	4.21 Influences decision making bodies to improve Critical Care Nursing Practice environment and patient outcomes
	4.22 Treats colleagues with respect, trust and dignity including recognition and utilization of their potential
	4.23 Promotes the Specialist Nursing Practice in Critical Care Nursing and role development by interpreting its role for the health care users, families and the profession as a whole
	4.24 Models expert practice to Critical Care Nurses, other Interdisciplinary Team Members and health care users
	4.25 Participates in designing systems that support effective teamwork and positive outcomes
	4.26 Introduces, evaluates and manages innovation and change in the Critical Care Setting through encouraging creativity

DOMAIN 5: RESEARCH	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	5.1     Contributes to nursing knowledge by conducting or synthesizing research and other evidence that discovers, examines and evaluates current practice, knowledge, theories, criteria and creative approaches to improve Critical Care Practice
	5.2     Promotes a climate of research and clinical inquiry in the Critical Care Setting
	5.3     Critically analyzes and discusses the findings of nursing research studies within the health care team in the field of Critical Care Nursing to negotiate for applicable findings in own work environment
	5.4     Disseminates research findings through activities, such as, presentations, publications, consultations and journal clubs for a variety of audiences but more especially co-workers to improve the Critical Care Nursing Practice

Editing 4/4- fin