AACN Advanced Critical Care
Volume 23, Number 2, pp.156–157

Symposium
Introduction

Patricia A. Blissitt, RN, PhD, CCRN, CNRN, CCNS, CCM, ACNS-BC
Symposium Editor

The Challenge of Caring for Critically Ill Neuroscience Patients

Patricia A. Blissitt, RN, PhD, CCRN, CNRN, CCNS, CCM, ACNS-BC

Critical care nurses currently practice in an era of tremendous knowledge acquisition and technological achievement. In no other subspecialty within critical care nursing is this more true than in the care of the critically ill neuroscience patient. At no other time have we known more about neurological illness, injury, and management; nor has neurotechnology been more advanced. However, implementation of these advances in clinical practice and ongoing research has led to new questions; many of which remain unresolved. Simply stated, what is the best practice for critically ill neuroscience patients, given our current knowledge and technology? The challenge of caring for critically ill neuroscience patients has never been greater.

This symposium, authored by neurocritical care nurse experts, addresses current knowledge and technology; questions emanating from our current knowledge, technology, and ongoing clinical experience; evidence supporting and refuting various management strategies; and critical care nursing implications in the care of the patient with acute ischemic stroke and spontaneous intracerebral hemorrhage, aneurysmal subarachnoid hemorrhage, traumatic brain injury, and neurological injury and fever. The article on ischemic stroke and intracerebral hemorrhage addresses controversial issues around the use of thrombolytics in ischemic stroke, blood pressure management in spontaneous intracerebral hemorrhage, early mobilization in acute stroke, and the role of the advanced practice nurse in acute stroke care. The article on aneurysmal subarachnoid hemorrhage is a comprehensive review of unresolved treatment issues, including the use of pharmacological agents and securement of the aneurysm and the management of neurocardiogenic injury, cerebral vasospasm, seizures, anemia, venous thromboembolism, and fever. Current recommendations and remaining questions are highlighted. The article on traumatic brain injury includes a discussion of the best use of technological advances and controversies in the management of increased intracranial pressure, the use of therapeutic hypothermia, treatment of anemia, and venous thromboembolism prophylaxis. The final article speaks to a management concern common to many critically ill neuroscience patients, fever. This article includes a discussion on the negative impact of fever on neurological outcome, various treatment strategies, and the lack of evidence-based guidelines.

These articles, intended for both bedside clinicians and advanced practice nurses, underscore the necessity of every critical care nurse having the knowledge and

Patricia A. Blissitt is Neuroscience Clinical Nurse Specialist, Harborview Medical Center, 325 Ninth Ave, Seattle, WA 98104, and Assistant Professor, Clinical Faculty, University of Washington School of Nursing, Seattle, WA 98195 (pbliss@u.washington.edu).

DOI: 10.1097/NCI.0b013e31824df6e6

skill needed to make the best clinical decisions for critically ill neuroscience patients. The care is complex and requires integration of a vast amount of information. Even with knowledge and skill in our armamentarium, the challenge is great. Not all is known in regard to best practice at this time. However, critical care nurses who embrace current knowledge and technology and incorporate them in the care of their patients and in the communication of their patients' needs are more likely to provide critically ill neuroscience patients with the best possible outcomes.