

MONITORING THE HEALTH OF CRITICAL CARE NURSES ARE YOU UP TO THE CHALLENGE?

A few weeks after returning home from this year's AACN National Teaching Institute and Critical Care Exposition, I spent a brief time congratulating myself for completing some tasks that I had successfully procrastinated for much of my adult life. Rather than denying their existence, recognizing a select few, acting upon even fewer, or rationalizing an abundance of variably plausible excuses for neglecting all or most of these things, I spent the better part of 5 months this year completing the full battery of health screening tests recommended for women my age—including a number of follow-up tests to clarify some findings.

Considering how long I have been neglecting this responsibility, this achievement represents something bordering on a miracle. Considering how long I have been a nurse, it represents something bordering on a mortification to publicly admit. But considering that we need to continue devising strategies to offset the shortage of critical care nurses, perhaps this humbling disclosure can be transformed into something that can contribute to longevity within our ranks: namely, by challenging you to do better at monitoring your health than I.

Sources of Information on Health Screening Parameters

Numerous organizations list screening tests that they recommend for health surveillance. Some health-related organizations such as the American Cancer Society (Table 1) and the National Osteoporosis Foundation (Table 2) issue guidelines pertaining to the disease or disorder of their par-

ticular interest. Other entities such as the National Women's Health Resource Center issue guidelines with a gender-related focus (Table 3). Web sites often used by the general public for health information such as WebMD (Table 4) afford useful information on a wide variety of health concerns for all genders and age groups. A number of Web sites such as the Mayo Clinic (Table 5) also enable users to customize a set of health screening guidelines based on both gender and age.

If you Google the term "health screening guidelines" today, more than 2500 000 sites are listed. With so many competing and potentially conflicting sources of information related to health-screening, locating valid, timely, unbiased, and comprehensive information synthesized from all relevant sources becomes paramount.

The federal government assumed a major role in this regard in 1984, when it formed the United States Preventive Services Task Force and assigned its dual mission (1) to evaluate the benefits of primary and secondary preventive services in apparently healthy persons based on age, sex, and risk factors for disease, and (2) to make recommendations about which preventive services should be incorporated into primary care practice. For the next 5 years, the Task Force systematically analyzed relevant clinical evidence and, in 1989, published its final report titled *Guide to Clinical Preventive Services*,¹ a compilation summarizing the clinical efficacy of an array of preventive services and offering age-, gender-, and risk factor-specific recommendations about

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which of these services primary care providers should include in periodic health examinations (Table 6).

Although the Task Force is sponsored by the federal government, it remains an independent advisory panel of experts that does not represent either the government or any specific organization. The Task Force is reconstituted by the Department of Health and Human Services to update and augment information contained in the *Guide*. This government-appointed panel of experts serves as this country's leading source of recommendations and guidelines for screening tests, counseling, immunizations, and use of medications for disease prevention. Before publication, its appraisals are reviewed by medical organizations, specialty societies, and other government and healthcare organizations whose work involves preventive care. The Agency for Healthcare Research and Quality is now the lead agency responsible for development and publication of the *Guide to Clinical Preventive Services*, most recently published in 2006.² In this guide, both summary as well as detailed information is provided regarding evidence-based screening guidelines. In addition, the federal government (www.womenshealth.gov) also offers age-specific screening test recommendations for women (Table 7), for women with high-risk factors for various disorders (Table 8), and for men (Table 9).

Tailoring a Health Screening Plan for Your Needs

Even a brief perusal of the screening tests recommended by the agencies and organizations illustrated here reveals numerous common threads among the examinations that you already know to include on your personal “need to get” list. Sorting all these recommended tests into “applies to me” versus “does not apply to me,” then becomes the next step in developing your personal list.

Further detailing can include determination of whether your family or personal health history indicates a greater than normal risk for a health problem, identification of how frequently a screening test needs to be performed based on your relative risk, documentation of when the screening test was completed, and summarizing the findings for each test. Your personally tailored record might then appear something like the example illustrated in the Figure.

Complete Your Health Screening Plan

Go to our Web site (ccn.aacnjournals.org), click on the August Editorial (Tables 1 through 9), and review the array of health screening recommendations provided for you. Design your personal health screening plan by combining inclusions from any of the recommended lists that reflect your own health needs and history. Use your screening plan to schedule, track, and document all the screening tests you need to complete on a regular basis.

Summary

I surely don't represent any paragon of preventive healthcare, although I do represent a group of critical care nurses whose dereliction of personal responsibility for monitoring and managing their own health has been documented back to at least 1992.³ That said, with the average age of registered nurses in the United States now approaching 47 years,⁴ with more than 70% of AACN members now 40 years and older, and 36% of us already 50 or older,⁵ any day is a good day to modify our behavior for the better. So kudos to those of you who truly do exemplify the best in preventive personal care. As for the rest of us who fall somewhere short of optimal in that area, take the *Critical Care Nurse* challenge and start monitoring your health more diligently and consistently. Beyond the obvious personal benefits of living longer and better, you'll be doing your part to maintaining the number of working and wonderful critical care nurses at the highest possible.

References

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