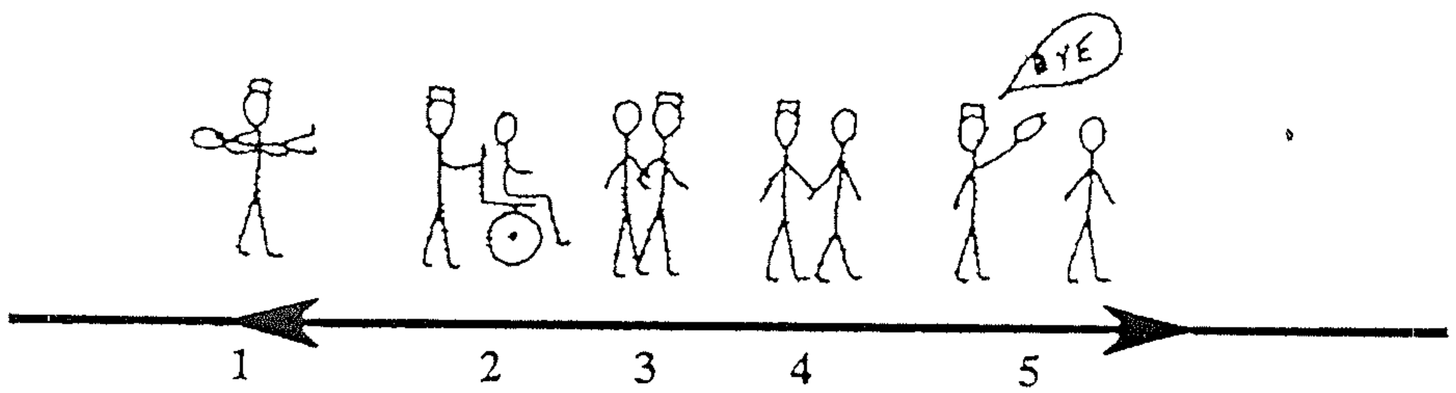
THE CONTINUUM OF DEPENDENCE/INDEPENDENCE ON THE NURSE

GENERAL POINTS

These continuum are to be used for assessment and goal setting. The points on the continuum represent 5 broad stages which are really continuum on a continuum. These are:

1. Total dependence
2. Intervention
3. Intervention with some prevention
4. Prevention
5. Total independence.



These are written criteria for each stage in relation to physical and psychological and social/cultural aspects of care but none have been written for circumstantial aspects of care because the range of factors is too diverse. The criteria are fairly specific to intensive care but they relate to patients' dependence/independence on nurses in general not just intensive care nurses and therefore stage 5 (total independence) may not be possible or desirable in intensive care or even in hospital. Not all patients will exactly fit the criteria nevertheless the 5 stages are broad enough to be generally applicable and the principles of dependence, intervention, prevention and independence can be applied to any patient.

Use of the continuum for assessment and goal setting is a continuous evaluative procedure since the assessment continuum are evaluation of the previous day's goal continuum.

When using these continuum it is important to remember that a person's lifespan i.e. age, may influence their dependence/independence

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PHYSICAL

(A) Respiratory

1. Unable to maintain respiratory function without mechanical assistance and/or unable to cough/clear secretions
2. Respiratory function maintained through an endotracheal tube or tracheostomy with or without intermittent mechanical assistance and/or ability to cough/clear secretions is not fully effective
3. Respiratory function maintained with the help of physio, oxygen, drugs etc.
4. Requires some preventive assistance to maintain normal respiratory function, for example teaching/supervising breathing exercises
5. Able to maintain normal respiratory function without assistance or difficult

(B) Cardiovascular

1. Adequate cardiovascular function totally dependent in intravenous drug intervention and IPPV or ventilation
2. Adequate cardiovascular function maintained with the use of intravenous drugs/fluids
3. Cardiovascular function maintained with the use of oral drugs
4. Normal cardiovascular function maintained without intervention but requires monitoring to detect deterioration
5. Able to maintain normal cardiovascular function without assistance

(C) Pain/Sedation

1. Continuous intravenous analgesia/sedation/epidural required
2. Intermittent intravenous/analgesia/sedation required/ requested
3. Regular oral analgesia/sedation required/requested
4. Occasional oral analgesia/sedation required/requested
5. No analgesia/sedation required/requested

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(D) N ology

1. Unstable neurological state requiring continuous monitoring of neurology including intracranial pressure, IPPV and possibly drug therapy and/or severe continuous confusion of a neurological origin
2. Potentially unstable neurological state requiring frequent monitoring of neurology, IPPV and possibly drug therapy an/or frequent confusion of neurological origin
3. Potentially unstable neurological state requiring monitoring of neurology and possibly drug therapy and/or occasional confusion of a neurological origin
4. Stable neurological state requiring monitoring to detect/prevent deterioration and no detectable confusion
5. No assistance required to maintain neurological state.

N.B. All patients should have a Glasgow Coma Scale score calculated at the beginning of each shift as part of their neurological assessment. The score should be recorded in the care plan.

(E) Nutrition/Hydration

1. Total parental nutrition
2. Enteral feeding and/or hydration with intravenous fluids
3. Oral feeding - requires help with eating and drinking. Possible intermittent enteral feeding to supplement
4. Oral feeding - requires some assistance in the form of provision of/teaching about special diet
5. Normal nutritional/hydration state maintained without assistance

(F) Elimination

1. Intermittent/continuos dialysis or haemofiltration required
2. Catheterised - requires intervention to maintain/prevent urinary diuresis, for example drugs, and/or requires bowel management for diarrhoea/constipation and/or requires management of drains/nasogastric tube

No problem passing urine. Requires monitoring e.g. weigh nappy, measure contents of urine bag. Requires assistance to toilet. Measure nasogastric drainage. Management of colostomy/ileostomy

Requires teaching about/provision of high fibre diet/adequate fluid intake

No assistance required to urinate and defecate

(Gi) **Skin/Wound Care**

1. Problematic wound, skin - infected/open/burned - requires frequent dressings and or treatments
2. Wound clean, requires occasional dressing and or treatment
3. Unproblematic wound or break in skin - dry/clean/exposed
4. Skin intact but at risk - requires preventive measures, for example ripple, sheepskin etc.
5. Skin intact.

(Gii) **Mobility**

1. Paralyses due to muscle relaxants/disease process - relies solely on nursing care
2. Limited spontaneous movement due to stage of development/disease process
3. Able to change position with assistance
4. Able to change position/requires teaching and encouragement
5. Able to mobilise freely

(Giii) **Hygiene**

1. Requires complete assistance with hygiene - (paralysed patient/patient with troublesome urinary incontinence or faecal incontinence/excessive sweating/diarrhoea) requires hygiene needs greater than 4 hourly
2. Requires attention to hygiene needs greater than 4 hourly
3. Patient who requires assistance/supervision with hygiene (patients with parent(s) present able to assist or perform own hygiene needs
4. Requires encouragement to perform own hygiene needs
5. Can attend to own hygiene needs fully

II PSYCHOLOGICAL AND SOCIAL/CULTURAL

1. Totally dependent on nursing staff for satisfaction of psychological and social/cultural needs
2. Nursing staff are primarily responsible for satisfying psychological and social/cultural needs with occasional help from family family/friends/minister of religion etc.
3. Nurses and family/friends .minister of religion etc. jointly responsible for helping to satisfy psychological and social/cultural needs
4. Able to satisfy own psychological and social/cultural needs with help from family/friends/minister of religion/etc. and sometimes nursing staff
5. Able to satisfy own psychological and social/cultural needs

N.B. Although psychological and social/cultural factors are included on the same continuum the written care plan should make clear in which respect a patient is most dependent on the nurse.

III CIRCUMSTANTIAL

There are no written criteria for the circumstantial continuum because the range of factors is too diverse. Specific goals should be written when necessary.