Hi, my name is Joselyn. My informative speech tonight is about the intensive care unit where I work also known as the ICU. I have been a critical care nurse for six years.

For most of my audience whom never had an ICU experience, I want to tell you about the patients we care for, the team providing the care and the care done to restore their health.

The ICU patient has complicated health care needs. Their life-threatening injuries or illness require critical care. The patients' health care needs can range from complicated surgeries, accidents, infections or severe breathing problems. These conditions if untreated can result in death.

To sustain life patients are placed on cardiac monitors, ventilators, external pacemakers, continuous dialysis, balloon pumps or reduce their body temperatures mechanically. These patients will have abnormal blood pressures, irregular heartbeat, low blood count or unable to breathe independently. Potent drugs reserved for ICU use are administered; these drugs can affect blood pressure within seconds, other drugs regulate the heart rate or make it beat stronger, and some can change the diameter of blood vessels. The administration of these medications requires special monitoring equipment.

Where do these patients come from?

Patients are admitted to the ICU from the emergency department while others are inpatients whose medical conditions have declined. When this happens a code is called and the health care team responds. Codes are medical emergency situations in which patients are experiencing respiratory or cardiac arrest, or become unresponsive.

Our specialized health care team provides the treatments and care needed. The team includes: doctors, residents, interns, nurses, respiratory therapists and a pharmacist.

In the event of a cardiac arrest or when the patient's heart stops, a code is called. Once the system is activated cardiopulmonary resuscitation CPR efforts are initiated and maintained until additional rescue personnel arrive. The doctor in charge will direct the resuscitation efforts. This includes drug administration, defibrillation and termination or continuation of efforts. In other words the doctor dictates which medications to give, when to shock or terminate the code.

Anesthesia will place an airway tube for breathing. The respiratory therapist will assist anesthesia with placement, set up ventilator equipment and draw blood to check for oxygenation.

The pharmacist using the code cart will prepare or set up the drugs to be administered.

The nurse assigned to the patient will stay with the patient to give information about history, medications and events leading to the code.

A second nurse will assists giving drugs, blood products, intravenous fluids and titrate medication doses.

A third nurse will record pertinent data for complete nursing documentation.

During these codes the rooms are crowded, and the busy staff performs these tasks simultaneously. At this hospital their policy is to invite family to be present during a code. This is interesting since most hospital immediately remove family members.

I want to tell you about this patient we admitted from the ED. She was a 23 year old female with a blood disorder. I was working that night when the patient was transported to the ICU. She was already intubated meaning she had a breathing tube in place. Bags of intravenous fluids, medications and blood products were being administered.

Due to her severe blood loss, her heart rate and rhythm was irregular and blood pressure was compromised, she cardio-arrested. Her heart stopped beating soon after she arrived to the unit.

In the waiting room her family was unaware of her serious condition and the efforts underway. One of the residents and the advanced practice nurse delivered the news to the family, and invited to family to observe.

In a corner of the room the mother, sisters and an uncle desperately cried while watching the team at work.

Her mother begged the doctor not to stop working,

"Doctor please, I know to you she is a patient, but this is my daughter, save her"

"God, please don't take my daughter"

"Marguerite fight, fight Marguerite"

It was the longest code; we coded her for two hours. Despite the teams' efforts that night Marguerite died. The disappointed, somber staff was quiet. I'm sure every team member was mentally analyzing the situation while thinking about their loved ones at home.

Every patient and outcome is different. As a critical care health team member, we care for our patient using the latest weapons in our arsenal. We are vigilant investigative detectives constantly monitoring patients for changes and determining the causes of their health problems. The ICU experience can be stressful, but is also regarding as the team works towards restoring health.