Everything You Need To Know To Go From Terrified To Badass In Your First Year

WWW.THETHINKINGNURSE.COM

WELCOME TO YOUR ICU SURVIVAL GUIDE

If you're reading this, chances are you are starting out on a new and exciting journey: becoming an ICU nurse.
The ICU has a reputation for excitement and those nurses who dream of being in the ICU tend to be adrenaline junkies.

But as someone who either has no ICU experience or is just starting out, you might be feeling a bit terrified at the moment.
Don't worry, though. This guide will break it down for you so you can start gaining your confidence and realizing your dream of ICU nursing.

Here's what this guide will teach you:

1. THE PURPOSE AND GOAL OF ICU NURSING
2. A DAY IN THE LIFE- TYPICAL WORKFLOW & WORKLOAD
3. WORKING WITH A PRECEPTOR
4. BUILDING RELATIONSHIPS: CO-WORKERS, MANAGERS & EDUCATORS
5. TIME MANAGEMENT IN THE ICU
6. CRITICAL THINKING
7. EMERGENCIES & URGENCIES
8. COMMON FEELINGS IN NEW ICU NURSES (AND WHAT TO DO ABOUT THEM)
9. LEARNING ICU KNOWLEDGE
10. TROUBLESHOOTING YOUR EXPERIENCE

Who Am I?

My name is Gromit and I am the founder of The Thinking Nurse.

I am here to help new ICU nurses become confident and successful! I went from being a solid med-surg nurse to a self-doubting & terrified ICU baby nurse.

But I managed to get through the learning curve and the hazing and learned so many things along the way.

Three years after surviving that, I am on a mission to help others who are in the same struggle I was (and I even became a travel ICU nurse.)

IF I CAN DO IT, YOU CAN, TOO!

"Hardships often prepare people for an extraordinary destiny."
—C.S. Lewis

THE PURPOSE AND GOAL OF ICU NURSING

The ICU is the highest level of care. There is no other unit to escalate to. This essentially makes you the last stop before someone dies. (I always say to people who are curious what the ICU is like: it is like a 12 hour-long rapid response.)

The name of the game in the ICU is to have a good enough understanding of your patient's problems and treatments to prevent them from going downhill.

The bulk of your work is no longer about getting tasks done (even though there is an element of that still). The goal now is to keep people alive, and for that, you must learn to think like an ICU nurse.

Put another way, your job is no longer just about "doing things" in so much as it is about thinking and foreseeing.

But don't worry if you don't have that down yet.
That is what your orientation will help you accomplish.

A Day In the Life:

Workflow and Workload

A typical work day in the ICU is?..... a myth! Every day is totally different; even every hour can be drastically different than the one before.

BUT, there are some basic fundamentals of the workflow and workload. Let’s take a closer look.

Generally speaking, there are three types of assignments an ICU nurse could have:

1:1 Nurse/Patient Ratio

These patients are usually very sick/unstable & require the undivided attention of a nurse. These patients tend to be very busy, complicated, & are probably dependent on multiple pieces of technology (ventilator, CRRT, balloon pump, etc.).
Thus, nurses assigned to these patients are generally more experienced and have specialized training in specific technology.

1:2 Nurse/Patient Ratio

This is your typical ICU assignment. The severity & stability of these two patients are usually considered when assigned to a nurse, but it does depend on staffing, hospital policy and unit culture. The general standard of practice is to assign one patient that is more or less considered stable, with one that might be vented or slightly more unstable.

1:3 Nurse/Patient Ratio

Some hospitals allow ICU nurses to take up to three patients. An assignment of 3 patients is considered safe only if all three are stable and/or considered “step-down” status. That means they have orders to be transferred out of the ICU & are awaiting placement on their next unit. This is not really an “ICU” assignment, but it can happen when hospitals are at capacity.

Basic Workflow In The ICU:

Before I started out in the ICU, I actually had no idea what the work entailed, I just knew that I wanted to work there. Looking back, it would have been easier if I had understood what the core of the work involved because when you get there, there is so much happening that it is hard to distinguish what the core work is.
It can all blur together and become overwhelming.

Why does it matter? Because as a newbie, you don't know what you are looking at/for and how to organize/prioritize thoughts right off the bat. A lot will be happening around you and it can get very overwhelming, very fast.

You will also be expected to fulfill some basic tasks unless otherwise called for by the situation. As you go through your orientation, put some effort into making routines around this core work so that meeting these requirements becomes easy over time, even when things get crazy.

So while you get yourself acclimated to this work, its good for your workflow to have a routine and a nucleus to return to. (As you will see, this helps with both time management, and coping with feeling overwhelmed).

Basic Tasks Generally Required & Expected Of You:

(Note: almost all patients will minimally require the below)

Q1H

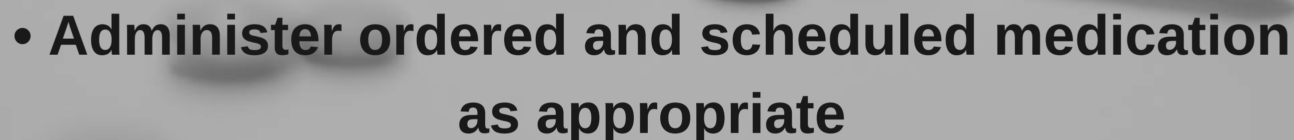
- q1h I/O's (urine output, drain output, nutrition intake, IV fluids, etc)
- q1h vital signs (unless otherwise required)

Q2H

- **q2h restraint** care/documentation
- q2h turns
- q2h oral care (unless policy requires RT to do this)

Q4H

- q4h head-to-toe assessments



Lets add some complexity to the workload to show you why it's important to develop routines around the basic tasks.
Based on patient population and disease processes, additional required tasks could include:

- q1h blood glucose checks (insulin drips) or q2h or q4h or q6h checks.
- Labs that could be ordered at timed intervals
- Drip titration that could happen q5m or q15min- oftentimes multiple drips are hanging and **you** will be in charge of titrating them.

Some assessments that might occur more frequently:

- neuro checks: q15min, q30min, q1h, q2h
- Arterial Line site checks: q2h
- Pulse checks q1h
- Specific pressures q1h (abdominal, bladder, cranial, etc)

As you might begin to suspect, there is a lot that can start adding up and before you know it, you have about 30 things that need to get done every hour or ever 2 hours.

But let’s stay with the basics right now. We’ll cover more about time management later. For now, wrap your head around the basic tasks that almost all ICU patients will require.

If you can get a solid routine around ensuring your patients have these basic things done, you will start to strengthen your practice and start to feel less overwhelmed.

Working With A Preceptor

When you first start out, you should be paired with a preceptor. Almost all orientations into the ICU include some time with an experienced nurse. A 16 week orientation is best, even if you have previous experience.

Working with an experienced ICU nurse can be intimidating, especially if your personalities or learning/teaching styles are different. We'll talk about that during troubleshooting later on.

Here are two things to keep in mind:

#1) **Communicate**- the point of orientation is to be sufficient enough to work on your own later. For that to happen, you have to think like an ICU nurse. To do that, communication is KEY to everything with your preceptor. If you don't understand something, talk it out. If you have questions, ASK. If something was totally new, they should know so that they can go over it with you.

All of this happens with communication. Build a strong channel of communication between you and your preceptor. To be an advocate for your patient, you must first learn to be an advocate for yourself. Respectfully speak up if you need something, whether it's a question, or you want to do something and haven't gotten the chance, etc.

#2) **The #1 thing you can do during orientation for your success is this**: realize that the whole point of orientation is for you to not only be able to function but to also know how to see, interpret and act.
The point is not to get good at tasks. The goal is to learn how to think like an ICU nurse. How do you do that? Good question! The answer: by seeing how experienced nurses think about things.

So do this: every shift you work, constantly be aware of your preceptor. How do they see a situation? What are they prioritizing? Why are they doing what they're doing? How are they understanding the situation as it is?

Ask your preceptor to share their thoughts with you throughout the shift. As they divulge their insights, you too will also start to see & think as an experienced nurse does.

One of the hardest things to do in the ICU is to understand, grasp and act on that understanding. So if you can accomplish how to do that during your orientation, everything else will follow.

Building Relationships:
Co-workers, Managers & Educators

"It takes a village" goes the saying... when talking about raising children. But in the ICU, it takes a village to keep someone alive.

As a newbie, it can be terrifying to think, "OMG, how am I ever going to do this on my own!" Fortunately, you don't have to. In fact, if you try to do it on your own, you'll be shooting yourself in the foot (in more ways that one).

Cue co-workers, managers and educators! These people will be there as part of your team, especially your co-workers. Build a good rapport with them, and tap into them when needed!

To build rapport the easy way:
offer your help whenever you have time.
And if someone asks for your help, try your best. Sometimes it might not be possible, and that's ok. But check in with them afterward when you are available, and see if they need any more help.

If you try your best, people will be understanding when you can't.
Additionally, beware that if you try to go at your work alone, everyone is going to notice (including managers).
Why? Because you are now in a unit of very vigilant, observant and no-bullsh*t nurses.

And everyone knows it is not a job one can do alone. So whatever you do, don't isolate yourself.

Time Management in the ICU

Think back to a couple pages back.
Remember all those tasks?
And that is just the "Task-y" part of the job!

Time management is this curse word for nurses because it is such a frustrating skill to develop.
And really, there is no way to escape it. So here is the biggest thing to remember:
Being proactive is your new BFF.

But still...that's easier said than done.

Let's look at some habits to start working on.

1. The #1 secret to time management? Real-time charting. That's right: real time. Do not get in the habit of saving your charting for later. At first its hard to do but the more you do it, the easier and better you get at it. Bonus: this habit will make your charting more and more accurate, which is better for the patient and safer for your license.

2. If you have the thought to do something, do it right there and then. Don't put it off another minute (unless of course, you have a legitimate reason to put it off).

3. Get your "tasks" and scheduled meds done as soon as appropriate. You might have two really stable patients and have no sense of urgency about getting it done. But even then, get those meds/assessments/tasks/charting DONE and completed with because before you know it (and this happens all the time), someone is crashing and now you are behind on all these things. Generally speaking: it is better to get it done early than on time.

There are some things that are time sensitive and really need to be done at specific times. And then there is everything else.

The “Everything else” should be done and completed with as soon as humanly possible so you can clear up your workload and your mind.

A word of encouragement: even seasoned nurses struggle with this. Time management is a skill where you have to find what works for you, and that might take some time. The key is to develop your routines around "routine work."

Critical Thinking

The first step towards critical thinking is to observe.
The second step is understanding. But what does it mean to understand?

The technical term is having “clinical grasp” which is fancy talk for understanding what the heck is going on. When you have a very sick person in your care, there are usually multiple things going on and several things that are compounding one another and all these acute things happening.
How can one think straight? How can one process that large amount of information? How is one supposed to know what to do!

Well, it starts by taking a moment to make sure you understand exactly what is going on. If you can reason out loud for why something is happening or how things have developed or affected one another, then you probably have a good clinical grasp.

If you find that some things don’t make sense or you can’t quite explain it, that is like a flashlight shining light on something you need to look at closer.

Here is the secret that a lot of people don't talk about: having clinical grasp is not something you achieve and put away on the back burner for later.

Here's a good analogy: having clinical grasp is **not** like an artist that creates a piece of art and then places it on a stand to be admired. That entails that it would have a start and finish and a static end-product.

Having clinical grasp is **more like** playing an instrument. As long as you play the instrument, music is heard. But the second you stop playing the instrument, there is no more music.

Similarly, having an understanding of a situation is only achievable so long as you engage your mind with the situation. But the second that you don't, it will become inaccurate. And you will be confused. And then you will not be able to help your patients.

So for those who want/need to develop critical thinking, start simply by first wrapping your mind around the situation and the patient's clinical picture. If you need to, say it out loud, or to your preceptor. If you can understand, even if only partially, you're off to a great start.

Common Feelings In New ICU Nurses

And How To Deal

As much as I wanted to be in the ICU, I was not prepared for the tornado of emotions I would experience during my training and growth. At the time, I thought I was an anomaly and that there must be something wrong with me because no one else seemed to be feeling like I did: overwhelmed, frustrated, terrified and frozen with all the self-doubting.

Truth is, almost everyone experiences some of these emotions to a certain degree. Being an ICU nurse is not easy for many reasons, one of those being that it can cause nurses to experience some difficult emotions, especially when you're starting out.

If you feel any of the following, you are TOTALLY normal:

• worried • frustrated • terrified • self-doubting • angry • afraid • stupid • inadequate • shocked • panicked • feeling like you’re drowning • anxious • dreadful • constantly feeling like you’re about to do something wrong • feeling like you’re breaking rules that aren’t written down • aimless or like you don’t know where to start • feeling like a failure • defeated

There is no way to avoid ever feeling any or all of these things. So if you are going to experience these in one form or another during your time in the ICU, make them work to your advantage.

By that, I mean use these emotions to self-reflect so you can better yourself. Why exactly do you feel this way and what can you do to make the feeling resolve?

The nature of the work requires that you are fully present in what you are doing, and for that to happen, you MUST deal with these emotions quickly if not eventually. Otherwise, they will hold you back.

Do not stuff them under the rug of your day. If you can, do something to address them in a timely fashion so you can fully be present for your patient.

For every emotional piece of baggage you carry, that is one less “cargo space” in your mind for your patient.

When all is said and done, it is especially important that you have patience and compassion for yourself. Not only is it normal to experience these things, but those nurses who beat themselves up and never let it go usually end up crumbling under the weight and leaving the ICU altogether.

When you feel these emotions, accept them, reflect, then let them go at the end of the day.

Don't suffer alone!
Reach out to me if you need to talk to someone who understands what you're going through!

gromit@thethinkingnurse.com

Emergencies & Urgencies

It's the reason we are all in ICU, no? Every emergency and code situation is completely unique in and of itself. You will never be in two similar codes or the events leading up to them.

I used to wish there was some way I could just magically know how to be that awesome nurse in a code that just is calm and collected and knows what to do.

I am going to be a total party pooper and tell you the truth. You see, one of the biggest things most people are afraid of during an emergency is being frozen, unable to act or think.
Don't worry about that because it most likely will happen. But that's ok.

Despite all that, there are a few tricks to help you get more and more comfortable with emergencies.

#1) For every patient you have, exercise the theoretical. What would kill this particular patient? Is it his BP issues? Is it her infection? Is it their recent surgery and possible internal bleeding? If you can identify what is most likely to make this patient code, you can be prepared to act.

#2) Take this a step further. Once you identify what could be their downfall, make a plan. "What would I do if this particular patient coded RIGHT NOW." Would you run and get the crash cart or start compressions? Would you place the patient in CPR positioning with a backboard under them or just start compressions as they are in bed? Would you need certain medications nearby? In these examples, I am preparing myself & the environment to act quickly if the worst happened. I would have the backboard nearby if that is what I was planning. Or I could have the medications ready at the bedside, even if I never end up using them they're at least right there and not down the hall in the med cabinet.

When patient's go south, time is of the essence. And the quicker you act, the better. Half of the battle is being prepared mentally. The other half is having the environment prepared.

Remember when I said the ICU is the LAST stop on the route before death? We are the agent between that patient being either alive or dead. So it is our job to be prepared and to constantly be aware of all the things that could kill our particular patient.

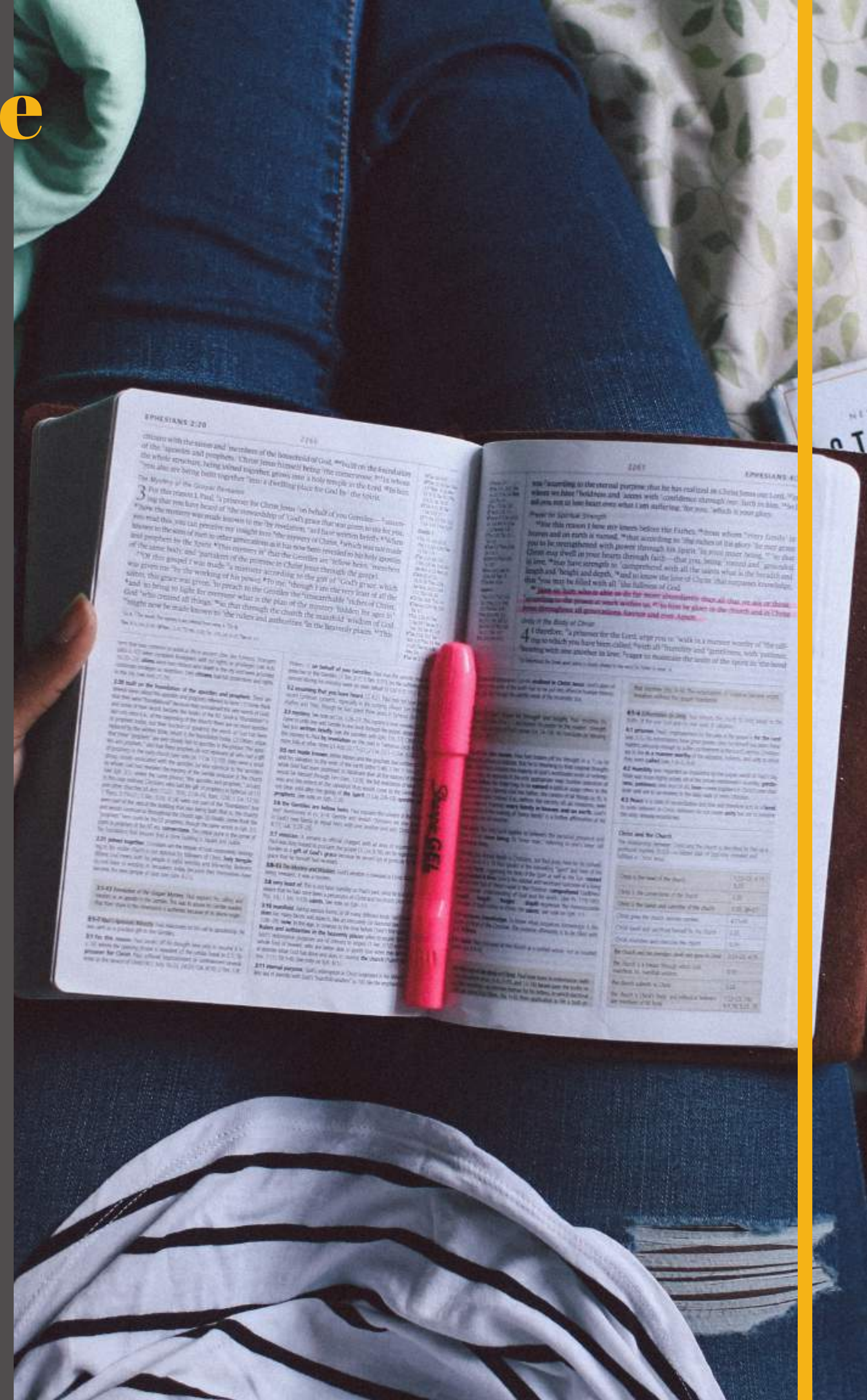
When I worked med-surg, the probability of my patients (all 6 of them!) suddenly going into an emergency situation was so low. I hardly ever thought about it! But in the ICU, the probability of life-threatening events occurring is so much higher (and in some cases guaranteed if no intervention is done). If a nurse never thinks about the potential dangers and pit falls along the road, they don't belong in the ICU.

And one final word of advice: if the sh*t hits the fan, panic inside. Not outside. Put your poker face on and stay COOL. Stay calm. Be aware of how you are talking (or yelling). If you can pretend to be calm, it'll help you focus on what needs to get done.

Learning ICU Knowledge

One of the most important things about the ICU is that your knowledge has to be top-notch. Notice that I am not saying you have to know everything (because you could work in the ICU every day straight for 40 years and still not know everything). And I also did not say you have to know everything you need to know RIGHT NOW.

Nobody expects you to be an expert overnight. What they ARE expecting is for you to constantly be learning. If a nurse ever starts to feel like they don't need to go out and learn the latest about X disease or Y technology or Z standard of practice, then the ICU is the last place they should be.



But right now, you are starting out. There is tons of basic knowledge to learn. TONS. I am sure you feel it weighing on you. Be patient. If you are paying attention, engaging with your learning and asking questions, you will get there. I promise.

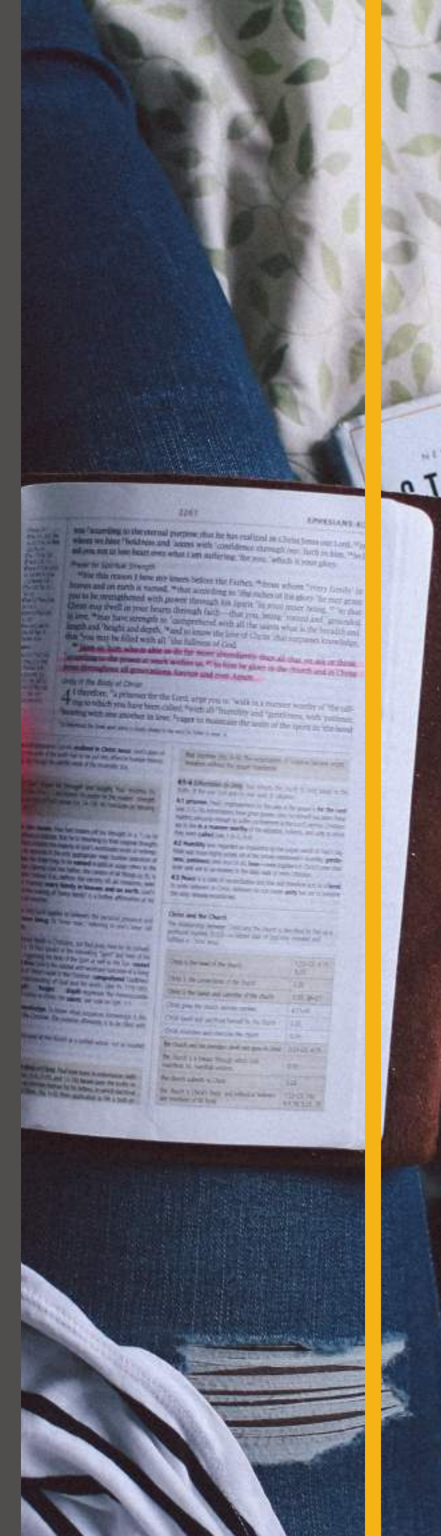
Here are some well-known resources to get you started on cooking your smart sauce:

General Knowledge- “The ICU book” by Paul Marino

ECG- https://lifeinthefastlane.com/ecg-library/

CCRN review/prep- https://www.greatnurses.com/exp/index.php

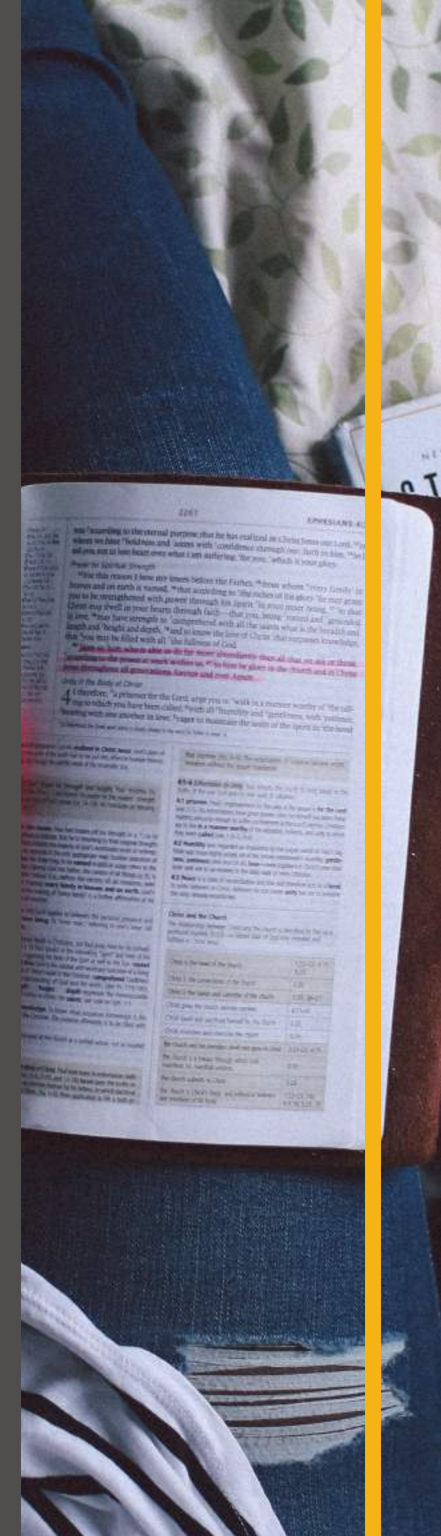
On-the-Go Reference Book- https://fastfactsforcriticalcare.com/



If you work in a specialized unit (cardiac, neuro, trauma, burn, pediatric, etc) then you will obviously want to focus on the specific patient population you encounter.

But if you work in a unit that sees a little bit of everything, there is good news and bad news.
The good news is that you will eventually know a lot about a lot...
but the bad news is that it can be overwhelming when you're starting out. If this is you, you will have to be especially patient with yourself because this is one of those things that will require more time & experience.

Someone who sees sick hearts day in/day out will quickly become proficient at taking care of sick hearts. But if you only see a post-cardiac arrest once every 6 months, you will have to get in the habit of always learning and re-learning how to care of different types of cases as you encounter them.



Troubleshooting Your Experience

Each person encounters challenges throughout their orientation. Most problems are fixable, given enough attention, dedication and fortitude.

Here are some of the most common challenges new ICU nurses experience:

"I am not sure if this is the right thing for me"

Here is a brief rundown of questions to answer for yourself if you've been struggling and wondering if you made the right move by working in the ICU.

#1) Is my heart in this? Do I WANT to be an ICU nurse? There is nothing wrong with realizing this type of nursing is not for you. Be honest with yourself. If it isn't, there is a whole world of nursing that you could explore that might suit your better- no need to hate your job, after all! And if the ICU really is where you want to be, give it a little more time. Explore the reasons why you feel this way- perhaps some of those reasons are temporary problems that could be fixed?

#2) Have I done this work long enough that nothing more could change? It might take some time to get acclimated and adjusted to your new role and new unit. There will certainly be days where you doubt this was the right move. As a general rule of thumb, it takes about 1-2 years for someone to feel like they know what they're doing in the ICU. So if you've been in it 6 months, give it a little more time.

“My preceptor and I don’t work well together”

It happens quite frequently: being paired up with someone and it just doesn’t work well. There are a lot of strong personalities in the ICU and with the stakes being so high, some experienced nurses feel obligated to micromanage or be very critical of the novice learner. If this happens to you, it can make your introduction to the ICU **very** stressful.

Whatever the reason the pairing isn’t working, remember that your orientation is not only temporary but a time to be humble and to take in as much learning as you can. There will be days that you just have to do what they say just to get by, even if you feel like you would’ve done things differently.

You can do as you see fit when you are on your own (given that patient safety always comes first). For now, take in the advice and methodologies from those who have done this for a while. You might just get more tools in your bag for the future.

If it truly is not a good learning environment for you to be paired with this preceptor, speak with your educator and/or manager. I recommend you focus the discussion on your own learning style and needing a better fit with someone who has a teaching style suited for you.

"I am being told that if I don't step up my game that I should work in a different unit."

This really bothers me when new ICU nurses are told this. Why? Because it takes at least a year to be standing solidly!
Managers and educators who expect top-notch work from someone that has been doing this for a couple months are not only unrealistic, their expectations are harmful!

So the first thing I want to say to you is: DON'T LET THIS GET YOU DOWN! I know that is hard, so if you hear this feedback, its time to put on your war paint and show 'em what you got!

The second thing I want to say is that because this is the feedback you are getting, you will need to do a lot of self-reflection and tons of work. Why do they feel this way? What are you doing that you could improve on? What plan do you have in place to improve on those things?

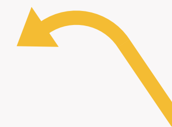
The more prepared you are to improve on the things that are holding you back, the better for you. And it will show them that you are serious about doing what it takes to meet their expectations.

“I feel so stupid!” or “I am so scared of looking stupid!”

Here is the secret to combat that: the key, ironically, is to ask many questions and to pick other nurses' brains as much as possible.

Why does this work? Because everyone knows you are learning right now and no one expects you to know this stuff. If they see you are genuinely curious and trying to learn everything, it doesn’t matter when you do or say something stupid because they know you are genuinely trying.

Honestly! I can confidently say the only times I’ve ever seen other nurses feel like someone was legitimately stupid (in a bad way) was when that person was not open to learning and tried to act like they knew it all. So give yourself a reputation for asking tons of questions and wanting to learn as much as possible.



Don't let someone's ostrich face scare you into feeling stupid

“I am so overwhelmed most of the time.”

This is a normal feeling but let's explore what you can do to function.

If you’re overwhelmed because your patient is really unstable:
One of the simplest things to do is to reach out for help/delegate as appropriate. Ask others to do less important tasks for you so you can free up your mind.

If it is a task **you** must absolutely do then take a step back and refocus. Despite everything that is happening at that moment, hit the pause button for just one minute.

Clear your head by taking a couple of deep breaths and don’t think about anything for a second. Calmly focus your mind on what your understanding of the situation is and once you clearly have it, prioritize your next moves and your tasks.

There will be times when things have to fall by the wayside because of the patient’s condition. If that much is really happening, then the patient is likely unstable and you have to do what is most critical. And that means you can put off certain tasks, for the time being; Tasks like turning the patient or giving a routine multivitamin. Those things can wait until the patient is stable.

As the ICU nurse, you have room to make those judgment calls because your #1 goal is to stabilize your patient. If you have a good reason to not do something, don’t do it. Document your reason and move on to the critical things.

If you are overwhelmed because of time management:

Refer back to the section on time management. We discussed there the importance of developing routines around routine work; a habit that can not only cut down on the time it takes to complete a task, but it will make it easier to stay ahead of the game.

Remember: time management in the ICU is one of those things that if its not done early, it will almost always be done late.

If your meds are due at 9, give them at 805 (if appropriate). If you know you have to bathe your patient, do it at the first sign that you might have a few minutes.

The point being that time management is a constant and perpetual effort at getting things done early.

Once the sh*t hits the fan and/or you're behind, it's much harder to juggle it all because ALL your tasks are now late instead of just the one.

So focus your efforts on the habits of good time management and every day will get a little bit easier.

“I keep doubting myself and my confidence is gone.”

Yes... we’ve all been there and it sucks!

My biggest advice on this is for every bad thought you have (“Darn! I should’ve known what to do! How did I miss that!? Now I look stupid.”) follow it up with a good thought (“Well, at least I am starting to get better at charting in real time. I am improving on my time management!”).

Remember that the goal is to learn how to think like an ICU nurse, not to be perfect all the time. If something happened and you felt doubt or your confidence plummet, debrief with your preceptor or do some self-reflection.

And most of all, try to let go of that self-doubt as much as possible because the more you hold on to it, the more you will validate it every time something happens, and before you know it, it has snowballed into an overwhelming feeling.

Luckily, you’ve got The Thinking Nurse as a resource to help you get in touch with that confident nurse living inside you!

Have a problem that wasn't addressed here? You can always reach me at gromit@thethinkingnurse.com

WWW.THETHINKINGNURSE.COM

Final Words...

This journey you are going through to reach your dream of being an ICU nurse is challenging but not without reward.
There WILL come a day where YOU will be that awesome nurse running around like a total badass.
Imagine how good that will feel!
Hold on to that feeling during this tough time and don't let it go.

You Can Do This!

I hope you've enjoyed reading this guide as much as I enjoyed making it for you.
I can't thank you enough for your continued support of The Thinking Nurse!
I appreciate each and every one of you for taking the time to read this, and if you have an extra second, I would love to hear what you think of it.

Email me at **gromit@thethinkingnurse.com** or you can find me on facebook at **https://www.facebook.com/thethinkingnurse**

Wish you all success!

Gromit, RN, BSN, CCRN