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An Extraordinary Outcome Due to Family Presence in an Intensive Care Unit

By: Steffanie Strathdee and Matt Redila, MSN, RN, CCRN, CNL

urse-led interprofessional bedside rounds that include the patient and family was adopted as a daily practice for Oncology and non-Oncology diagnoses in the intensive care unit (ICU) at UC San Diego Health in the Thornton ICU and now in the Jacobs Medical Center ICU. Since patients in the ICU are frequently seriously ill and oftentimes intubated, family members become key members of the interprofessional team. This case study involves a non-Oncology patient, but demonstrates the impact that family presence can have in achieving extraordinary patient outcomes.



Steffanie Strathdee Dr. Strathdee is an infectious disease epidemiologist. She is Associate Dean of Global Health Sciences and Harold Simon Professor of Medicine at the University of California San Diego where she directs the campus-wide Global Health Institute. She is married to Thomas L. Patterson, Professor of Psychiatry at UC San Diego.

CASE STUDY

In 2015, Tom Patterson and his wife Steffanie Strathdee, vacationed in Egypt. After falling ill, Tom was medevacked to UC San Diego Health, Thornton Intensive Care Unit (TICU) where he was diagnosed with a multi-drug resistant bacterial infection, Acinetobacter baumanii, which the World Health Organization (WHO) considers to be one of the deadliest superbugs. After several months of care in the TICU and multiple rounds of ineffective antibiotic therapy, Tom's clinical status declined; he became comatose and was on life support. Steffanie continued to pursue treatment options, which included an

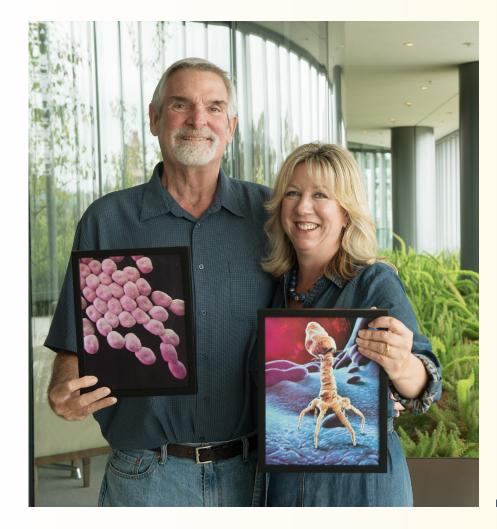


Matt Redila, MSN, RN, CCRN, CNL is the Nurse Manager for the 3GH ICU, formerly Thornton ICU. He started his nursing career with Thornton ICU as a new-graduate nurse. Although 3GH ICU is a medical-surgical oncology ICU, the 3GH ICU nurses are also trained to care for the obstetric, abdominal transplant, cardiac, and neurology patient populations.

experimental treatment,

bacteriophage therapy. This therapy consists of naturally-evolved viruses that attack bacteria. In the TICU, the inter-professional team, the patient, and the family participate daily in nurse-led rounds. It was during rounds that Steffanie presented the possibility of bacteriophage therapy, and the Infection Disease, Pulmonary, and Critical Care teams embraced the idea. Dr. Chip Schooley agreed to manage the treatment protocol.

Bacteriophages exist anywhere bacteria exist. The virus takes over the bacteria and turns it into a phage manufacturing plant, each bacterial cell death yielding hundreds of progeny phages. Human cells are not harmed by phages; the phages are



excreted once the bacteria are gone. However, each bacteria has to be matched to a specific phage; not just any phage will do.

An international 'phage hunt' ensued. Multiple departments at Thornton and UC San Diego Health Sciences cut through the red tape to allow Tom to receive IV phage therapy under an Emergency Investigational New Drug (EIND) from the US Food and Drug Administration (FDA), the first application in the US. After just a few days of phage therapy, Tom woke up from his coma and began his long recovery.

He and Steffanie credit bacteriophage therapy and the TICU care team with saving his life. Beyond the applications of medicine, nursing, physical therapy, occupational therapy and speech pathology, the humanity of the care team made the difference in Tom's recovery. When it looked like Tom was going to die, his nurse offered Steffanie a hug. When he began to get better and yet hadn't had a shower in 5 months, another nurse coordinated the approvals from his hospitalist and Infection Control to make this happen. When Tom suffered ICU psychosis and couldn't sleep because of being turned every 2 hours, the charge nurse noted that since he had no pressure wounds, she put a sign over his bed saying "GOAL: A GOOD NIGHT SLEEP! TURN EVERY 4 HRS." He and Steffanie contend that it made all the difference. Under the outstanding care of the TICU team Tom beat all odds

Under the outstanding care of the TICU team, Tom beat all odds, fought off this superbug, and was discharged home in August 2016. He, Chip and Steffanie and the Infectious Disease, Pulmonary & Critical Care teams have helped several other patients receive bacteriophage therapy since his illness. Tom's case has been covered extensively in the press.

Patient and his wife.

READ MORE AT: https://health.ucsd.edu/news/topics/ phage-therapy/Pages/default.aspx

WATCH THEIR TEDX: youtube. comwatch?v=AbAZU8FqzX4&feature= youtu.be