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HISTORY OF CRITICAL CARE

Critical care evolved from the recognition that the needs of patients with acute, life-threatening illness or injury could be better met if the patients were organized in distinct areas of the hospital. In the 1800s, Florence Nightingale described the advantages of placing patients recovering from surgery in a separate area of the hospital. A three-bed postoperative

CRITICAL CARE NURSING

Critical care nursing was organized as a specialty less than 40 years ago; before that time, critical care nursing was practiced wherever there were critically ill patients.² The development of new medical interventions and technology prompted recognition that nursing was important in the monitoring and observation of critically ill patients. Physicians depended on nurses to watch for critical changes in the condition of patients in the physicians' absence, and they sometimes depended on the nurses to initiate emergency medical treatment.

As sophisticated technology began to support more elaborate medical interventions, hospitals began to organize separate units to make more efficient use of equipment and specially trained staff. Postoperative care, once provided by private duty nurses on general nursing wards throughout the hospital, was moved into recovery rooms, where nurses with specialized knowledge regarding anesthesia recovery provided the patient care. Medical and surgical intensive care units segregated the most critically ill patients in locations where they could be cared for by nurses with specialized knowledge in those areas of care. By the 1960s, nurses had begun to consolidate their knowledge and practice into focused areas such as coronary care, nephrology, and intensive care. In the hospital units established for patients needing such specialized care, nurses assumed many functions