

Identify the frequency and nature of evidence-practice gaps in the initial neuro-protective nursing care of patients.

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Abstract

Neuroprotective nursing care creating a healing atmosphere that controls stress and suffering while delivering a peaceful and soothing approach that keeps the entire family involved in the infant's care and development is part of neuroprotective nursing developmentally and supportive care. We implemented a neuroprotection care bundle that included a variety of neuroprotection measures such as minimum handling, midline head position, postponed cord clamping, and hemodynamic and respiratory management protocolization.

Keywords: Intensive care unit, Nursing, ICU, Neuro-protective nursing, patients, Brain tumor.

Introduction

To discover the optimum treatment for the damaged brain, new clinical research for thrombolytics and neuro-protective medicines is being conducted. We intend to shift the cost of rehabilitation and managed care after a stroke to the more promising possibilities of prevention, early treatment, and rapid recovery. As a result, we can see that our friends and family members who have suffered a stroke may be able to live independently rather than in long-term care facilities or nursing homes. This will only be possible if hospitals and medical centres across the country adequately prepare for the treatment of ischemic stroke by forming a core stroke team, fine-tuning interdepartmental cooperation, and developing an efficient ED team that is fully immersed in the ethics and protocol of "brain attack" [1].

The management of critically ill patients is being made more difficult by an ageing population and the incidence of comorbid disorders. To address these difficulties, high-quality critical care nursing practise is required. Nurse practitioner (NP) and acute care NP positions have existed for decades. The present advanced level nursing standard is variable, and there is no agreement on the structure, role, or definition. Literature and evidence are also scarce. It is necessary to identify the abilities and competencies required for the APN. Mapping abilities and competences will allow for future educational alignment and mobility of the advanced-level intensive care nurse workforce [2].

The difficulty of adopting a safer handling policy in an environment that serves the needs of people with complex and profound disabilities It investigates how a moving and handling instructional method was designed, as well as the effectiveness of the strategies used. The implications of

modifying practise at the ward level, as well as the challenges faced, will be examined in light of the patients' complex demands. The strategy's impacts on accident reporting and the impact of legislation on moving and handling in an environment where patients' requirements must be balanced with worker safety are discussed [3].

Navigation aims to identify and overcome barriers to care for patients. The goal of this essay is to discuss the special demands of this demographic as well as the impact of nurse navigation. Although the navigation role retains its scope of practise integrity, specific navigation tactics are customised to the neuro-oncology population and differ from other illness sites [4].

Nursing science has long been debated as a synthesis of the art and science of caring, and nursing research contributes to the body of data supporting nursing practise. Nurses and nursing care are important to the success of neurocritical care research. Nursing care should ideally be evidence-based and supported by strong research. Nursing research aims to increase understanding of patient care. Priorities for research in neurocritical care should support this goal within the framework of nursing research. In this paper, we highlight what we believe are the goals of neurocritical care nursing research, as well as the challenges and potential solutions [5].

Conclusion

This scoping assessment provides policymakers and the INACTIC study with information about existing advanced practise in critical care nursing in Europe. In critical care nursing, the advanced function is distinguished by inconsistencies in policy, education, titles, and duties, scope of practise, abilities, and competences. Practice levels and areas of specialty must be defined. The majority of the identified abilities and competences were generic for advanced practise

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nursing, and several were applicable for any profession. The transfer of tasks from physician to nurse should be more clearly defined, and patient outcomes should be articulated.

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