

Critical care nurses should be prepared for open abdomen

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hemodynamic stabilization, supporting respiratory function, preventing infection, managing pain, and monitoring for ACS.

"Determining the need for this potentially lifesaving intervention and managing the wound after the open [abdomen](#) has been created are all within the realm of critical care nurses," Fitzpatrick writes.

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(HealthDay)—Critical care nurses need to be prepared to manage patients with open abdomen, according to a report published in the October issue of *Critical Care Nurse*.

Eleanor R. Fitzpatrick, R.N., from the Thomas Jefferson University Hospital in Philadelphia, reviews case studies illustrating the implementation of the open abdomen technique and patient management strategies.

Fitzpatrick notes that the open abdomen technique and temporary abdominal closure after damage control surgery is rapidly becoming the standard of care for managing intra-abdominal bleeding and infectious or ischemic processes in [critically ill patients](#). The most common indication for the open abdomen is damage control surgery for abdominal trauma, but this technique is being used in [patients](#) with abdominal compartment syndrome (ACS) due to acute pancreatitis and other disorders. Following the open abdomen [technique](#) and temporary abdominal closure, management priorities include

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