Nursing and ICU Annotated source guide

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13 sources for perioperative nursing, postoperative surveillance, medication safety and recovery.

Selected reading scopes are stated for every source. Clinical and nursing faculty review remains pending. Linked publications retain their rights; free reading access does not establish permission to reuse text, figures or tables.

The nursing and postoperative focused updates each have two authored sections, bilingual reading and one final ten-question review. The nursing update now also has complete English/Spanish read-aloud drafts for 32 teaching segments and three original diagram concepts in both languages. Its 40 minutes are planned; videos have not been recorded, and clinical/nursing faculty review and timed rehearsal remain pending.

Reading list

1. A Competency Framework for Nurses Caring for People with Liver Disease including Liver Transplantation

Fourth edition, 2025

https://www.rcn.org.uk/Professional-Development/publications/RCN-caring-for-people-with-liver-disease-uk-pub-012-288

Use this current UK framework to identify learning domains and supervised assessment. It replaces the 2019 edition in this reading plan. It does not define Chilean nursing privileges or make an online completion certificate evidence of clinical competence.

Reading scope: Selected passages. PDF pp 7-12: scope, development and evidence of competence; PDF pp 34-42: admission, peri-transplant family care, first 24-48 h, discharge and medication safety

Access: Free official PDF; copyright retained by RCN

2. A Focused Update to SCCM PADIS Guidelines for Adult Patients

Published 20 February 2025; Crit Care Med 53(3):e711-e727

https://www.sccm.org/clinical-resources/guidelines/guidelines/focused-update-padis-guideline

Priority reading for sedation, delirium, mobility and sleep teaching. Recommendations are conditional and apply to defined adult ICU populations; they are not universal liver-transplant drug instructions. The full supporting evidence tables have not been reviewed here.

Reading scope: Selected passages. Official society overview and all five recommendation statements with certainty and mobilization remarks

Access: Free society recommendation summary; full linked journal article access not established

3. ICU Liberation Bundle(A-F)

Official resource, checked 20 November 2026

https://www.sccm.org/clinical-resources/iculiberation-home/abcdef-bundles

Useful structure for interprofessional ICU teaching: pain, awakening/breathing trials, analgesia/sedation choice, delirium, mobility and family engagement. Review eligibility and local implementation separately. No numerical benefit estimate from the promotional page is adopted.

Reading scope: Selected passages. Bundle element definitions A-F and Using these Resources

Access: Free implementation resources; individual reuse conditions apply

4. Liver transplant medicines - NHS Blood and Transplant

Official patient education, checked 20 November 2026

https://www.nhsbt.nhs.uk/organ-transplantation/liver/living-with-a-liver-transplant/liver-transplant-medicines/

Patient-friendly material for teach-back about prescribed immunosuppression, side effects and contacting the transplant team. Centres use different regimens. This page is not a prescribing or therapeutic-drug-monitoring protocol.

Reading scope: Selected passages. Key points; take medicines as prescribed; immunosuppressants; discuss medicines with the care team

Access: Free public patient information

5. Information for patients going home following liver transplant - Cambridge University Hospitals

Official local patient leaflet, checked 20 November 2026

https://www.cuh.nhs.uk/patient-information/information-for-patients-going-home-following-liver-transplant/

Compare how a transplant centre communicates follow-up and when to seek help. Keep local appointment, blood-sampling, driving, activity and emergency-contact instructions attached to that centre; do not transplant them into Chilean discharge instructions.

Reading scope: Selected passages. Medication, clinic appointments and watch out for new problems; locality-specific advice identified

Access: Free public local patient information

6. Ten tips for intensive care management of transplanted liver patients

Intensive Care Medicine 2019; DOI 10.1007/s00134-019-05579-0

https://doi.org/10.1007/s00134-019-05579-0

A short, dated narrative overview for planning handover and surveillance questions. It is not a current universal protocol. Drug preferences, absolute wording, reported programme rates and organ-support claims require current primary verification before teaching.

Reading scope: Full text. Complete three-page article

Access: Private local reading copy found; public reading rights depend on the publisher

7. AASLD AST Practice Guideline on adult liver transplantation: Diagnosis and management of graft-related complications

2026; PMID 40844852

https://doi.org/10.1097/LVT.0000000000000715

Use for the distinction between surveillance findings, diagnostic evaluation and established graft complications. The selected passages were read for the postoperative and pathology lessons; this is not whole-guideline review. The nursing discussion should communicate the observed trajectory and unresolved question to the transplant team.

Reading scope: Selected passages. Question 5 and Table 2: vascular complications; Question 13: biopsy context; Question 16: peripheral biomarkers; Selected Question 15/Table 6 and Questions 17-19 rejection context, recorded in the pathology chapter

Access: Selected primary publisher-indexed passages accessible; complete article retrieval not established

8. AASLD AST Practice Guideline on adult liver transplantation: Diagnosis and post-transplant management of non-graft-related complications

2026; PMID 41405235

https://doi.org/10.1097/LVT.0000000000000785

Read the population and timing before applying a statement. The overall guideline concerns longer-term care; Question 23 also discusses early postoperative AKI. Outpatient CKD surveillance intervals are not ICU monitoring schedules. This guide supplies no immunosuppressant dose, substitution or adjustment protocol.

Reading scope: Selected passages. Overall scope: adult care beyond the first 90 days; Question 21: CKD surveillance; Question 22: risk-factor modification; Question 23: renal strategies related to immunosuppression, including perioperative/early AKI context

Access: Selected primary publisher-indexed passages accessible; direct full-article opening required payment

9. Core Curriculum for Transplant Nurses

Second edition,2016; ISBN 9781451195309

https://www.lww.co.uk/9781451195309/core-curriculum-for-transplant-nurses/

Focused nursing textbook candidate. The chapter bodies are unread and the older publication date makes current guidelines necessary. See the textbook comparison for Amazon and Chile retailer checks; no purchase has been made.

Reading scope: Metadata only. Official publisher edition, publication date and description

Access: Paid textbook; no owner copy confirmed

10. AACN Core Curriculum for Progressive and Critical Care Nursing

Eighth edition; AACN lists 2022; ISBN 9780323778084

https://www.aacn.org/store/books/128700/aacn-core-curriculum-for-progressive-and-critical-care-nursing-8th-ed

General ICU nursing companion. The ninth edition is announced for early 2027, so compare timing before purchase. No chapter-body review, purchase or Kindle delivery is claimed.

Reading scope: Metadata only. Official AACN store edition, price/formats and announced ninth-edition timing

Access: Paid textbook; publisher lists print and digital formats including Kindle, exact account offer unverified

11. Evaluation of an Abnormal Liver Panel After Liver Transplantation

Henson JB, Muir AJ; 2023; DOI 10.1016/j.cld.2022.08.006

https://pmc.ncbi.nlm.nih.gov/articles/PMC10479649/

A useful reading bridge between operative handover and discussion of an abnormal liver panel. Timing, clinical context and vascular or biliary concerns help frame the question. It does not provide a universal imaging timetable or allow one laboratory result to assign the diagnosis.

Reading scope: Selected passages. Introduction; Perioperative Period and Ischemia-Reperfusion Injury; Summary and Key Points; selected diagnostic-evaluation context

Access: Public author manuscript; narrative review, not a transplant-centre protocol

12. Acute kidney injury in patients with cirrhosis: ADQI and ICA joint multidisciplinary consensus meeting

2024; DOI 10.1016/j.jhep.2024.03.031

https://pmc.ncbi.nlm.nih.gov/articles/PMC11193657/

Read for the renal assessment in cirrhosis with ascites underlying pretransplant care. The 2024 criteria do not require automatic albumin administration for 48 hours in every suspected HRS-AKI evaluation. These criteria are not a diagnosis for every postoperative transplant patient; observed renal changes still require fresh clinical assessment.

Reading scope: Selected passages. Definitions and reference serum creatinine; HRS-AKI diagnostic consensus and Box 1; Selected diagnostic work-up, biomarkers and renal-replacement discussion

Access: Public primary consensus article

13. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease

2024; selected measurement-limitation passages

https://kdigo.org/wp-content/uploads/2024/03/KDIGO-2024-CKD-Guideline.pdf

Use narrowly to understand non-steady-state and non-GFR sources of error in creatinine-based estimated GFR. A displayed eGFR is not a direct measurement of filtration during rapidly changing illness. This is not an acute post-transplant treatment, drug-adjustment or renal-replacement protocol.

Reading scope: Selected passages. Section 1.2.2 / Practice Point 1.2.2.1, printed S176, PDF page 61; Selected surrounding accuracy and ICU caveat, printed S178, PDF page 63

Access: Free official primary guideline PDF

Eight learning domains

1. Assessment and preparation

Construct a dated admission summary and identify unresolved concerns for the transplant team.

RCN 12.2,pp 34-35

Sources: [1]

2. Operating-room and ICU handover

Reconstruct the actual operation, support, pending results and responsibility for follow-up in a fictional case.

RCN 12.3-12.4; current anesthesia chapters 07-15

Sources: [6], [1]

3. Early postoperative surveillance

Separate observations, differential questions and escalation in a fictional recovery timeline.

RCN 12.4, pp.38-39; AASLD graft Question 5/Table 2 and Question 16; Henson/Muir selected postoperative context

Sources: [1], [7], [11]

4. Pain, sedation, delirium and sleep

Interpret a conditional recommendation and explain what clinical context is still required.

Official PADIS 2025 recommendation summary; A,C,D bundle domains

Sources: [2], [3]

5. Kidney, nutrition and mobility

Read an evolving data set while preserving units, timing, missing information and the agreed care plan.

RCN 12.4; main chapter 14; AASLD non-graft Question 23 (early-AKI passage); KDIGO 2024 §1.2.2 measurement limitations; mobility eligibility reviewed separately

Sources: [1], [8], [13], [3]

6. Medication and infection safety

Practise a medication reconciliation and teach-back conversation without altering the prescribed regimen.

RCN 13,p 42; NHSBT education; local pharmacy protocols needed

Sources: [4], [1]

7. Discharge and family education

Design a patient-specific learning checklist with the team's contacts and follow-up instructions.

Compare education approaches; do not copy foreign local instructions

Sources: [4], [5]

8. Professional practice and quality

Distinguish a knowledge quiz, course completion and observed workplace competence; reflect on a fictional safety event.

RCNpp 8-12; academy quality-statistics chapter 19

Sources: [1]

Next work

• Complete clinical/nursing faculty review, rehearse both language versions and record the nursing lecture.

• Have a transplant nurse and ICU clinician review scope, language and local application.

• Read any additional full guideline passages before adding detailed diagnostic or treatment teaching.

• Assess clinical skills through supervised practice; course completion does not establish clinical privileges.