Pet and Animal Assisted Therapy in Cardiothoracic Critical Care

Introduction:
In the current era, it is difficult to define what a traditional family is, or indeed, who is the Next of Kin of a patient (Clarkson et al., 2012). The concept of "family" should reflect societal changes, and for some patients, this may include their pets (Galliano et al., 1999). As some patients consider their pets to be crucial parts of their families, nurses should adopt an empathetic approach towards this need, providing a patient-centered approach (Walsh, T., et al., 2016). Animal-Assisted Therapy (AAT) is beneficial to adult critical patients (Gottshall et al., 2008) and decreases pain, anxiety and PNA (Cote et al., 2007).

Literature search:
Due to the very specific nature of the topic, the number of studies found were limited. Cote et al. (2007) shows that AAT improves cardiovascular function, reduces neuropeptide levels and anxiety in patients with HF. Cote et al. (2009) and Hoffmann et al. (2009) studies lead to positive results. AAT decreases anxiety and pain in hospitalized patients. Alonso et al. (2011) demonstrates AAT has a positive impact on the ambulation of chronic HF patients, showing an increased willingness in ambulation when accompanied by a therapy dog, walking even further distance. Aside all four studies having similar criteria, and the population being relevant to Adult Intensive Care, not all of them are based in a critical care setting. Although some evidence supports the fact that animals spread infections (Bryant, 2008), newer research shows there is no evidence of zoonotic infection or disease caused by pets visiting the critical care area (Burt et al., 2016). Overall, AAT has a significant impact on hospitalized patients. It is safe and cost-effective (Kamoka, et al., 2014).

Implementation:

- How can we make the critical care environment more humanized and patient centered? PET THERAPY!
- Literature review – as part of critical care course
- Development of Guidelines for AAT
- Presentation to the Quality and Safety meeting
- Pet Therapy and Pet Visitations started in ICU

Staff and patient feedback:

- "I felt closer to home and feeling more 'myself rather than a patient'
- "Seeing pets around the unit lift up spirits and bring joy to a very stressful and at times sad environment"
- "Seeing my daughter and her dog reunited again was a priceless moment"
- "Also Erodie could give her the last goodbye"

Challenges:
The implementation of AAT in critical care can be challenging due to a strict infection control environment, immunocompromised patient and a highly stressed setting, where the team focus more on clinical needs rather than holistic needs. AAT is considered safe practice, when the guidelines are followed.

Conclusion:
The progress in critical care medicine increased the survival rate in ICU and therefore the length of stay increased in anxiety, depression and PTSD. Nurses advocate for their patients and AAT offers the delivery of a more person-centred care in order to guarantee a more positive recovery to the patients. This author suggests the use of AAT in adult critical care, supported by Trust guidelines, as a cost-effective complementary therapy to reduce pain, agitation and anxiety. Overall, AAT has a positive impact on adult critical care patients, but the lack of robust studies makes it not evidence based and therefore further studies in adults are required (Burt et al., 2016).