

ICU Prescribing Made Easy 2017

Quick Guide to Safe
Prescribing on
Commonly Seen Drugs



Hello!



This guide will show you what we:

MUST prescribe

MUST do to enable safe dosing

MUST Dos - there's not many

- Allergy status
- VTE assessment
 - On ICU admission
 - 24 hours after ICU admission
- New antimicrobials documented in medical notes - indication and expected duration

Antimicrobial Prescribing I

- Apart from writing in the notes, the drug needs an **INDICATION** and expected **REVIEW** date - check the MicroGuide (desktop and app) for ICU guidelines for suggested duration.
- If not found in the Microguide, put a 5-day review...and discuss with Micro
- Micro rounds are daily on GICU and every Mon and Thurs pm on CTICU & NICU

Antimicrobial Prescribing II

- Aminoglycosides
 - Amikacin - 15mg/kg OD **OR** maximum **1500mg** if large patient with unknown adjusted weight
 - Urinary catheter change - 250mg STAT
 - Ask the pharmacist for dosing advice in obese and/or renally impaired patients
 - Gentamicin (5mg/kg) is still required for endocarditis and where amikacin not warranted (max 400mg)
- Second dose is **ALWAYS** at 12noon the next day. Request level sample taken at 6am.

Antimicrobial Prescribing III

- Vancomycin continuous infusion
- Please check the protocol on the intranet
- Protocol requires:
 - A loading dose over 2 hours then
 - A continuous infusion over 24 hours.
- Request a sample level usually at 6am the next day or 4 hours post initiation

Here's the sticky points:

- Starting dose is according to the patient's renal function
- Daily prescriptions **MUST** be prescribed on the paper and electronic charts.
- ePMA prescriptions:
 - if dose change - use cancel/reorder function).
Alter the rate (mg/24hour), not the bag concentration

Pre-printed Drug Entries I (ePMA - 'Adult Critical Care' Power Plan)

Regular prescription page:

- Senna
- Docusate +/- Laxido (macrogol)
- Simple eye ointment
- Dalteparin 5000 units SC OD (GICU/paper chart)

Intravenous infusions

- Propofol 1%
- Potassium
 - Enteral is preferred
- Actrapid insulin

As required

- Addiphos
- Magnesium
- Sando K
- Ondansetron

Pre-printed Drug Entries II

- These drug lines are there to help speed the prescribing process
- BE MINDFUL - not all entries apply to your patient
- Check VTE assessment order - these are completed ONCE on Day 1 and Day 2 of ICU admission
 - Note that:
 - a patient's hospital admission generates an automatic VTE task and alert
 - The Adult Critical Care power plan has a VTE Assessment order available to tick as a required task - use if the automatic task has already been completed when the patient was on the ward

Supplementary Charts on the ICU - Continuous Renal Replacement

- Nurse will require a prescription prior to starting CRRT
- Chart prompts calculation for:
 - Ideal body weight (the table is on the Aquarius machines)
 - Dose
- Consider
 - Fluid balance
 - Anticoagulation - must be prescribed on the drug chart.

Other Supplementary Charts on the ICU

- Patient controlled analgesia (PCA)
- Epidural analgesia (levobupivacaine)
- Subcutaneous injections for insulin - MUST use on GEN ICU whenever a patient requires SC insulin
- Warfarin dosing
- In iCLIP, these prescriptions are embedded within **order sets**

Where are all our drug protocols?

The screenshot shows the 'IV PUMPS' intranet homepage for St George's Healthcare NHS Trust. The page is titled 'Welcome to your Intranet, Joanne Peh' and 'St George's Healthcare NHS Trust'. The main content area is 'IV Drug Administration' with a sub-section for 'IV PUMPS'. It includes a 'Changes to Drug Libraries' section with a text box for requesting changes, a list of 'Smart Pumps Policy' documents, and a 'Preparation Guides' section with links to various guides like 'Adult Ward Prep Guide' and 'Paediatric IV Prep Guide'. A 'Getting it right' section lists four steps: 1. Check correct preparation guide, 2. Choose correct smart pump for your area (colour coded), 3. Choose correct drug library entry, and 4. Set concentration and rate then double check.

The screenshot shows the 'Resources for Current Staff' website for the General Intensive Care Unit at St George's University of London. The page features a header with the unit's name and a navigation menu. The main content area is titled 'Resources for Current Staff' and includes a list of resources for current staff, such as 'Admission and summary / discharge forms', 'Allergy and anaphylaxis', and 'Bronchoscopy (endoscopy) scope tracking form'. A table lists these resources with columns for 'title' and 'type'. The table includes items like 'Admission and summary / discharge forms' (Folder), 'Allergy and anaphylaxis' (Folder), 'Audit forms' (Folder), 'Bronchoscopy (endoscopy) scope tracking form' (File), 'CHADS book version August 2014' (File), 'Cardiovascular, echo and CTICU resources' (Folder), 'End of life / palliative care' (File), 'Ebola' (Folder), 'Free from infection declaration form' (File), 'GICU fax front sheet' (File), 'GICU headed note paper' (File), 'Glycaemic control - local policy v10' (File), 'GICU Nursing Guidelines (Bedside Blue Folder) - ultra13' (File), 'Grey Book' (Link), 'Haematology - transfusion (including CODE RED), T60, HIT etc' (Folder), 'ICLIP quick reference guides' (Folder), 'ICU topic review' (Folder), 'IMPORTANT ALERTS, UPDATES AND REPORTS' (Folder), 'Legal and ethical including death certification and the coronial service' (Folder), 'Microbiology and Antimicrobial Pharmacology' (Folder), and 'Neuro critical care topics AHD/Neuro ICU resources' (Folder).

Need to know IV dosing limits? Our ICU Prep Guide can help!

Windows Internet Explorer browser window showing the document: **Version 3 ICU IV Preparation Guide** from St George's Healthcare NHS Trust.

Note: There are 3 Injectomat entries for Clonidine

Clonidine Bolus	Syringe	10 - 50 micrograms	Dilute dose (max 50 microgram) to 20ml with NS or DSW (Variable dilutions between 0.5 - 2.5 microgram/ml)	Infuse over 10-15 minutes (120 - 80 ml/hr)
Clonidine High Dose	Syringe	Default: 5mcg/kg/hr Maxi: 25mcg/kg/hr	Use four amps of 150mcg/ml and dilute to 30ml with NS or DSW to make a 20mcg/ml syringe	High dose. Use only on instruction of a Consultant
Clonidine Infusion	Syringe	Default: 0.25mcg/kg/hr Maxi: 2mcg/kg/hr	Use five amps of 150mcg/ml and dilute to 50ml with NS or DSW to make a 15 mcg/ml syringe	
Co-Amoxiclav	Syringe	600mg or 1200mg	Dilute dose to 20ml with WFI Choose from two set dilutions: 600mg in 20ml = 30 mg/ml 1200mg in 20ml = 60 mg/ml	Administer within 20 minutes of preparation. Infuse 20ml over 5 minutes (240 ml/hr)

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Author: J Peh M Cecconi
Validator: A Redfern
Approved: L Murdoch
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Legend:
DSW = Dextrose 5% Water
NS = Sodium Chloride 0.9%
WFI = Water for Injections
VTBI = Volume To Be Infused
mcg = Microgram

Need to know more?

- Lots of people you can ask. Please do ASK
 - Patient's nurse
 - Consultant, SpR & Nurse in charge
 - Pharmacist (ICU and on-call)

Electronic Prescribing

- Ensure you have read the Prescriber Pocket Guide
- Be **AWARE** the screen shot can have a lot of information which should be adjusted or populated when ordering a drug
- Review drug list daily and delete ICU drugs no longer required
 - The drugs will still be 'active' when a patient transfers to a ward

Patient admitted to NITU with paper drug chart

Does patient require ITU prescriptions?

eg Inotropes, Sedative Infusions, medication that should not be administered in ward environment

Yes

No

Transcribe patients medications on to iCLIP and cross off paper chart

Continue to use ward paper drug chart

Patient is ready for discharge to the ward.

Does the ward use electronic or paper prescribing?

Electronic

Paper

Discontinue electronic prescriptions that are NOT intended for ward use

Discontinue all medications on the electronic drug chart
Transcribe medications to be continued on the ward on to paper drug chart (include start/stop dates and indications where appropriate)
Discontinue all medications on paper chart NOT intended for ward use
Print ICU history chart using Explorer Menu on iCLIP and file in patient's notes

Learning to use the system

- Try the online learning platform
 - <http://icliptraining.premieritelearning.com/>
 - Prescribing is in Section 2 for Doctors

DRPR01: Finding Patients - Windows Internet Explorer

https://cliptraining.premieritelearning.com/mod/scorm/player.php

File Edit View Favorites Tools Help

DRPR01: Finding Patients

Integrated Clinical Information Programme » DRPR01 » Finding Patients Exit activity

PowerChart Organiser for RJ7-LC1-Associate Specialist, Test

Task Edit View Patient Record Links Notifications Inbox Help

Message Centre Patient List Patient Access List Scheduling Multi-Patient Task List Trust Intranet Datix NHS Evidence PACS

Tear Off Attach Suspend Exit AdHoc PM Conversation Scheduling Appointment Book Communicate Collections Inquiry

Name Print 4 minutes ago

All clinical staff working in Inpatient areas are encouraged to set up a Patient List covering the area(s) in which they work. The Patient List once created, can then be linked to a Patient Access List which drives much of the new Medication functionality that is required to be understood.

Message Centre

Inbox Summary

Inbox Proxies Pools

Display Last 30 Days

- Priority Items (0)
- Inbox Items (0)
 - Messages
 - Results
 - Documents
 - Results FYI
 - Work Items (0)
 - Saved Documents
 - Reminders
 - Consults
 - Notifications
 - Trash

Create Date	Patient Name	Priority	Subject	Status	Due Date	From
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Done Internet 100%