Unit induction – Wednesday 1st & Thursday 2nd Feb 17
Welcome to General Intensive Care (Gen ICU/HDU)
Hoxton Street Monster Supplies
EST 1818

TINNED FEAR

A VAGUE SENSE OF UNEASE

PREPARED ACCORDING TO
THE MONSTROUS PHARMACOPEIA

Effectively destroys all feelings of ease, creating a rising yet uncertain sense of disquiet. Invaluable for general uses in the home. Guaranteed perfectly pure and genuine.
• Stg1Wlan01
  – WPA2 enterprise
  – StGH username and password

• www.gicu.sgul.ac.uk
  – Where to find the resources you need
  – CHAOS book

• www.yammer.com/stgeorges.nhs.uk
  – Social media behind a firewall
  – Logon with @stgeorges.nhs.uk email address
  – Join GICU, GICU junior docs, ACC, ACC eJournal club

• WardWatcher (Tier 1 doctors)
  – Email matthew.moore@stgeorges.nhs.uk for a user name and password BUT the email MUST come from your stgeorges.nhs.uk email account
Expectations (by us of you)

- Think (ask / discuss)
- Imagine you are the patient
- Plan / Prioritise
- Act
- Record (legible and in full)
- Be conscious of AND responsible for the unit environment and atmosphere
- You are responsible for all elements of patient care.
Expectations (by you of us)

- To be listened to
- Toilets
- Lockers
- Study leave
- Educational and clinical supervision
- Temperature control
- Travel arrangements
- Night time accommodation
- Coffee & biscuits
- Functioning IT
- A properly funded NHS free of political interference
- World peace and an end to climate change
Rotas, planned and unplanned leave etc

- As fair and friendly as we can make them
- Give and take philosophy
- Return to work rules
- Routine contacts
  - Nana Frempomaa  x4164
    nana.frempomaa@stgeorges.nhs.uk
- Unplanned leave contact GICU SpR / Consultant
A picture paints . . .

• Please present yourself to Dr Leaver’s iPhotoBooth: (AND add a picture to your Yammer profile)
• The consultants need this in order to:
  – remember your name (dementia / nominal dysphasia)
  – have full and frank monthly discussions about your performance
• Following these meetings there will be feedback
• You are responsible for organising your training meetings / WBAs / ePortfolios – the consultants are here to help. Please let me know if . . .
Day to day

- Daily routine GICU & IOR / night shift duties
  - discharge planning + blood forms + x-rays
- Clerking & presentation - THINKING REQUIRED
  - problems & plans (not a list of numbers; trends / summaries)
  - jobs
  - updates - outstanding tests / handover sheet / discharge summary
- Long day SpR
  - unit management / safety brief / rehab round / micro round
- “Outside” SpR
  - transfers / referrals
- WardWatcher - diagnostic coding
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<th>Time</th>
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| 08:00-08:30 | **HANOVER** end-of-the-bed ward round night shift to “Reg of the week” / long day shift. **MUST FINISH PROMPTLY**  
- Final decisions regarding discharge from GICU and prioritising elective surgical admissions are crucial.  
- All other Drs should start clerking patients.  
- One doctor should check the Line Trolley.  
- Please book any procedures / scans as early as possible.  
  
**HANOVER** ward round on OIR second tier Dr to Dr  
- Patients not fit for discharge must be transferred to GICU for continuing care |
| 10:00  | Multidisciplinary, end of the bed, **REHAB** ward round (Mon-Fri) |
| 10:30  | Multidisciplinary, Consultant led, **TEACHING** ward round.  
(Mon-Fri) (Coffee and biscuits).  
- Sit down (seminar room) ward round followed by "tour of the unit."  
- Please ensure all plans are handed over to nurses at bedside.  
- PLEASE complete the “Ward Watcher” diagnostic codes during this WR. |
| 14:00  | Microbiology round (Mon-Fri) |
| 17:00  | **EVENING** end-of-the-bed ward round with on-call Consultants |
| 20:00-20:45 | **HANOVER** ward round Day shift to Night shift.  
- Identify patients who are likely to be fit for discharge the following morning. Please start / complete Episode Summary.  
- Night Reg must review OIR patients with OIR SHO, preferably before 22:00. |
|      | **TELEPHONIC** ward round with on call consultant |
Referrals & admissions

• All emergency referrals MUST have an audit form completed – see Yammer for details – GICU junior docs group for details – soon to appear in the updated CHAOS book

• CTICU & Neuro ICU - relationships

• Trauma patients
  – secondary / tertiary survey including spinal clearance

• High risk surgery
  – optimisation protocol
  – Intensive overnight recovery unit (Holdsworth ward, 5th Floor, St James's Wing)

• Admission forms

• Bleeps – SpR 7980 / OIR 8278
Referrals & admissions

- Between 8am-6pm Monday to Friday - 90% seen within 15 minutes
- Out of hours - 90% seen within 30 minutes
- No management advice should be given without review and documentation in the patient’s notes
- Safe transfer = no preventable physiological deterioration OR untoward event between review and patient’s arrival on ICU
- Time from acceptance to admission:
  - Immediate – 90% within 30 minutes
  - Urgent – 90% within 60 minutes
Information sources / exchanges

- Consultants / senior nursing staff / junior nursing staff / physios / specialist pharmacists / others
  - internal (closed) verses other teams (open)
- PLEASE discuss problems / clinical uncertainties ASAP.
- There are patient management guidelines for most commonly encountered clinical scenarios.
  - These MUST be individualised for each patient.
  - Alternative strategies MAY be appropriate / necessary.
  - PLEASE document your rationale.
Information sources / exchanges

- CHAOS book - online.
- GICU website http://www.gicu.sgul.ac.uk
- Inform:
  - shift leader of admissions & discharges.
  - nurse @ bedspace of THE PLAN.
- Visiting teams: meet, greet, agree plan, ask THEM to document (their plan only).
- NOTE: closed unit i.e. GICU consultant (team) are final arbiters of all decisions (prescribing / blood products / scans etc)
Discharges

- When - NOT between 22:00 and 08:00
- Planning
- “Daily” updated eDischarge Summary
- Last look before the patient goes
- Communications
- GP discharge letters (ensure Ward Watcher diagnosis codes completed)
Death & dying

• End of life aide memoir
• After death: Promptly (same shift)
  – confirmation form NOT medical notes
  – certification (even if case to be discussed with coroner)
  – cremation forms (for all deaths)
  – Ward Watcher diagnosis
  – referrals to the coroner
  – episode summary
Common practical procedures

- Lines
- Intubation
- Bronchoscopy (scope tracking / preparation / safe & careful use / decontamination)
- U/S & echo
Infection control

• We have NOT been very good
• Failure to maintain this = punishment for ALL

• BASICS
  – Bare below the elbow / hair / jewellery
  – Hand washing / gloves / aprons (gowns)
  – ANTT

• LINES - help / checklist / technique / USE

• Multi-resistant organisms
Audited performance

• Antibiotics - Why? Stop / review date
• VTE
• Medical notes
• Infection control - hand washing etc
Audit & quality improvement projects
Do you have an idea for your project yet?

No, I'm waiting for inspiration.

You can't just turn on creativity like a faucet. You have to be in the right mood.

What mood is that?

Last-minute panic.
Audit & quality improvement projects

• Weekly score card for referrals - MANDATORY
• PROJECTS in need of new “foster parents”
  – Age, performance status (frailty score) & ICU outcome
  – Blood products & TEG
  – Daily checklist
  – cRRT
  – Sedation: targets set / achieved, daily cessation, delirium & CINM screening
  – Lung health score
• Other ideas welcome but must be approved by JB or MC or SL
Nasogastric tubes
“units” and drug charts etc
And finally . . .

- Case discussions (M&M&R&R), teaching & academia
- Educational and clinical supervision
- Weekly and monthly protected education events
- Information governance: Trust or NHS.net email addresses (or doctors.net)
- MAST
- Datix
- ESR

Oh and everything else