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

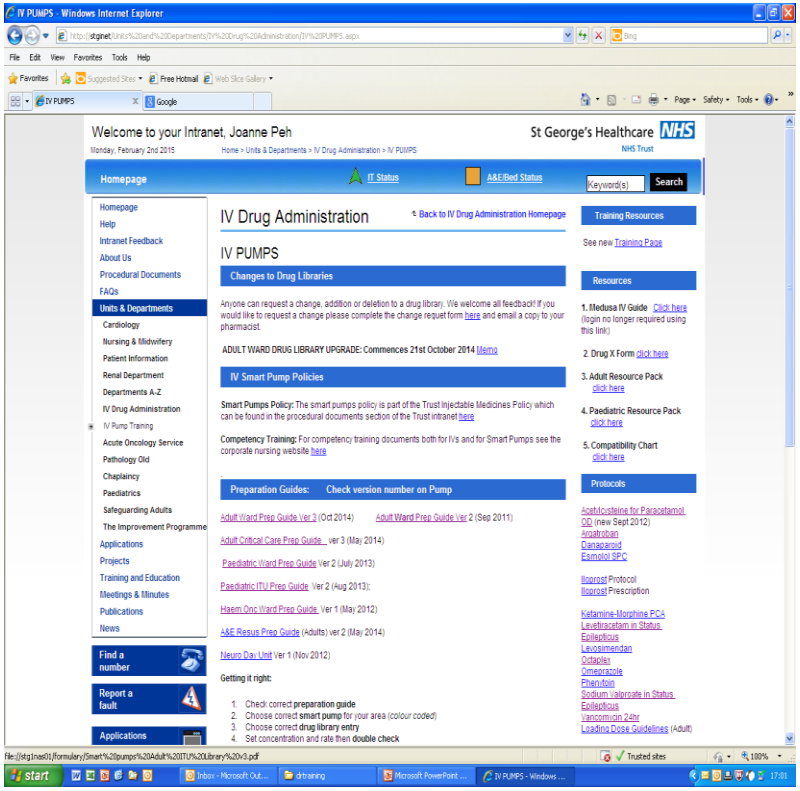
Supplementary Charts on the ICU - Continuous Renal Replacement

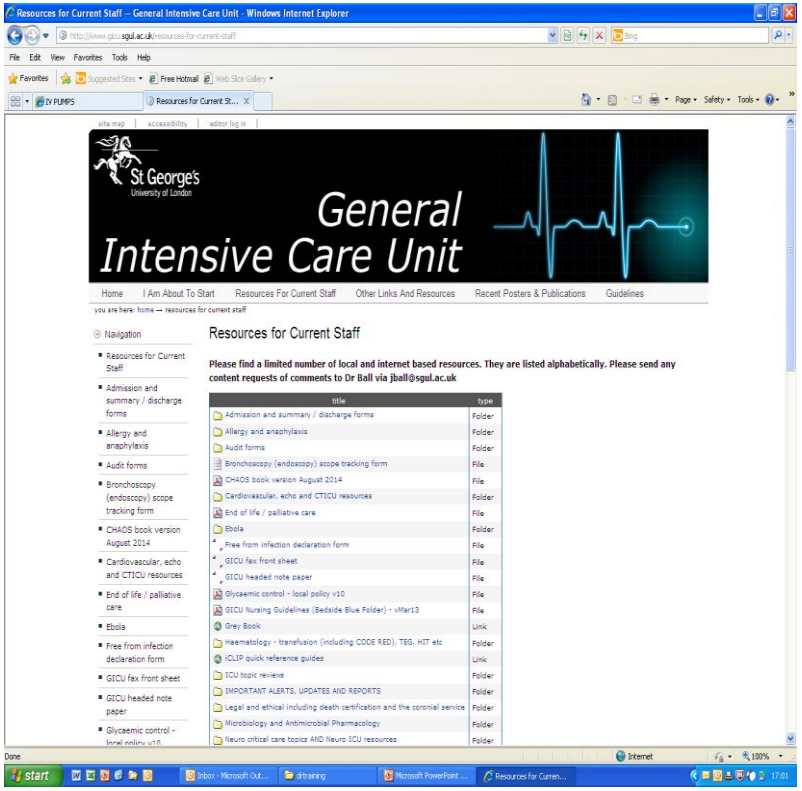
- Nurse will require a prescription prior to starting CRRT
- Chart prompts calculation for:
  - Ideal body weight (the table is on the Aquarius machines)
  - Dose
- Consider
  - Fluid balance
  - Anticoagulation – must be prescribed on the drug chart.

Other Supplementary Charts on the ICU

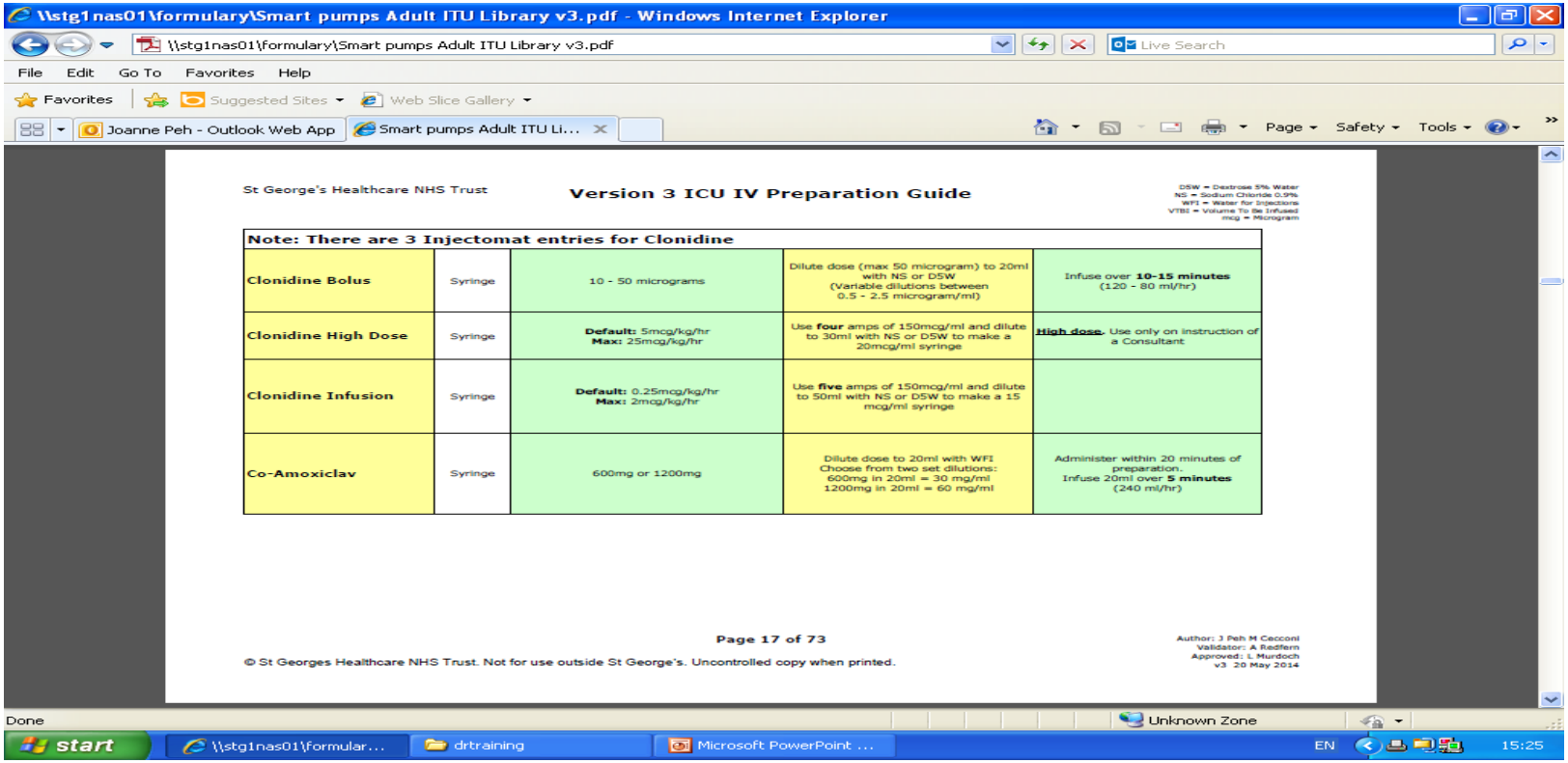
- Patient controlled analgesia (PCA)
- Epidural analgesia (levobupivacaine)
- Subcutaneuous injections for insulin – MUST use on GEN ICU whenever a patient requires SC insulin
- Warfarin dosing
- In iCLIP, these prescriptions are embedded within order sets

Where are all our drug protocols?





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



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

St George's University Hospitals NHS
NHS Foundation Trust

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** → Transcribe patients medications on to iCLIP and cross off paper chart
- **No** → Continue to use ward paper drug chart

Patient is ready for discharge to the ward.
Does the ward use electronic of paper prescribing?

Electronic

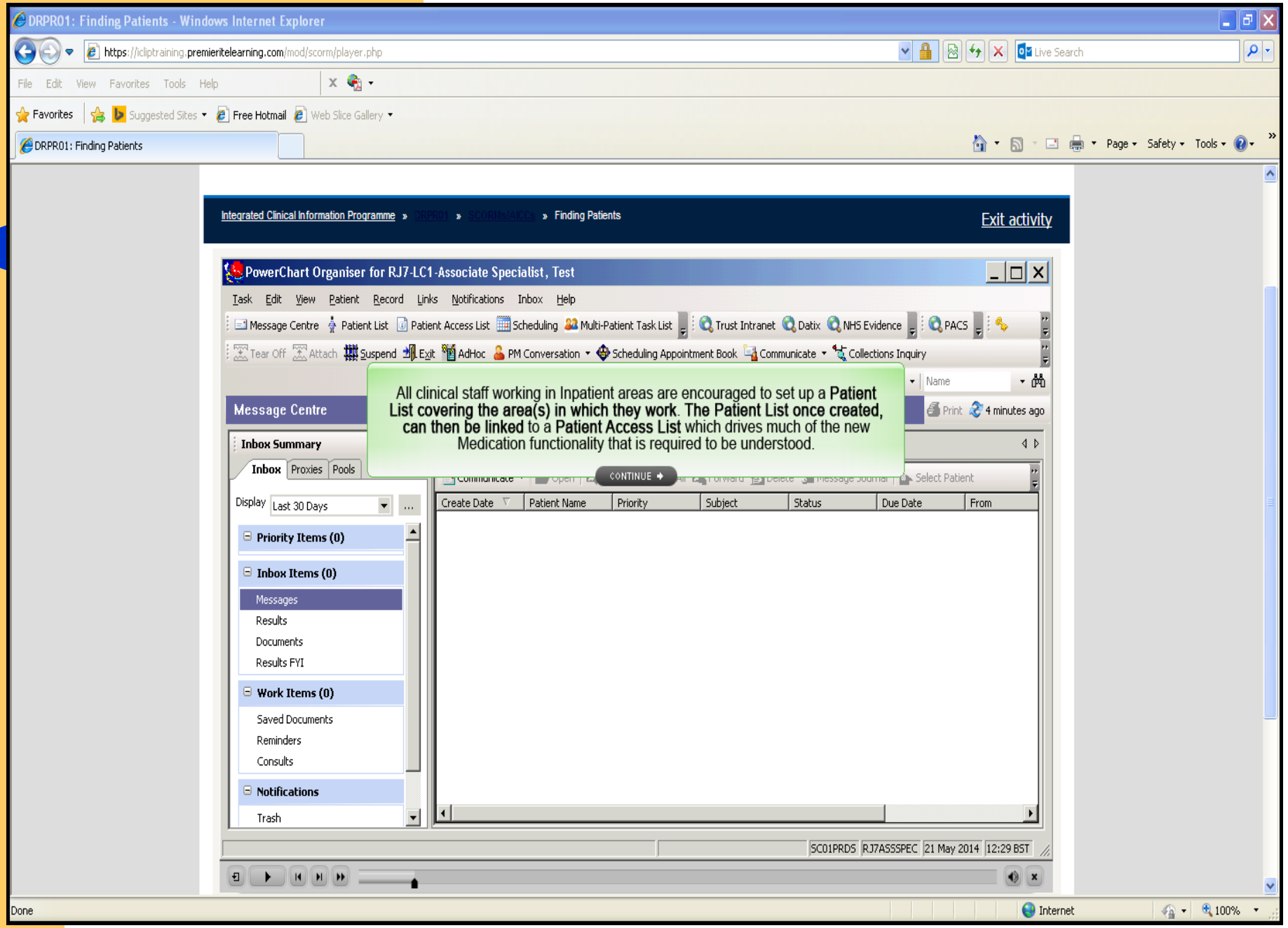
Discontinue electronic prescriptions that are NOT intended for ward use

Paper

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://icliptraining.premieritelearning.com/mod/scorm/player.php
Integrated Clinical Information Programme » DRPR01 » SCORM/AICC » Finding Patients
Exit activity
PowerChart Organiser for RJ7-LC1-Associate Specialist, Test
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.
CONTINUE
Message Centre
Inbox Summary
Priority Items (0)
Inbox Items (0)
Work Items (0)
Notifications
Create Date
Patient Name
Priority
Subject
Status
Due Date
From
SC01PRDS
RJ7ASSSPEC
21 May 2014
12:29 BST
Done