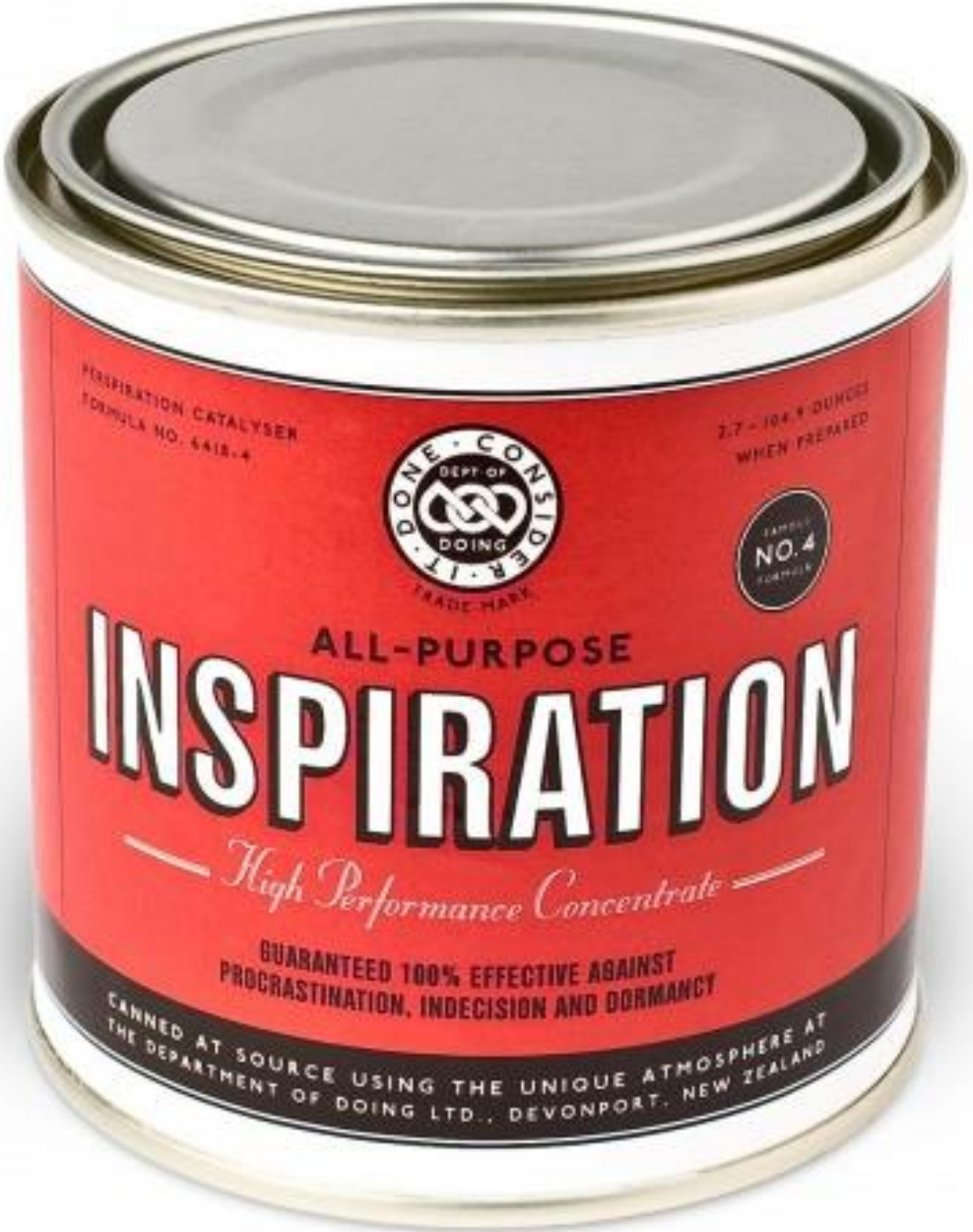
Unit induction – Wednesday 1st & Thursday 2nd Feb 17


Welcome to
General Intensive Care (Gen ICU/HDU)


Hoxton Street Monster Supplies
ESTD 1818
~ Purveyor of Quality Goods for Monsters of Every Kind ~
TINNED FEAR
A VAGUE SENSE OF UNEASE
PREPARED ACCORDING TO THE MONSTROUS PHARMACOPCEIA
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.


PERSPIRATION CATALYSER
FORMULA NO. 6418-4
2.7 – 104.9 OUNCES
WHEN PREPARED
DEPT OF DOING
IT · DONE · CONSIDER · IT
TRADE-MARK
NO. 4
ALL-PURPOSE
INSPIRATION
High Performance Concentrate
GUARANTEED 100% EFFECTIVE AGAINST
PROCRASTINATION, INDECISION AND DORMANCY
CANNED AT SOURCE USING THE UNIQUE ATMOSPHERE AT
THE DEPARTMENT OF DOING LTD., DEVONPORT, NEW ZEALAND

- 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

DAILY TIMETABLE

08:00-08:30	**HANDOVER** 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. HANDOVER 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	**HANDOVER** 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.
~23:30	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