RIE

General Critical Care

Operational Policy

Title: RIE General Critical Care Operational Policy	
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Admissions

Key Contacts:

Critical Care trainee on call **Pager:** 2306
Phone: 07773978874

Critical Care Consultant on call **Phone:** TBC
(only carried when resident)

Critical Care Nurse Coordinator **Phone**: 07976067336

- All Critical Care referrals should be made to the single Critical Care on call team. We no longer have separate referral teams for HDU and ICU.

Consultant on Call Roster

Mon-Thursday:

- **0830-1800:**
  -Monday **Base C** Consultant
  -Tuesday **Base B** Consultant
  -Wednesday **Base D** Consultant
  -Thursday **Base A** Consultant

- **1700-0830** **Backshift** Consultant

- The weekday **Critical Care consultant 2nd on call (0830-2200)** will be identified on the on call rota.

- **Friday to Sunday**
  The 1st and 2nd on call Critical Care consultant will be identified on the Consultant rota.

  Weekend consultant working hours are as follow:

Weekend type	Friday	Saturday	Sunday
A	0830-2200 (1st on)	0830-1300	0830-2200 (2nd on)
B	0830-2200 (2nd on)	0830-1300	0830-2200 (1st on)
C	0830-1700	0830-2200 (2nd on)	0830-1300
D	0830-1700	0830-2200 (1st on)	0830-1300

The 2nd on call consultant will take the role of HMC in any Major Incident

Elective Referrals

Planned elective cases will be identified pre-op via the waiting list system. Any additional cases identified on the day of surgery should be discussed with the 1st on call Critical Care consultant of the day (Phone: TBC) or ICM trainee on call (Pager: 2306 Phone: 07773978874)

Emergency Referrals

Referrals should be made at ST level and above. The referral should be discussed with the consultant of the referring team in order to confirm ACP and escalation of care pathways.

All Critical Care Emergency Department, theatre and ward referrals should be made to the Critical Care trainee on call (**Page 2306** / **07773978874**).

All referrals will usually be assessed by the Critical Care team prior to admission and this assessment will be documented on TRAK using "\ccrr." The assessing trainee will discuss all referrals with the Critical Care consultant on call.

Particularly for Emergency Department referrals, a decision whether to admit or not should be communicated to the referring team within 60 minutes of receiving the referral. If the decision is not to admit, then an alternative admission destination should be confirmed.

CODE RED Trauma Calls

Critical Care attend all Code Red trauma calls. The Critical Care trainee will be notified of any call via the 2306 pager. Further details are outlined in the Major Trauma intranet pages.

ECPR Referrals

When available, ECPR runs 0900-1700 Monday to Thursday. All ECPR Cardiac Arrest referrals should be made via the 2222 system stating ECPR. This will notify the ECLS team on call. Further details are outlined on the Critical Care ECLS intranet pages.

Critical Care Admission Process

The Critical Care on Call medical team will notify the Critical Care coordinator of all referrals and admissions at the earliest opportunity.

Placement of admissions within the Critical Care pods will be the joint responsibility of the consultant on call and the Critical Care coordinator.

Any capacity issues should be managed as per the NHS Lothian Critical Care admissions and escalation policy.

It will be the responsibility of the On Call Critical Care team to handover the admission care plan to the relevant POD medical team.

Critical Care Discharges

Once patients are identified as suitable for ward discharge by the Critical Care medical team, this plan for discharge will be discussed with the receiving ward team.

Within POD A, B and D a TRAK IDL correspondence note will be completed for all patients. This should be authorized by the relevant POD consultant. Any transfer from POD A, B, or D to C should also have an IDL completed and authorized.

Within POD C a TRAK IDL will be completed for all non-elective Critical Care discharges. A TRAK IDL will also be completed for any elective case where there have been management complexity during their Critical Care stay. POD C IDLs do not need to be authorized.

In addition a Consultant discharge letter will be dictated for any deaths and any discharges direct to home.

POD Organisation

General Critical Care will be arranged across 4 distinct Pods. Each Pod will have a specific daytime consultant, medical team and nurse in charge. It should be noted that for the purposes of equity POD A encompasses bed 11 (located beyond partition wall). As of July 2019, the total capacity of Critical Care will be 40 rather than 42 beds with 1 bed closed in POD B and 1 bed closed in POD C.

118 A Beds 1-11

118 B Beds 12-23

116 C Beds 24-34

116 D Beds 35-42

Provisional Pod/Bed characteristics (to be reviewed at 1 year)

Beds 1-19

-All emergency flow from ED and wards including neuro, obstetric, ECLS.

Beds 20-23

-Can be used for long term wean patients. Other cases dependent on overall unit demands.

Beds 24-34 (116 Pod C)

-Designated “HDU” area only. Any patients with Level 2 ceilings of care should be exclusively admitted to this area.

Beds 35-42 (116 Pod D)

-Preferentially to include any level 3 with a projected short length of stay (such as elective cases) or complex elective Level 2 cases. Other cases dependent overall unit demands

POD Medical Trainee and ACCP Staffing

Medical trainees and ACCPs will be assigned to a specific POD. If there are any imbalances in POD staffing levels, this will discussed at the 9am bed meeting.

Critical Care Medical Handover

Trainee/ACCP handover will occur at 0830 and 2030 each day. The rostered Pod consultants will attend all 0830 handovers. All handovers must finish by 0900 / 2100 each day to allow night staff home.

118 Pod A and B Consultant handover will be undertaken on Monday and Friday AM.

Monday to Thursday 116 C Consultant handover will be undertaken dependent on the consultant rota pattern for that week. Each Friday, weekend 116 C and D consultant handover will be undertaken jointly.

Consultant Backshift Handover Monday to Thursday

The backshift consultant will be resident from 1700 until 24.00 and then 1st on call from home thereafter. The late shift consultant will be 2nd on call and resident till 22.00pm and on call for HMC.

The backshift Consultant will commence a focused consultant handover at 17.00 aiming to ensure daytime consultants leave at 18.00. Further handover will take place with the late shift consultant to ensure they are able to leave at 22.00.

There will be no routine handover from the backshift consultant to the day team. If there is particularly information needed to be passed on this will be communicated to the 1st on call consultant of the day.

Daily Working

The 118 work room will continue to be used as the work room for POD A and B. The trainee staff will maintain an up to date admission board in this area

The 116 work room is currently the 116 meeting room. The trainee staff will maintain an up to date admission board for POD C/D in this area.

Unit Meetings

Bed Meetings

A bed meeting will be undertaken at 0900 and 1500 each day in the 118 DAR. All POD consultants and nurses in charge will attend. All capacity, safety, end of life and research issues will be identified at this meeting. Specific risks including airway, ICP, risk of bleeding etc will be identified during this meeting.

The Critical Care Co-ordinator will handover a list of Patients for Pain review to the Pain team at the end of this meeting.

Micro Ward Rounds

A Microbiology ward round will commence in 118 Pod A and B at 1515 each day. Pod C and D Medical teams should seek microbiology advice via the microbiology service on extension 26066

Multi-disciplinary team meeting

A multi-disciplinary meeting will be held at 1300 on Monday in the 118 DAR each week. This will be available via Microsoft Teams. Each POD consultant will attend and discuss relevant cases. Cases from all 4 Pods should be considered. Cases to be presented should include:

-cases with either diagnostic or management complexity-cases with strong educational value

Any relevant Quality presentations will be presented in the final 10 minutes of the MDT meeting.

Long term patients will be discussed in a separate MDT meeting.

Journal Club

A Journal Club will be held in the 118 DAR every Wednesday at 1600. This will also be available via Microsoft Teams

M and M meeting

The weekly M and M meeting will be held in the 118 DAR 0800-0845. The meeting will also be available via Microsoft Teams. The relevant Pod consultant should ensure that a TRAK M and M entry has been completed for all deaths prior to this meeting. The meeting will be chaired by the Saturday 1st on call consultant and any TRAK M and M record updates will be completed by the Friday 2nd on call consultant using the ICU laptop.