

Critical Care Outreach Team Investigation and Early Interventions Nurse Initiated Protocol

Site Applicability

St. Paul's Hospital in all in-patient areas.

Practice Level

Advanced Skill

RNs with critical care training who have received orientation to the Critical Care Outreach Service and who work on the Critical Care Outreach Team (CCOT)

CCOT RNs must meet the following minimum education, competencies and clinical experience requirements:

- Specialty certification in critical care nursing (BCIT or equivalent) AND 2950 hours of clinical ICU experience in the past 5 years OR 3900 hours of clinical ICU experience in the past 5 years*
- Current CNA certification in Critical Care Nursing (Adult)(CNA-AIIC, 2017), OR at achieving a score of 4 or higher (i.e., proficient to excellent) on at least 80 percent of all items on the ICU RN Competency Tool (July 2018)
- Completion of the [Learning Hub NIA](#) course; Understanding Autonomous Practice and Nurse Independent Activities (NIA)/Nurse initiated Protocols (NIP)
- Completed CCOT education and orientation.

Policy Statements

- The use of NIP is supported within PHC:
 - Policy: [Nurse Independent Activities \(NIA\) and Nurse-Initiated Protocols \(NIP\)](#).
 - Physician/NP orders override the use of NIAs and NIPs.
- In addition to the approved NIP/NIA list for PHC, the following NIPs have been agreed upon for action by the PHC CCOT team (see [Appendix B](#) pre-printed Nurse Initiated Protocol Orders (PHC-PH814-RN))
 - stat bloodwork
 - stat cultures
 - stat diagnostic tests
 - Peripheral IV start and fluid bolus

Need to Know

Nurse-Initiated Protocols (NIP)

Nursing scope of practice may be optimized through NIPs. Only RNs & RPNs can perform NIPs. In a NIP, the RN/RPN:

- Either
 - Makes a [provisional diagnosis](#) of a [disease/disorder](#); or
 - Needs diagnostics for the purpose of assessment (i.e. for planned procedures/surgeries, screening tests such as serology for immunizations, or for purposes of triage for conditions not yet diagnosed)
- Initiates a [protocol](#) to carry out the activities that are within nurses' [autonomous](#) scope of practice to initiate (e.g. venipuncture for bloodwork and/or an IV bolus, requisition an ankle x-ray) but that require action and/or follow-up by a MRP (e.g. X-ray follow-up).

Critical Care Outreach Team

When CCOT is consulted for patients who are unstable, deteriorating, or who are at high risk of clinical deterioration, timely investigation and intervention is essential. This NIP enables the CCOT RN to initiate urgent investigations and/or appropriate interventions quickly while continuing to work collaboratively with the primary care team.

Protocol

Assessment:

The CCOT team will perform a comprehensive physical assessment, which in addition to a systematic head-to-toe physical assessment, also includes:

- review for any early warning signs of deterioration (i.e., CCOT call criteria)
- current vital signs,
- review of medical history and current events leading to CCOT activation

While the primary objective is to work collaboratively with the primary care team, sometimes patients require urgent interventions. Based on the findings from the comprehensive physical assessment, if the CCOT RN determines there is need for early intervention, then they will follow the "CCOT Early Investigation and Intervention Bundle" Algorithm, (see [Appendix A](#)) and utilize the CCOT Nurse Initiated protocol PPO ([Appendix B](#)). All interventions are communicated to the patient's primary care team as soon as possible.

The CCOT RN will select the appropriate investigations and interventions from the CCOT Urgent Investigation and Intervention Bundle PPO ([Appendix B](#)) to be conducted STAT.

Note: A provider's order for fluid bolus is required (MRP/NP or CCOT MD) for patients who have a history of significant cardiac and/or renal failure

Communication:

Both the CCOT MD and the patient's MRP should be informed as soon as possible regarding the patient's status, which interventions and investigations were initiated, as well as an update to any patient responses or outcomes.

Documentation

All CCOT assessments and interventions should be documented on the CCOT Contact Record (PHC-IC057). The CCOT Supplemental Contact Record (PHC-IC058) can be used if there is need for additional comments.

All tests and interventions are ordered using the Nurse Initiated Protocol (PPO) PHC-PH814-RN

Patient and Family Education

Introduce yourself and explain to patient and /or family the CCOT role and the purpose of assessments and interventions. Obtain consent if appropriate for any assessment/interventions.

Related Documents

1. [BCD-11-11-40001](#) - Nurse Independent Activities (NIA) and Nurse Initiated Protocols (NIP)
2. [B-00-04-10001](#) – Nurse Independent Activities (NIA) and Nurse Initiated Protocols (NIP)
Approved at PHC. Includes
 - a. [Anaphylaxis - Initial Emergency Treatment](#)
 - b. [Hypoglycemia](#) in Diabetes: Adult Management Protocol
 - c. [Naloxone \(narcane\) Administration](#) in the Management of Suspected Opioid overdose in **Acute Care** without a Prescriber Order
 - d. [Oxygen Therapy](#) in **Acute Care**
 - e. [Urinary Catheterization](#) (Intermittent, as per protocol)
3. [B-00-13-10017](#) - Physical Assessment (Critical Care Areas)
4. [B-00-11-10169](#) – Corporate Policy Re: Texting

References

1. Canadian Association of Critical Care Nurses. (2017). *Standards for Critical Care Nursing Practice* (5th ed.). London ON: Canadian Association of Critical Care Nurses.
2. CNA-AIIC. (2017). Exam Blueprint and Specialty Competencies: Critical Care (Adult) Nursing Certificate. from https://www.cna-aiic.ca/-/media/nurseone/files/en/critical-care-adult-nursing-certification_competencies-and-blueprints.pdf?la=en&hash=7E6EC8DAB1B341C3503374910334678762461405
3. Jones, D. A., DeVita, M. A., & Bellomo, R. (2011). Current Concepts: Rapid-Response Teams. *The New England Journal of Medicine*, 365(2), 139.
4. Safer Healthcare Now. (2009). Getting Started Kit: Rapid Response Teams How-To Guide. Retrieved May 16, 2016, from

<http://www.patientsafetyinstitute.ca/en/toolsResources/Documents/Interventions/Rapid%20Response%20Teams/RRT%20Getting%20Started%20Kit.pdf>

5. Schein, R. M., Hazdat, N., & Pena, M. (1990). Clinical antecedents to in-hospital-cardiopulmonary arrest *Chest*.

Groups/Persons Consulted

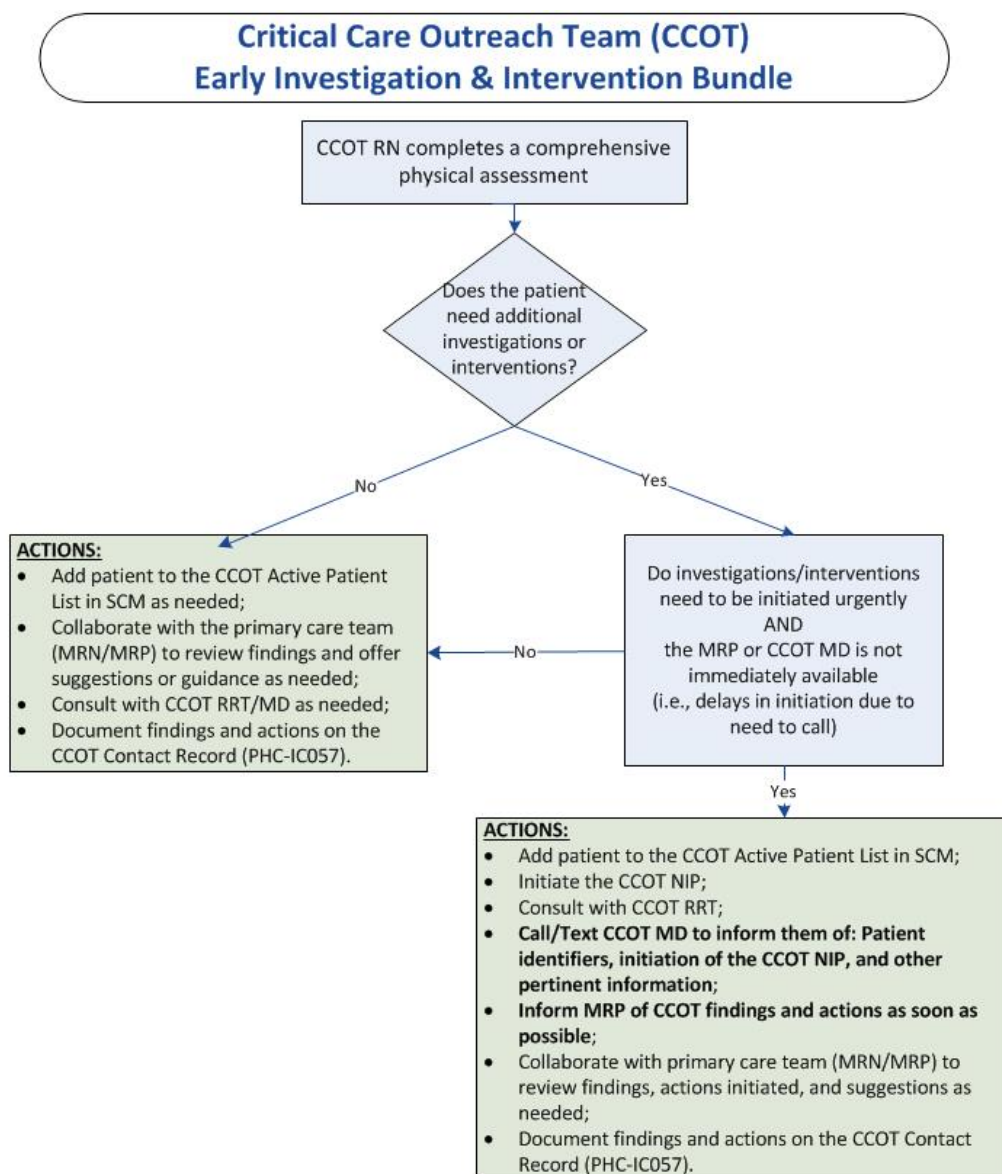
ICU Nurse Educators
 Performance Improvement Consultant
 Clinical Coordinator Respiratory Services
 Professional Practice Leader Respiratory Therapy
 Respiratory Therapy Staff Educator
 Program Director (Acute and Access Services)
 Intensivist & CCOT Physician Lead
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Owners:	PHC
	Critical Care Outreach Team

Appendix A – CCOT Early Investigation and Intervention Bundle



Abbreviations:

CCOT = Critical Care Outreach Team

CCOT MD = CCOT Medical Doctor

CCOT NIP = CCOT Early Investigation and Intervention Nurse Initiated Protocol (PHC-XXXX)

CCOT RRT = CCOT Registered Respiratory Therapist

MRN = Most responsible nurse

MRP = Most responsible provider (physician or nurse practitioner)

SCM = Sunrise Clinical Manager (i.e., Electronic Medical Records System)

Notes:

The CCOT NIP is reserved for CCOT RNs only as they have demonstrate advanced competencies in Critical Care Nursing and have additional training to be on the CCOT team. The CCOT MD is to be alerted as soon as possible any time the CCOT NIP has been initiated.

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Appendix B – CCOT Early Investigation and Intervention NIP PPO (PH814-RN)

**IF YOU RECEIVED THIS FAX IN ERROR,
PLEASE CALL 604-806-8886 IMMEDIATELY**



NURSE INITIATED PROTOCOL

NO DRUG WILL BE DISPENSED OR ADMINISTERED WITHOUT A COMPLETED CAUTION SHEET ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)	
Medications and other actions documented on this Nurse Initiated Protocol are only valid for 24 hours Orders for continuing therapy beyond 24 hours must be obtained from a prescriber	
DATE AND TIME	<div style="text-align: center;"> NURSE INITIATED PROTOCOL CRITICAL CARE OUTREACH TEAM'S (CCOT) URGENT INVESTIGATION & INTERVENTION BUNDLE <small>(Items with check boxes must be selected to be ordered)</small> </div> <div style="text-align: right; font-size: small;">Page 1 of 1</div>
	<div style="display: flex;"> <div style="flex: 1;"> <p>LABORATORY:</p> <p>Blood Tests (STAT):</p> <p><input type="checkbox"/> CBCD</p> <p><input type="checkbox"/> Group and screen</p> <p><input type="checkbox"/> Arterial blood gas</p> <p><input type="checkbox"/> Electrolytes, urea, creatinine</p> <p><input type="checkbox"/> Magnesium and phosphate</p> <p><input type="checkbox"/> Ionized calcium</p> <p><input type="checkbox"/> Lactate</p> <p><input type="checkbox"/> Troponin</p> <p><input type="checkbox"/> INR and PTT</p> <p><input type="checkbox"/> ALT, Alk phos</p> <p>Cultures (STAT):</p> <p><input type="checkbox"/> Blood cultures x 2</p> <p><input type="checkbox"/> Sputum cultures</p> <p><input type="checkbox"/> Urine cultures</p> </div> <div style="flex: 1;"> <p>DIAGNOSTICS:</p> <p>STAT: <input type="checkbox"/> 12 lead ECG - Indication: _____</p> <p><input type="checkbox"/> Portable chest X-ray - Indication: _____</p> </div> </div> <div style="margin-top: 10px;"> <p>INTERVENTIONS:</p> <p><input type="checkbox"/> Insert peripheral IV</p> <p><input type="checkbox"/> sodium chloride 0.9% IV 500 mL over 15 minutes x 1 dose</p> <p>*OR*</p> <p><input type="checkbox"/> lactated ringers IV 500 mL over 15 minutes x 1 dose</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; font-size: small;"> <p><i>NOTE: Fluid bolus not applicable when the patient has a significant history of cardiac and/or renal failure.</i></p> </div>
	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p>_____ Printed Name (CCOT RN)</p> <p>_____ Printed Name (CCOT MD)</p> </div> <div style="width: 20%; text-align: center;"> <p>_____ Signature</p> </div> <div style="width: 40%; text-align: right;"> <p>604-319-3536 Contact Number</p> </div> </div>

Form No. PH814-RN (May 8-19)

ALL NEW ORDERS MUST BE FLAGGED
FAX COMPLETED ORDERS TO PHARMACY PLACE ORIGINAL IN PATIENT'S CHART

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