**BOLTON NHS FOUNDATION TRUST**

**INFORMATION BOOKLET FOR STUDENTS ALLOCATED TO CRITICAL CARE**

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*Revised on April 2022 By Gail Hull / Kirsty Fearnley*

**Welcome to the Critical Care Unit**

This booklet has been produced by the staff on Critical Care to give you an insight into your allocation. We realise that a placement in a critical care can make students excited but often also apprehensive and we would like to assure you that these feelings are normal. Hopefully you will soon settle in and feel part of our friendly and approachable team.

For the duration of your placement, you will be assigned a mentor and an assistant who will make every effort to coordinate your off duty to maximize time spent working with them. However, it may not always be possible to work with your allocated mentor team and if this case arises, you will have the opportunity to gain experience with other experienced members of the Nursing team. You will always be supernumerary whilst on Critical Care.

To maximise your learning experience we would like you to have an enjoyable placement and will do our best to make you feel a part of the team. In return, we ask that you act in a safe manner and engage with all our colleagues to make the most of the numerous learning opportunities available.

**Introduction**

Critical Care compromises nineteen adult beds, 5 of which are side wards.

One-to-one nursing care is provided to treat a wide range of critically ill patients.

**Levels of care:**

Understanding levels of care will help you to understand how intensive care works in relation to the treatment of patients nursed in other parts of a hospital. The level of care determines how much treatment is required for patients, and how intensive it is.

* **Level 0** - patients can be cared for on a normal ward.
* **Level 1** - patients are at risk of deterioration in their conditions, and require a higher level of care.
* **Level 2** – patients require more in-depth care and observation, such as after an operation, or those who have a single failing organ system.
* **Level 3** - patients who cannot breathe without medical help, requiring support for at least two failing organ systems, such the kidneys and respiratory system, or have multi-organ failure (MOF).

Children are not nursed on this unit. If they need intensive care they are transferred to a paediatric Critical Care. In special circumstances we have nursed patients under the age of 16 for a short period of time if the service required this whilst awaiting a paediatric bed.

The unit provides regular information about bed availability to the Intensive Care Bed Information Service (ICBIS). This service collects information on Critical Care bed availability within the region so that only one call needs to be made if there are no beds locally when one is needed. Our nurses and doctors also transfer patients to other hospital for specialist management if required.

Critical Care is a part of the Anaesthetics and Surgical Division.

**Philosophy**

The nursing team of Bolton Critical Care embrace a philosophy which is committed to providing:-

* A high standard of care underpinned with Research Based Practice and knowledge
* A flexible environment which encompasses, support and respects physical, psychological, social and spiritual needs of patients, relatives and carers.
* A humanistic approach to recognise when illness becomes overwhelming and permits a peaceful and dignified death.
* A culture committed to continuing education that provides support and guidance to individuals in their own pursuit of professional development objectives.

Students are required to work 3 days a week. Due to the deduction of break times, it is expected that full-time staff will work 1 extra shift over the 4 week period and be subject to negative hours accrued

Your off duty will be done by one of the Practice Educators/PEL’s. You will be expected to work the shifts you are allocated. You are permitted to swap shifts with your fellow students if this is suitable and still allows you time with your Assessor.

Due to the large number of supernumerary/rotating staff we have to be rigid with off duty, if you have any concerns or issues with your off duty please contact the Trust PEF Team.

Shift swaps can only be authorised by the practice educators or shift leader.

Critical Care can only allow maximum of 4 supernumerary members of staff per shift this includes students of other professions, theatre/recovery staff rotations and new critical care staff.

**Shift Times & Off Duty:**



**Day:** 08:00 – 20:30

**Breaks:** 1 Hour for day shift (split into 2 breaks) 1 hour for night shift.

**Night:** 20:00 – 08:30

**Uniforms**

Students allocated to the Unit should wear their normal uniform to prevent them being mistaken for Critical Care staff in case of an emergency. Travelling in uniforms **is not allowed** so students should come to work in their own clothes and change before and after each shift. Allow enough time to change on arrival.

All staff are expected to be clean and smart in appearance. Footwear is as per uniform policy i.e. must be suitable for the area, be protective of the feet and in good condition. Wedding rings and a single pair of stud type earrings are permitted. Hair must be tied up if longer than collar length.

**Sickness and Absence**

**If you are sick please can you contact the unit, as well as University, prior to** **commencement of your designated shift**.

It is important that you inform the unit of your intention to return. The direct number is (01204) 390997. A record of your attendance and hours worked is recorded and returned to college every week.

**Mentors & Assessors**

You will be assigned a mentor and associate mentor on commencement of your placement and we will try to maintain the same mentor throughout, however due to staff working regular night rotation and annual leave this is not always possible. Also you may be allocated to work with someone else even though your mentor is on the same shift to keep others mentor skills up. You mentor will still oversee your progress.

On completion of your placement you will be asked to complete an evaluation of your placement and we receive feedback on this from the University. However if during your time here you have any ideas about how we can improve the student experience, comments would be gratefully received.

From September 2019 students will be allocated a Practice Assessor and supervisor instead of mentors if they have started on the new curriculum. You will be allocated to a team of nurses who will together support you through this placement.

**Learning Opportunities**

You will soon become aware of the numerous learning opportunities available on the unit from developing basic nursing skills, how to care for critically ill patients at various stages of their illness to observing procedures. We are keen that you take advantage of all aspects of learning, so if something is of interest to you don’t be afraid to ask the staff if you can participate or observe and we will do our best to involve you. In addition there are a number of spoke placements that can be organised during your placement.

Intensive care is a dynamic and responsive speciality. This is reflected in the constant upgrading of research and the preferred teaching medium is IT. There are several terminals around the unit plus a practice based education team who can help you with specific research and learning needs. During your placement you should also be given the opportunity to attend a Unit Development Session which will give insight into the latest innovations in practice.

We have also recently over the last 12 months introduced simulation into the education package we provide for our staff. We run regular simulation days and also impromptu in house simulation when the unit allows. If you are on shift when either are happening, you will be expected to attend.

**Practice Educators**

 **Gail Hull**, **Kirsty Fearnley** and **Emma Parker Bell** are the Practice Educators on Critical Care and are jointly responsible for co-ordinating staff training and development including students and they will be happy to help in any way they can. **Gabrielle Cafferty** and **Adam Traynor** are the unit link nurses for students.

**Student Noticeboard**

Here you will find current correspondence from the University, copies of the welcome booklet and evaluation forms.

We also have a new Topic of the Month board which is situated outside Sideroom 1 Area 1. If you are a student on a placement with us surpassing 10 weeks we will expect you to pick a topic and present this on the board the following month. The Practice Educators are available to help you with this and you will be given time to complete this.

**Please familiarise yourself with the board.**

**Staff Photographs**

Just Inside the main entrance to Critical Care, there is a Gallery of staff photographs with the names and designation of all members of the Critical Care team. This might assist you in identifying some of the staff who work on the unit.

**Educational Audit**

The Quality Manual can be located in the training room. Contained in the Quality Manual are the recent educational audits and other information relating to Critical Care.

To help maintain the quality of the placement you will be asked to complete an evaluation form. It is optional and can be anonymous however we value your comments good and bad so long as you can be constructive. Any comments will help to guide future changes and improvements.

**The Nursing Staff:**

**Qualified & Unqualified**

We have four Band 7 Ward Managers who are responsible for providing professional leadership and managerial responsibility for all the clinical staff within ICU. These are**: Sister Nicola Baxter**, **Sister** **Sue Williamson, Sister Kathryn Williams & Sister Katie Dodrill**. They work both clinical shifts and managerial days.

There are several Band 6 Deputy Ward Managers and number of Band 5 Staff Nurses. This large number of staff gives us an advantage of having a large learning resource for you to benefit from due to the vast range of experience and skills we provide. Each member of staff has an area of interest or responsibility such as teaching, skills training, clinical or practice development.

We have three Practice Educators **Sister Gail Hull**, **Sister Kirsty Fearnley** and **Sister Emma Parker-Bell**. Gail and Kirsty have a dual role which consists of Practice Educator and Deputy Ward Manager. They work part on the unit and part in the office.

The Unit has three levels of Health Care Assistants (HCA’s).

Band 3 HCA’s: **Julie Mortimer, Jeanette Gammack & Diane Campbell**

It is part of Julie, Jeanette & Diane’s role to assist with the delivery of care for less dependent Critical Care patients with the support of a qualified nurse. They are usually allocated to work with the Shift Leader to enable the nurse in charge to co-ordinate the Unit. They may also be allocated to Staff with very busy/complex patients and at times may be allocated a low dependent patient in the event of qualified staff sickness.

Band 2 HCA’s: Their main role is to assist the qualified nursing staff in the delivery of patient care, cleaning and tidying, damp dusting, ordering of stores and re-stocking of essential equipment at the bedside and in treatment areas.

(Cleaning and Stocking is everyone’s role)

House Keeper: **Karen Smalley and Caroline Konopka**.

Their role is to ensure adequate levels of stock are maintained, and to place orders for stock when needed.

Our Clerical Support Staff.

To assist the Nursing staff to devote as much time as possible to patient care we have a number of clerical administration staff.

Also based in the office is **Sister Janet Jeary** who is the Critical Care Governance Lead Nurse.

**ICU Technicians.**

**Iain Burgoyne and Andy Dooley** are the technicians for the whole of critical care. He provides support with the training and management of medical devises in use on the unit. You are expected to complete medical devise training that is appropriate to your grade, see Iain for details. His office is situated in the narrow corridor leading to the staff room. Iain is also one of Critical Care’s Deputy Ward Managers and works at least 1 clinical shift a month.

**Medical Staff**

There are many doctors that work in Critical Care.

**Consultants:**

Anaesthetic Consultants with a special interest in ICU are:

**Dr S Thornton Dr Jayasakera Dr McEvoy**

**Dr J Woods Dr A Eusuf Dr E Wheatley**

**Dr S Saha Dr L Bates Dr D Nethercott**

**Dr J P Lomas Dr M Balasubramaniam Dr G Hughes**

**Dr C Oakden**

Consultant Anaesthetist’s are available 24 hours a day whether that be in person on via phone. These is a Critical Care Registrar on the unit 24 hours a day.

**Other Medics**

24 hours cover is provided by Associate Specialists, Staff Grades, ST 4-7, CT2, Speciality Doctors and Fy’s.

In addition to this cover the patient may also be reviewed by the speciality doctor i.e. Medical / Surgical / orthopaedic

Patient care remains the dual responsibility of the admitting consultant and the anaesthetic consultant.

**The Multi-disciplinary Team (MDT)**

Although patients are nursed on a one to one basis the nursing role can be described as that of a ‘care co-ordinator’. This means that the nurse facilitates the involvement of other disciplines within the care environment. The medical staff generally assess each patient during the morning so any care/further treatment can be co-ordinated. Medical staff are available throughout the day for further advice.

**MDT Members:**

Regular members of the team include: nurses, medical staff, physiotherapist (who visit twice a day during the week, and once a day at weekends, they are also on-call for emergency physio), dieticians (visits daily Monday to Friday, we have our own feeding protocols for out of hours until patients are reviewed by a dietician), pharmacist (visits daily and are on-call), radiology (come to the unit as required and the doctors liaise with the department as and when further scans are required), infection control (SEE: below).

Other MDT members include: tissue viability, podiatry, diabetic specialist nurse, occupational therapist, alcohol liaison nurse, mental health team.

There are many other members of staff who may have an input in patient care, but on a more occasional basis.

**Domestic Services**

The unit has its own designated cleaner who takes great pride in maintaining a high standard throughout the unit working each weekday morning. Other domestic staff work each afternoon, evening and at weekends. If any specific problems arise then the domestic supervisor can be contacted via switch.

Equipment in each bed area is the responsibility of the nursing staff to be kept clean, with daily damp dusting to be done. All equipment within the bed spaces receives thorough cleaning following the patients discharge; this is done by all members of staff.

**Critical Care Facilities**

There are Female changing facilities within the Critical Care department. Male staff change in the Theatre changing facilities. All changing rooms are equipped with staff lockers, toilet and shower facilities and we have small lockers in the staff room for storage of bags and valuables. These are operated by pound coins.

The main staff room is located on the G5 side of the unit. It comprises of comfy seating and tables and chairs to eat your dinner. The staff allocation board is situated in here where you will go to prior to your shift to find out which patient you have allocated to. Tea and Coffee at the moment is provided however you are more than welcome to bring your own. We have 2 x refrigerator’s and 1 freezer for you to store food and drink.

The staff wellbeing room is the envy of the hospital with its bird eye view. It has lots of comfy chairs and is very pleasant for taking breaks and having time to reflect.

**Facilities for Relatives**

There is 1 main relatives room on the corridor to Critical Care equipped with comfortable seating, a kitchen and shower facilities for relatives to use.

There are various information booklets and leaflets for relatives that you could look at during your placement.

**VISITING TIMES**

These are the same as the rest of the hospital:

**14:00 – 15:30**

**18:30 – 20:00**

Our unit visiting times are adhered to as much as possible. However allowances are made at the discretion of the nurse in charge for the families of patients who are extremely unwell.

\*\* VISITING IN CRITICAL CARE IS CURRENTLY SUSPENDED DUE TO THE ONGOING COVID 19 PANDEMIC, ALTHOUGH THERE ARE EXEMPTIONS\*\*

**Infection Control.**

Infection control and prevention are of paramount importance and the need for frequent hand washing cannot be over emphasised. Patients on intensive care are at high risk of acquiring infections because of the nature of their illnesses and the number of invasive procedures they undergo. Patients are swabbed, for MRSA, on admission.

All bed areas have individually colour-coded aprons, bedside trolleys, and stethoscopes. All members of the MDT wear the appropriate colour aprons for each bed space and must always wash their hands between patients. A bottle of alcoholic hand rub is kept at each bedside. Visitors must remove their coats and are encouraged to wash their hands before **and** after their visit.

The unit is regularly visited by the infection control team and has a dedicated link nurse. Further information about Infection Control matters can be obtained from the red infection control file.

**Moving and Handling in Critical Care**

Although management of the patient in Critical Care can become very technical, the principles of good basic care remain very similar to what you have probably already experienced. However, on Critical Care, basic care can be complicated by multiple invasive attachments, the patient being sedated, Proning, Cardiovascular and respiratory instability, delirium and continuous therapeutic therapies. Added care needs to be taken when moving and handling these patients and you will get involved with this important aspect of care.

**Mortality**

Critical Care patients are by definition some of the sickest in the hospital and as a result it is unlikely that you will get through your placement without being involved in end of life care. This can include withdrawal of active treatment, brain stem testing and organ donation. These can be difficult subjects to deal with. Do not be afraid to discuss your fears and feelings with other members of staff. We are aware of the need to support each other and as a member of the team you should access that support.

**Duty of Candour**

Here on Critical Care we fully support the Duty of Candour. The Duty of Candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.

**Freedom to Speak up Guardian.**

Within this trust we have a Freedom to Speak up Guardian who is called Tracey Garde. There is also several Freedom to Speak up champions around the trust. Freedom to Speak up Guardians help: Protect patient safety and the quality of care.

**Finally**

We are sure that you will find your time on Critical Care Unit exciting, enjoyable and at times quite challenging. We aim to help you get the most out of your placement so we need you to engage with the staff and allow us to help you make this a memorable experience.

**Glossary of Terms**

The Critical Care Unit offers level 2 and 3 care to a wide variety of patients within Bolton Hospital including surgery, medicine, obstetrics, gynaecology and orthopaedics. During your placement you may encounter terminology or abbreviations you are unfamiliar with, we have listed and offered a simple explanation of the most common below. Feel free to ask any member of staff if you are unsure or would like further explanation.

ABG: Arterial Blood Gas: a sample of arterial blood which is analysed to aid diagnosis and treatment. An ABG tells us about a patient’s acid base status and includes pH, pO₂, pCO₂, HCO₃ and BXS.

Arterial Line: Art Line: a small cannula inserted into a patient’s artery and attached to a transducer system to enable continuous blood pressure monitoring and frequent blood sampling.

ARDS: Acute Respiratory Distress Syndrome: Severe acute lung injury, caused by either a direct injury to the lungs, for example gastric aspiration, or indirectly secondary to inflammatory processes such as sepsis.

Atelectasis: collapse of the alveoli.

B@EASE Checklist: A safety checklist that should be utilised prior to and during all rapid sequence inductions.

BiPAP: Bilevel Positive Airway Pressure: an oxygen therapy that applies 2 levels of pressure during the patient’s respiratory cycle. IPAP is applied to support inspiratory breath and EPAP is applied at the end of expiration. Oxygen is delivered between 21% and 100%. BiPAP is used to treat type 2 respiratory failure and improve the tidal volume.

CAM-ICU: A validated screening tool for delirium for use in the critical care environment.

Central Line / CVC: Central Venous Catheter: a multi lumen venous access device which is sited into one of the great vessels to allow large volume fluid replacement, blood sampling and the administration of certain drugs. The CVC can be attached to a transducer system and this measurement supports clinicians in assessing a patient’s fluid status.

CPAP: Continuous Positive Airway Pressure: an oxygen therapy which applies a set amount of pressure throughout the patient’s respiratory cycle. This therapy can be used to treat type 1 respiratory failure.

Delirium: a clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which has an acute onset and fluctuating course (NICE, 2010). Evidence says that is can occur in up to 80% of critical care patients.

Tracheostomy: an artificial opening into the trachea that is held open by a tracheostomy tube to bypass an obstructed airway.

Ventilation: the movement of gases between the environment and the lungs.

**Prefixes**

A/an……..lacking/want of

Ab……….from

Ante……..before

Anti………against

Bi………...two

Cardia…...refers to the heart

Cysto…….relating to the bladder

Dys………difficulty

Ecto……...outside

Endo……..within

Gastro……stomach

Haem…….relating to the blood

Hemi……..one half of

Hyper…….above

Hypo……..below

Intra………within

Myo………relating to muscle

Naso……..relating to the nose

Necro…….dead

Nephro…..relating to the kidney

Patho…….disease

Post……...after

Pre……….before

Peri………surrounding

Supra…….above

Trans…….across

Suffixes

algia………...pain

ectomy ……..removal of

itis …………..inflammation of

oscopy……...examination of, using an instrument

poiesis………making or forming

sternal………relating to the sternum

tomy ………..to cut

uresis……….urination

**Drug Therapy**

Within Critical Care we utilise a variety of medications to improve the patient’s clinical condition. Some of these drugs are commonly used outside of critical care, others are specific to critical care and require close monitoring.

**Cardiovascular Drugs**

Inotropes: improve contractility of the heart

Vasopressors: cause constriction of the vasculature

Anti-arrthymics: used to suppress abnormal rhythms of the heart

Vasodilators: cause dilation of the vasculature

**Suggested Reading**

Cutler, J (2010) Critical Care Nursing Made Incredibly Easy!

Intensive Care Society (2015) Guidelines for the Provision of Intensive Care Services

Lippincott Williams and Wilkins (2008) Critical Care Nursing Made Incredibly Easy! 2nd Edition

NHS England (2104) D16 Standard Contract for Adult Critical Care

NICE (2007) Clinical Guideline 50: Acutely ill adults in hospital: recognising and responding to deterioration

NICE (2009) Clinical Guideline 83: Rehabilitation after critical illness in adults

Useful websites

http://baccn.org/

http://gmccsi.org.uk/

https://www.nice.org.uk/guidance

https://www.ics.ac.uk/

[www.tracheostomy.org.uk](http://www.tracheostomy.org.uk)

[www.survivingsepsis.org](http://www.survivingsepsis.org)



**Critical care staff (ABC) professional statement**

**Vision –** We will be respectful and appropriate accepting each other’s differences of opinion

**Openness–** We will be honest, report errors and concerns and be responsible for our actions and decision making

**Integrity –** We will treat everyone equally and not be offensive in our speech and manner

**Compassion –** We will be polite and friendly. Smile and be positive not letting our mood affect others. We will take time to listen to each other

**Excellence –** We will be professional at all times, including social media, maintain high standards of practice and take pride in our appearance

