Digital Media and Clinical Excellence

Steve Mathieu @stevemathieu75
#1 improving your learning experience
#2 enhancing your department's reputation
"there were innovative approaches to the development and use of IT & social media"

CQC June 2015
You are standing in the cavern of the evil wizard. All around you are the carcasses of slain ice dwarfs.
#1 improving your learning experience
Signpost
Interact
Network
Asynchronous learning
# SMACC

@smaccteam >

1 million **FREE** downloads from 182 countries

## Description

Talks recorded live at the Social Media and Critical Care conferences. For more info go to smacc.net.au

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<td>Coping with Isolation by Tim Leeuwenburg</td>
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## Links

- **Website**
- **Report a Concern**
VANISH
“...all that is required is the current issue of The Journal, an easy chair, pencils, a pad of paper and postal cards, along with a genuine, sustaining interest in all fields of medicine”

Flaxman How to keep up with medical literature JAMA 1964
The new generation
Nothing can ever replace bedside teaching
#2 enhancing your department's reputation
Airway Management in the Critically Ill

**Aim**
To provide guidance on the provision of emergency airway management for critically ill patients in Queen Alexandra Hospital Portsmouth.

**Scope**
All critically ill patients who potentially need advanced airway management, separate to a planned anesthetic need for a particular surgical procedure.

****All initial referrals for emergency airway management should be directed to the Department of Critical Care**

**Additional advice for specific or skilled anesthetic skills required**
- Should additional advice be required, the Medical Team must contact the anaesthetic on-call team on BLEEP 1622 (see notes overleaf).

**Advanced airway management needed for a critically ill patient**
- **PERSONNEL:** suitably trained medical and nursing staff will perform advanced airway management.
- **EQUIPMENT:** airway trolleys will contain equipment to facilitate difficult airway management, reviewed regularly by the EMERGENCY DEPARTMENT.
- **MONITORING:** ICS/AAGBI guidelines will be used when performing airway intervention.

**DCCQ team & processes**
- **PERSONNEL:** suitably trained medical and nursing staff will perform advanced airway management.
- **EQUIPMENT:** airway trolleys will contain equipment to facilitate difficult airway management, reviewed regularly by the EMERGENCY DEPARTMENT.
- **MONITORING:** ICS/AAGBI guidelines will be used when performing airway intervention.

**ED staff will prepare as per RSI checklist**
- **DRUGS:** get ready the anaesthetic and controlled drugs boxes for airway management.
- **MONITORING:** ensure full non-invasive monitoring is attached to the patient, and capnography is prepared.

**CHILDMEN ASSESSMENT**
- The CAU staff will need to make preparations for RSI.
- **Access/print the relevant SORT guideline for the child's wheely**
- **DRUGS:** have keys to access anaesthetic, refrigerated airway drugs.
- **MONITORING:** ensure full non-invasive monitoring is attached to the patient, and capnography is prepared.
- **PERSONNEL:** assign CAU staff to assist with airway management.

**ICU referrals**
- Appropriate staffing (medical & nursing) to follow DCCQ referral trolleys will be on-call to attend the patient.
- Appropriate drugs will be supplemented to provide advanced airway management.

**Cardiac arrests**
- DCCQ medical team will attend.
- The DCCQ team will take grab for the patient and provide advanced airway management.

**Temperature Control after Cardiac Arrest**

**Aim**
- To provide guidance on therapeutic temperature control in Critical Care to improve neurological outcome after cardiac arrest.

**Scope**
- All patients admitted to the intensive care unit who required therapeutic hypothermia.

**Goals of Temperature Control**
1. Rapidly achieve and maintain a core body temperature of 36°C when circulation is restored after cardiac arrest.
2. Maintain this temperature for at least 30 hours after the initiation of temperature control.
3. Provide an excellent standard of critical care support and other neuroprotective measures.

**Unconscious Cardiac Arrest Survivors**
- **VF/Pulseless VT:** Achieve and maintain targeted temp 36°C using passive rewarming or cold IV.
- **Hartmann's as appropriate:**

**Transfer to Critical Care ASAP for 30 hours of temperature control.**

**Discuss with duty Critical Care Consultant**
- **PEA/Apoplexy or unable to maintain BP or unknown arrest duration:**

**Re-Checklist**
- For adequately trained SpR, with position confirmed on CXR, established on.
- (do not waste time inserting an arterial line)
- Secured IV (or IO) access points.
- Notocord, network & paediatric transfer forms started.
- JQAH telephone numbers.
- When the team is leaving and where to report to in Southampton.
- Add to travel separately to Southampton - slowly and carefully.

**Revision Date:** 01 May 2017
**Author:** Dr. H. Patel

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**Critical Paediatric Transfers**

- All children requiring a critical transfer (remotely at AQH) being referred for example:
- Controlled at AQH of the above, but unable...
WATCH OUT

Open access patient safety initiative from Portsmouth ICU

portsmouthicu.com @icu_portsmouth
What Happened?

- A patient was admitted with DKA and started on a fixed rate insulin infusion as per protocol.
- Although their usual long-acting insulin was prescribed, it wasn't given because staff thought it wasn't needed while still on IV insulin.
- This delayed stopping the insulin infusion - and delayed the patient's discharge from ICU.

The Facts:

- Short acting IV insulin (Actrapid) has a half-life of only 2 hours and will be lost very quickly on stopping the infusion.
- Subcutaneous insulin must be started before stopping IV insulin.
- A patient's usual long-acting insulin (e.g., Lantus or NovoLog) must be continued throughout the duration of a fixed rate insulin infusion.

Protect Your Patients:

- Whenever you prescribe something, discuss this with the bedside nurse. This helps identify prescribing errors and ensures the plan is understood.
- If your patient with DKA normally takes a long-acting insulin, ensure this is prescribed even while on a continuous insulin infusion.

The Facts:

- Clear facemasks with an anti-asphyxia valve mask are now only suitable for Trilogy ventilators.
- Blue facemasks without an anti-asphyxia valve are also needed because of their suitability for Servo-I ventilators.
First impressions
Blocked expiratory filter on ventilator circuit

Watch Out for...

What Happened?

The Facts:

Protect Your Patients:

- Strict asepsis: Remember that this is a clean area.
- Continuous monitoring: Ensure that the patient is monitored continuously.
- Notify others: Inform the relevant departments immediately.
- Reassess: Reassess the patient's condition at regular intervals.
- Ensure clear communication: Communicate any changes in the patient's status.

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- Ensure clear communication: Communicate any changes in the patient's status.
VANISH Trial

Does early vasopressin use reduce the risk of kidney failure in patients with septic shock compared with norepinephrine?

Methods

103 patients were randomised to receive vasopressin, norepinephrine, or norepinephrine + vasopressin selected for vasopressor criteria. Patients were treated with vasopressin if the systolic blood pressure fell to 70 mmHg or below.

Statistical Analysis

The primary endpoint was the incidence of acute kidney injury (AKI) defined as a serum creatinine increase ≥2.0 mg/dL or ≥50% increase from baseline.

Results

The incidence of AKI was significantly lower in the vasopressin group compared to the norepinephrine group (10.1% vs 26.9%, p = 0.007).

Outcome

- Safety: No serious adverse events were reported.
- Efficacy: Vasopressin was well tolerated and did not increase the risk of adverse events.

The Bottom Line

Early vasopressin use was associated with a reduced risk of AKI compared to norepinephrine. This effect was independent of the level of vasopressor support required.

Additional Department of Critical Care
Hi Steve, I'm an EM ST3 in East Midlands currently applying for ICM ST3 as single CCT and hoping for a Wessex job. I am looking to move back to Wessex with family whether I get a training post or not. I note the application for Portsmouth ICM trust grade at the moment for jobs starting this month. Are you looking for the August intake too?

Feb 20

Hi Dave
I'll take a look at the August rota on Monday but suspect there will be gaps in which case am sure we can work something out. Can you send me a CV when you get a chance?
steve.mathieu@porthosp.nhs.uk
Have a great weekend
Steve
Positive event reporting
What type of event would you like to report?

* What would you like to report?  
Excellence Event

Excellence Event Report

* Who has achieved Excellence?  
Individual or team who has provided excellent care, patient experience or work. Examples may include positive patient outcomes following expert care or a staff member going above and beyond expectation.

Their e-mail address

* What did they do that was excellent?  
Please do not include any patient identifiable information

Details of person reporting the event

Reporter

* Contact role  
Reporter

First names  
Gill

* Surname  
Gould

E-mail  
gill.gould@porthosp.nhs.uk