

# 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:** via switchboard

**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 2<sup>nd</sup> on call (08.30-2200)** will be identified on the on call rota.
- **Friday to Sunday**  
The 1<sup>st</sup> and 2<sup>nd</sup> 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 (1 <sup>st</sup> on)	0830-1300	0830-2200 (2 <sup>nd</sup> on)
B	0830-2200 (2 <sup>nd</sup> on)	0830-1300	0830-2200 (1 <sup>st</sup> on)
C	0830-1700	0830-2200 (2 <sup>nd</sup> on)	0830-1300
D	0830-1700	0830-2200 (1 <sup>st</sup> on)	0830-1300

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**The 2<sup>nd</sup> 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 1<sup>st</sup> on call Critical Care consultant of the day via switchboard.

### **Emergency Referrals in hours (0800 – 2100)**

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 referrals with the Critical Care consultant on call.

### **Emergency within Critical care requiring urgent medical assistance**

Activate Emergency Pager Response system: Phone 2222 and call for **"Group 9, to ward 118/116"**.

### **CODE RED Trauma Calls**

Critical Care attends 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 Friday. All ECPR Cardiac Arrest referrals should be made via the 2222

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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.

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.

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

HEPMA prescription should be populated and activated prior to discharge.

## **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.

118 A Beds 1-10

118 B Beds 11-23

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

-During pandemic will be used for cohorting patients as per Critical Care Covid expansion plan. Can be used for long term wean patients. Other cases dependent on overall unit demands.

Beds 24-34 (116 Pod C)

-Designated L2 /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**

### **Bases A and B**

#### **Monday - Friday**

1x Doctor in training (junior rota) 0830-2100  
1x ACCP 0830-2100  
1x Doctor in training (junior rota) 0830-1700

1x Doctor in training (junior rota) 2030-0900  
1x ACCP 2030-0900

#### **Saturday - Sunday**

1x Doctor in training (junior rota) 0830-2100  
1x ACCP 0830-2100

1x Doctor in training (junior rota) 2030-0900  
1x ACCP 2030-0900

### **Bases C and D**

#### **Monday - Friday**

1x Doctor in training (junior rota) 0830-2100  
1x ACCP 0830-2100  
1x Doctor in training (junior rota) 0830-1700

1x Doctor in training (junior rota) 2030-0900  
1 x ACCP 2030-0900

#### **Saturday - Sunday**

1 x Doctor in training (junior rota) 0830-2100  
1x ACCP 0830-2100

1x Doctor in Training (junior rota) 2030-0900  
1x ACCP 2030-0900

### **Senior trainee medical staff 7 days per week:**

2 x Doctor in training (senior rota) 0830-2100

2 x Doctors in training (senior rota) 2030-0900

**Additional staffing will be allocated as follows:**

On the days where 3 ACCPs are available 0830-2100 the 3rd ACCP they will be assigned to Base A and B meaning 2 of them available until 2100

On the days where an additional doctor in training (senior rota) is available 0830 - 1700 they will be assigned to base C and D

On the days where additional doctors in training (junior rota) are available they will be assigned in a fashion to ensure all areas are adequately staffed.

Doctors in training and ACCP's will be identified as to which bases they are working in by either being assigned to 118 (base A and B) or 116 (base C and D). Staff will then be allocated at the daily handovers for combined bases as we do currently.



## **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 in the 118 Work room.

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 in the 116 workroom.

### **Consultant Backshift Handover Monday to Thursday**

The backshift consultant will be resident from 1700 until 24.00 and then 1<sup>st</sup> on call from home thereafter. The late shift consultant will be 2<sup>nd</sup> 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 1<sup>st</sup> 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.

Another bed meeting takes place at 21.00pm with CC Coordinator, NIC of each pod, Consultant and senior registrar on call

### **Micro Ward Rounds**

A Microbiology face to face ward round will commence in 118 Pod A and B and D at 1515 on Monday/Wednesday/Friday and will be over the phone for Tuesday/Thursday. Pod C 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 Tuesday 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:

- patients requiring multiple organ support for >1 week
- patients who require organ support >2 weeks
- patients with LoS>3 weeks who might benefit from named member of staff and long stay pathway (update for this group will be presented as part of MDT meeting once a month)
- complex patients with either diagnostic or management complexity-cases with strong educational value
- cases with strong educational value

Relevant Quality presentations or any updates will be presented in the final 10 minutes of the 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 1<sup>st</sup> on call consultant and any TRAK M and M record updates will be completed by the Friday 2<sup>nd</sup> on call consultant using the ICU laptop.