Daily Routine in Critical Care

Nursing Handover 07:00 – 07:30 Medical Handover 08:30 – 09:30

- Medical handover starts at 08:30 prompt
- Usually will start with East side
- CIS and projector ready– consultant responsibility & at their discretion

- Printed handouts (doubled sided and stapled) – 'SHO' responsibility

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- Deal with sickest patients
- Discharge summaries

- Coroner and death certificate
- Request test and referrals

Safety Brief 10.25 East Side

Ward Round 10.30 East & West

- **Business round** with trainee presenting working diagnoses, current issues and brief PMH
- **Bedside nurse will present current physiology**
- **Doctor will examine patient** unless consultant preference to do separate to ward round
- **Any questions and discussion**
- **Plan and ward round check list completed**
- **Ward round note** will include the following headings: working diagnoses; issues; current physiology; plans

12:30 Consultant & NIC Debrief

The afternoon

- Breaks mandatory
- Emphasis on ensuring all tasks completed and notes updated with doctors day review
- Learning opportunities and completion of WBPAs
- Monday/Wednesday/Friday at 16:30 – micro ward round
- Thursday at 15:00 – radiology teaching
- Friday – attendance at academic half day where possible (make sure NIC and cons know where you are)

17:00 Consultant handover

Nursing Handover 20:00-20:30 Medical Handover 20:30 – 21:30

Safety Brief 22:00 East Side

Night Duties

- Night review of patients
- Breaks mandatory
- General housekeeping e.g. fluids, ensure morning bloods taken, discharge paperwork completed

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University of **Portsmouth**

Ward Round Rules & Etiquette

- Admin team will field calls throughout the ward round

- Curtains not to be round unless essential i.e. no washes

- Keep unit as quiet as possible – no TV's or radios without headphones

- If bedside nurse not available or occupied with essential tasks, then ward round will move to the next patient and come back when bedside nurse available

- If bedside nurse is looking after more than one patient, then ward round will review both their patients

- Relatives presence at discretion of consultant but avoid relatives entering during a review

- Minimise disruptions:
  - no separate discussions about other patients or non-clinically related topics. Move away from ward round if this is absolutely necessary

  - if urgent issues, then approach the nurse in charge or consultant and can review your patient next

  - if referral then please ask registrar to take the call. If not available only then ask consultant

The Safety Brief

Occur morning and evening and will be led by the senior registrar or consultant

All doctors, nurses in charge and ACCPs are expected to attend. Others welcome.

Morning safety brief – 10:25

Introductions

Patient Specific Risks - high risk of error infusions (e.g. heparin), allergies associated with anaphylaxis (red triangle and info displayed at bedspace), antibiotic serum levels, potential airway problems,safeguarding

Capacity, Staffing and Logistics

Excellent practice, critical Incidents & near misses, lessons learned

Evening safety brief – 22:00

Introductions

Airway trained doctors for the night shift

Patient Specific risks

Capacity, Staffing and Logistics including identification of ward ready patients to ensure paperwork complete for a potential move. Identification of '1st to go' for a potential night ward transfer (which may be non-clinical).

Excellent practice, critical Incidents & near misses, lessons learned