Intensive Care Services

John Hunter Hospital

Transition to Practice Program (Paediatrics) 2017

(Step 3)

Name: _____

NSW GOVERNMENT Health

Hunter New England Local Health District

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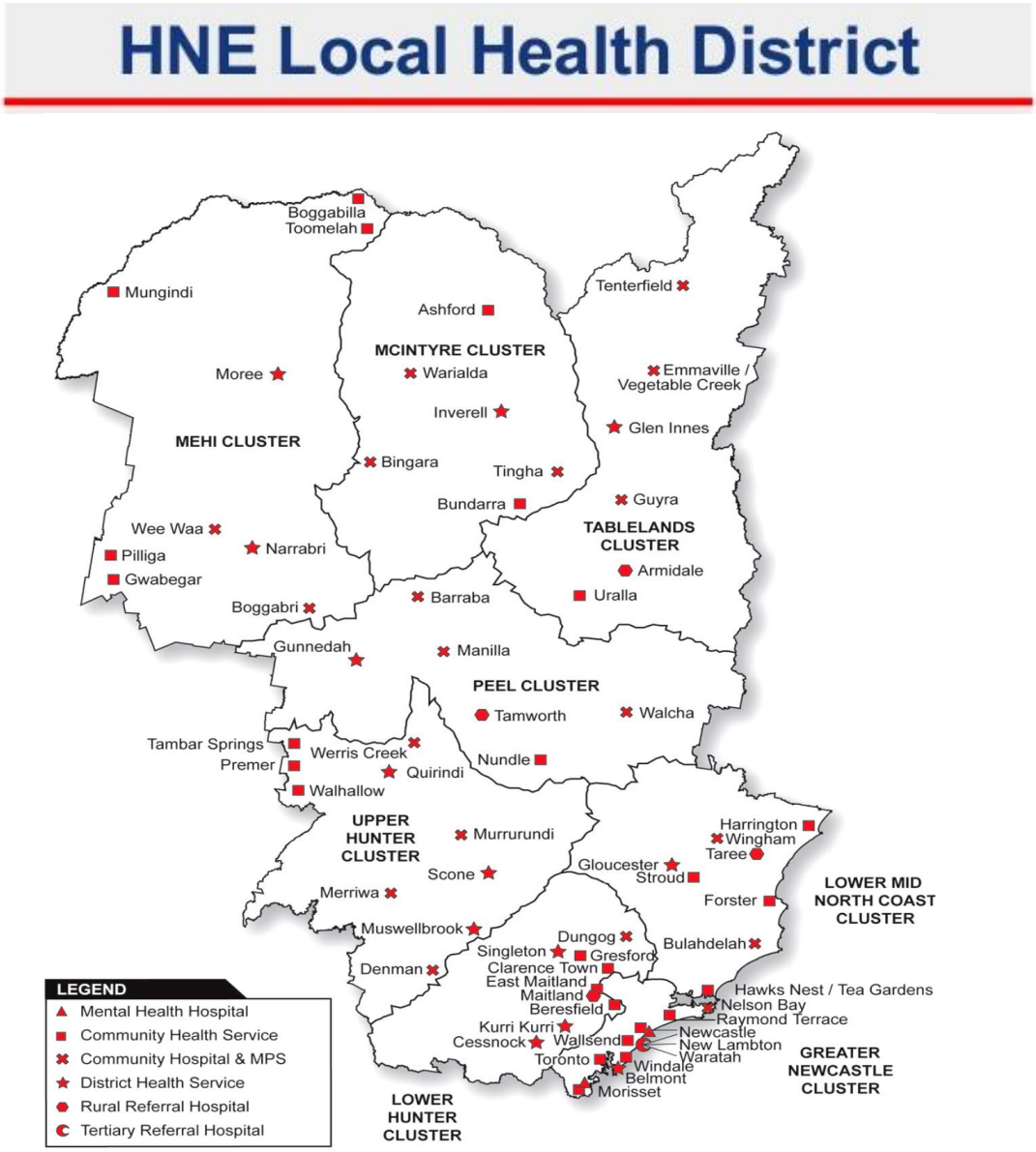
Welcome!

Congratulations on your position to the Paediatric Transition to Practice Program (ICU) within the Intensive Care Services at John Hunter Hospital We hope you find your new position challenging and enjoyable, as this dynamic environment offers fantastic learning and career opportunities for motivated nurses. The next four to twelve months is only the beginning of your career caring for the Paediatric population.

As a service, we strive to provide the best possible care, by constantly reviewing practice, engaging in reflection and in challenging our own assumptions. We encourage new team members to actively contribute to this culture by bringing innovative ideas to our attention. We also encourage standardisation as this has been shown to increase patient safety.



Our Nursing Vision & CORE Values

Hunter New England Health is a values-based organisation where staff behaviours and interactions with patients are based firmly on our agreed values.

We encourage collaboration, openness and respect in the workplace to create a sense of empowerment for our people to use their knowledge, skills and experience to provide excellence in patient care for every patient, every time.

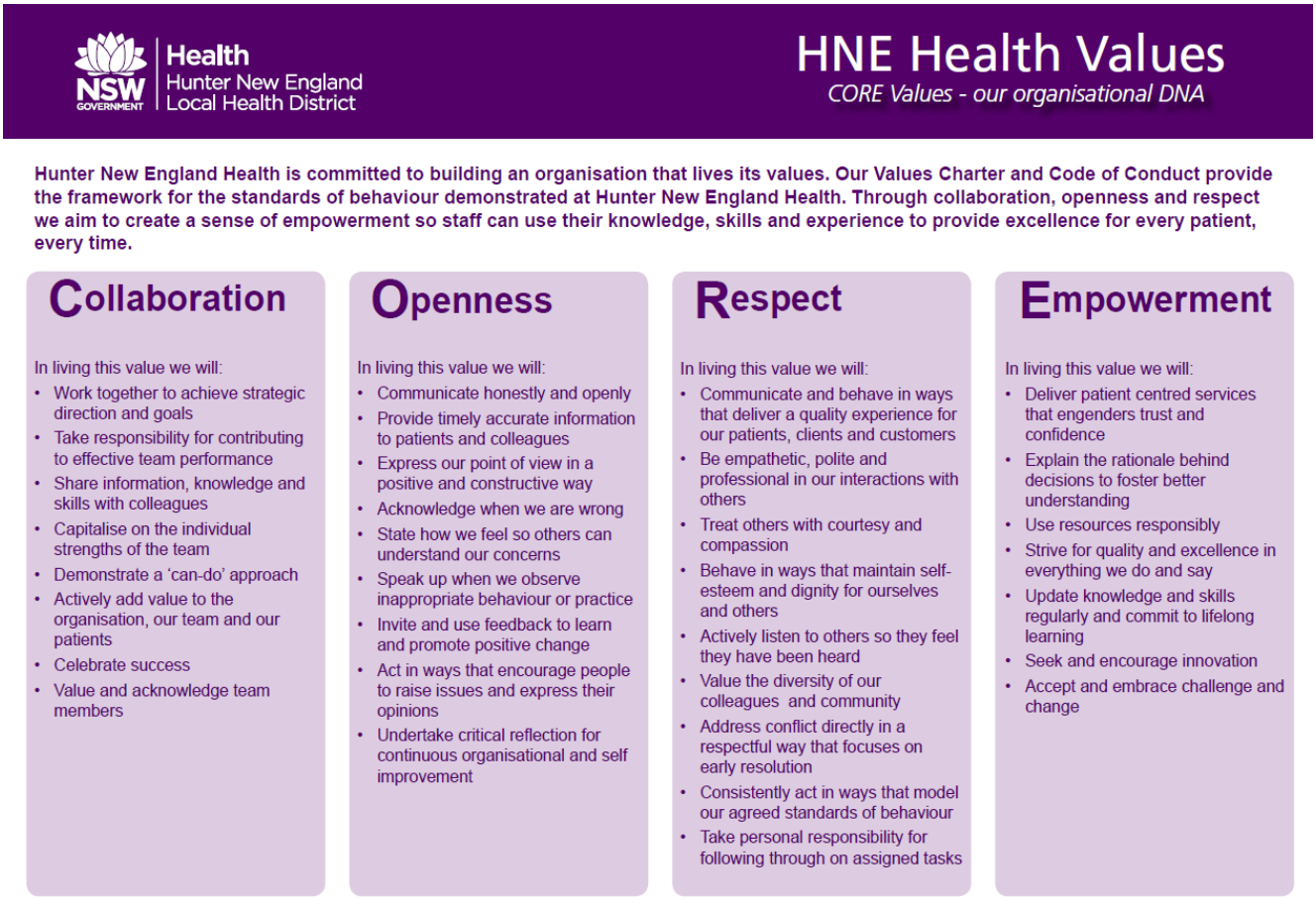
Hunter New England Health is committed to building an organisation that lives its values.

In 2006, the newly-merged organisation adopted a set of values that became affectionately known as the Three C's – Teamwork, Honesty, Respect, Ethics, Excellence, Caring, Commitment and Courage.

These values were embedded in the organisation through a Values Charter and integration into the people management processes, training and standards of behaviour.

Adoption of new CORE values

In 2011, The NSW Ministry of Health adopted four CORE values for the NSW health system. They are;



As part of the development of the new strategic plan for Hunter New England Health, the Board and the Executive Leadership Team also adopted the CORE values. This is part of our evolution as an organisation and links Hunter New England Health to the broader vision of health across the state.

The HNE Health Code of Conduct provides a framework for decisions and actions in the workplace and is based around the organisation's CORE values of Collaboration, Openness, Respect and Empowerment. Together, the Code and our values should guide your actions, decisions and work practice as an employee of Hunter New England Health.

Our Commitment to Excellence

If you are new to Hunter New England Health you will need to become familiar with 'Excellence'. Please refer to the below visuals.

There is an excellence framework that supports aligning goals, aligning behaviour and aligning processes to improve patient care. You will hear more about patient and staff rounding, patient care boards, 90 day action plans and traffic like reports during your orientation. Within this framework, effective communication is driven by HAIDET and ISBAR.

Please visit the HNE intranet to learn more about Excellence and how these tools can assist in caring for patients and their families and ensuring a positive work environment at http://intranet.hne.health.nsw.gov.au/excellence

EXCELLENCE
Every patient. Every time.

Excellence. Every patient. Every time. It's the ultimate aim of Hunter New England Health and the core of our culture. Excellence is the planned, disciplined approach to doing the right thing for patients and their families, doing it consistently, and doing it with respect.

It's also about making HNE Health a better place to work. By adopting a series of proven tools and techniques to align goals, behaviours and processes, HNE Health is building the capability of our leaders and staff and making sure everyone is working in the best interests of patients and the organisation.

Aligning goals

- Strategic plan
- Operational plan
- 90 Day Action Plans
- Monthly accountability meetings
- Measure performance using SMARTViewer
- Performance development review for ALL leaders
- District leadership forum
- Management development
- Service/network specific leadership development programs

Aligning behaviours

- Leader rounding with staff/traffic light reports
- Leader rounding with patients
- Service rounding
- Key words
- Managing up
- Patient Care Essentials
- - Hourly patient rounding
- - Care boards
- - HAIDET/ISBAR
- - Bedside clinical handover
- Follow up phone calls
- Values charter
- Standards of behaviour
- Speaking up
- Code of conduct
- High-middle-low performance conversations
- Re-recruit new staff: 30 + 90 day conversations
- Skills lab
- Patient Experience Tracker System (PETS)

Aligning process

- Cycle of innovation
- Practice development e.g. Essentials of care
- Between the Flags
- Clinical handover
- Cultural redesign
- Clinical redesign
- Policies and procedures
- Automation
- Technology
- Education
- Research and innovation
- Test

Excellence happens by building the capability of our leaders and our staff and making sure everyone, no matter what role they're in, is working in the best interests of patients and our organisation.

Through Excellence, teams adopt a series of proven tools and techniques that help them align goals, create greater accountability and consistency in what they do, and ultimately improve staff and patient experience.

- We want to acknowledge the valued work that people in our organisation do on a daily basis in a written document
- We want to minimise any variance in workplace behaviour
- We want to empower individuals to speak up about workplace behaviour that is a challenge or of concern
- We need to think about behaviours in our workplace that we value and appreciate
- We need to think about what behaviours we don't appreciate and be confident to speak up about them

John Hunter Hospital Workplace Principles

John Hunter Hospital Vision

John Hunter Hospital is committed to provide each patient with world class care, exceptional service and the compassion that we would want for ourselves and our loved ones.

- Delivery of our services is based on our planned, disciplined Excellence approach to doing the right thing for patients and their families, doing it consistently and doing it with respect. It is also about making John Hunter Hospital a great place to work.
- When you work with John Hunter it is important that you understand what is expected of you on a day-to-day basis.
- Our values charter in conjunction with the Code of Conduct and Standards of Behaviour provide you with more detailed information about the workplace behavior that is expected.

We expect that you will:

- Be responsible and accountable for maintaining effective workplace relationships, your contribution, to the team and your actions on a daily basis.
- Be truthful, open and trustworthy in your interactions with everyone.
- Communicate and behave in a courteous, polite and respectful manner with all people to promote a harmonious workplace.
- Do your job professionally, ethically and within the scope of practice of your role.
- Report inappropriate or unethical practice and speak up when things simply don't go right, even when you make a mistake yourself.
- Provide the best service possible to everyone at all times, striving for excellence in everything you do.
- Deliver your service in a caring, compassionate, empathic and supportive way.

- Be punctual, continuously develop yourself personally and professionally and see things through when you begin them.
- Be familiar with your team's Standards of Behaviour; actively use them and speak up about workplace issues early and directly with the person concerned.
- Escalate an issue at any stage where you perceive an inappropriate or ineffective response.

You can expect:

- A workplace that supports and demonstrates the behaviors listed above.
- Regular time to catch up with your manager including 30 and 90 day discussions, rounding and annual performance development review conversations.
- Cooperative and supportive team members and managers who provide excellent service.
- A safe and equitable workplace supported by relevant risk management approaches.
- Opportunities to learn and develop your skills.
- Your team member/s and/or your line manager to have a conversation with you when the above expectations are not met.
- All feedback to be provided in a courteous, polite and respectful manner.
- Your team member/s and/or line manager to "Speak Up" or have a "Straight Talk" conversation with you if your behaviour is inconsistent with team Standards of Behaviour, JHH Vision, HNE Health Values or the NSW Health Code of Conduct.
- Workplace conflicts to be resolved with a focus on restoring relationships, effective team functioning and service delivery.

Above & Below the Line Behaviours

Intensive Care Services staff have established agreed behaviours that staff would like to see more of and behaviours that staff want to see less of. For these to have effect and gain value we must peer manage behaviours below the line and reward behaviours above the line. This requires all staff to participate for the most effective outcome. These behaviors are being reviewed over 2016.

Staff Rounding

This is a short 5-10 minute discussion with your manager. Some questions you may be asked are:

- What is working well?
- Are there any individuals I should be recognising?
- Is there one area we should focus on to improve our service?
- If yes- Do you have any ideas?
- Do you have the tools and equipment you need to do your job?

These conversations are recorded on a database and provide valuable information to staff and also provide opportunity to recognise the efforts of specific people.

Our Values

Teamwork

Flexibility

Humour

Learning & Development

Intensive Care Services Agreed Behaviours			
COLLABORATION	**OPENNESS**	**RESPECT**	**EMPOWERMENT**
Speak positively about Intensive Care Services	Promote honest open communication between all members of HC team	Consideration of staff/patients/visitors	Encourage professional/practice development
Acknowledge/value opinions	Respectfully question breaches in policy/procedures	Introduce yourself to visitors and relatives and patients	Encourage innovation
Reward individual success	Respectfully approach clinicians about standards of care	Being friendly and welcoming to everyone	Ask for assistance when required
Support external relationships	Open disclosure	Maintain dignity and privacy of all patients and staff	Being able to say NO when unable to quarantine time to assist effectively ie checking DD's
Helping other colleagues when the unit is busy	Clear communication and expectations	Professional responsibility eg punctuality, uniforms, telephone etiquette	Model professional behaviours as per code of conduct
Helping other colleagues when the unit is busy	Clear communication and expectations	Professional responsibility eg punctuality, uniforms, telephone etiquette	Model professional behaviours as per code of conduct
Actively assist peoples when able		Displaying positive body language ie smiling, eye contact	

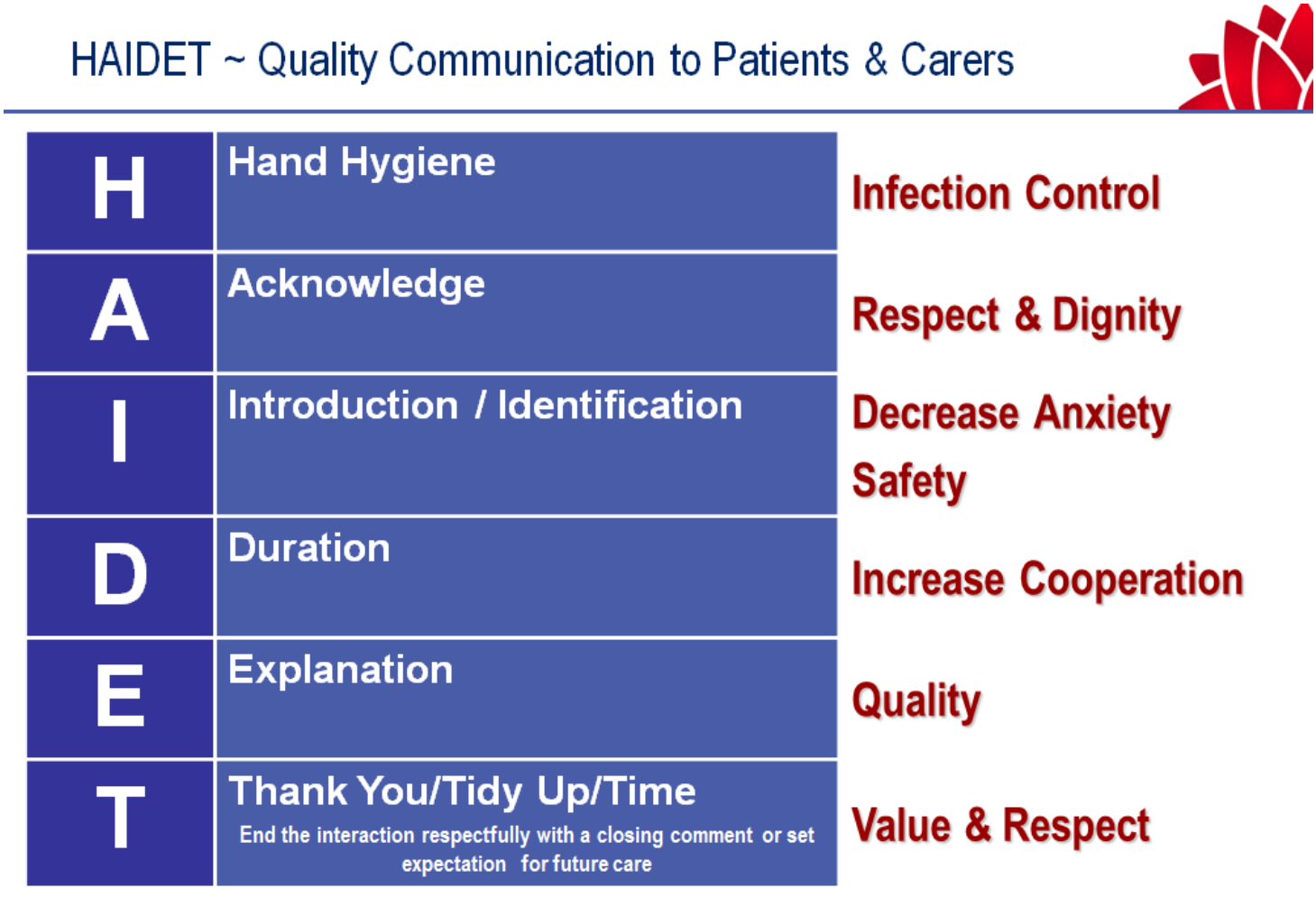
Say hello thank you and please		Maintaining 2 visitor unit policy	
		Direct visitors to the waiting room when not within the patient room	

Intensive Care Services Behaviours we agree to speak up about			
COLLABORATION	**OPENNESS**	**RESPECT**	**EMPOWERMENT**
To speak negatively about service and service delivery	Defiance to complying with service requests	To talk over people, belittle or ignore colleagues or others (including relatives)	Use of social media to comment about workplace/people
Be dismissive of people and situations	Complaining about people/workplace issues indiscriminately	To raise voice during conversation or display negative body language	React negatively to constructive feedback
Leaving work early and not assisting other staff to finalise work	Defensive behavior when being openly questioned	Arriving late for work	Not asking for help/assistance when needed
Not answering monitor/equipment alarms		Disregard patient/visitors anxiety, comfort and fears	
Leaving cleaning duties to the ACCESS nurse		Referring to room number or associated injury instead of identifying by name	
Poor ogranisation of breaks		Reading magazines (non- work related) in the patient care environment during daylight or when relatives present	
		Use of mobile phones for personal reasons when engaged/allocated to patient care	
		Not cleaning up after yourself	
		Use of mobile phones at the bedside	

HAIDET

Within the Excellence framework HAIDET has been added to improve communication with patients and relatives. This framework is described below and additional information can be found on the intranet.

H ~ Handwashing: Before interaction with patients and relatives we should attend to the 5 moments of hand hygiene to reduce the risk of transferring communicable diseases and pathogens.
A ~ Acknowledge: Eye contact with a smile allows you to connect with patients and carers. Addressing patients by name assists in identifying patients and shows respect and courtesy.
'Good morning Mrs. Nesbitt …..'
I ~ Introduce: Introduce yourself and your role to the patient and/or carer on your first contact.
'My name is ….. and I am your ….. I'll be caring for you today.'
D ~ Duration: Patients and carers feel less anxious if they are aware of what they are waiting for. When possible offer an expected timeframe, however ensure the timeframe is achievable and reasonable, over estimate, don't underestimate.
'We expect to have your test results by mid-afternoon' or 'Tomorrow around 11.00 am you will be having a …..'
E ~ Explanation: Inform the patient and/or carer in words they will understand. Explain what you will be doing and why; what they should expect; What is the proposed planned treatment or care.
Check to see if the patient has understood what has been said.
'Is there anything you are not clear on?' or 'Do you have any concerns about what I have just said?' or 'Can you explain to me in your words, what you understand is going to happen now.'
T ~ Tidy Up: Conducted environmental assessment – call bell with patient, equipment clear of bed etc
T ~ Thank You: End the interaction respectfully with a closing comment.
'Thank you for your time' or 'Before I go, do you have any questions? Please tell me – I have the time.'

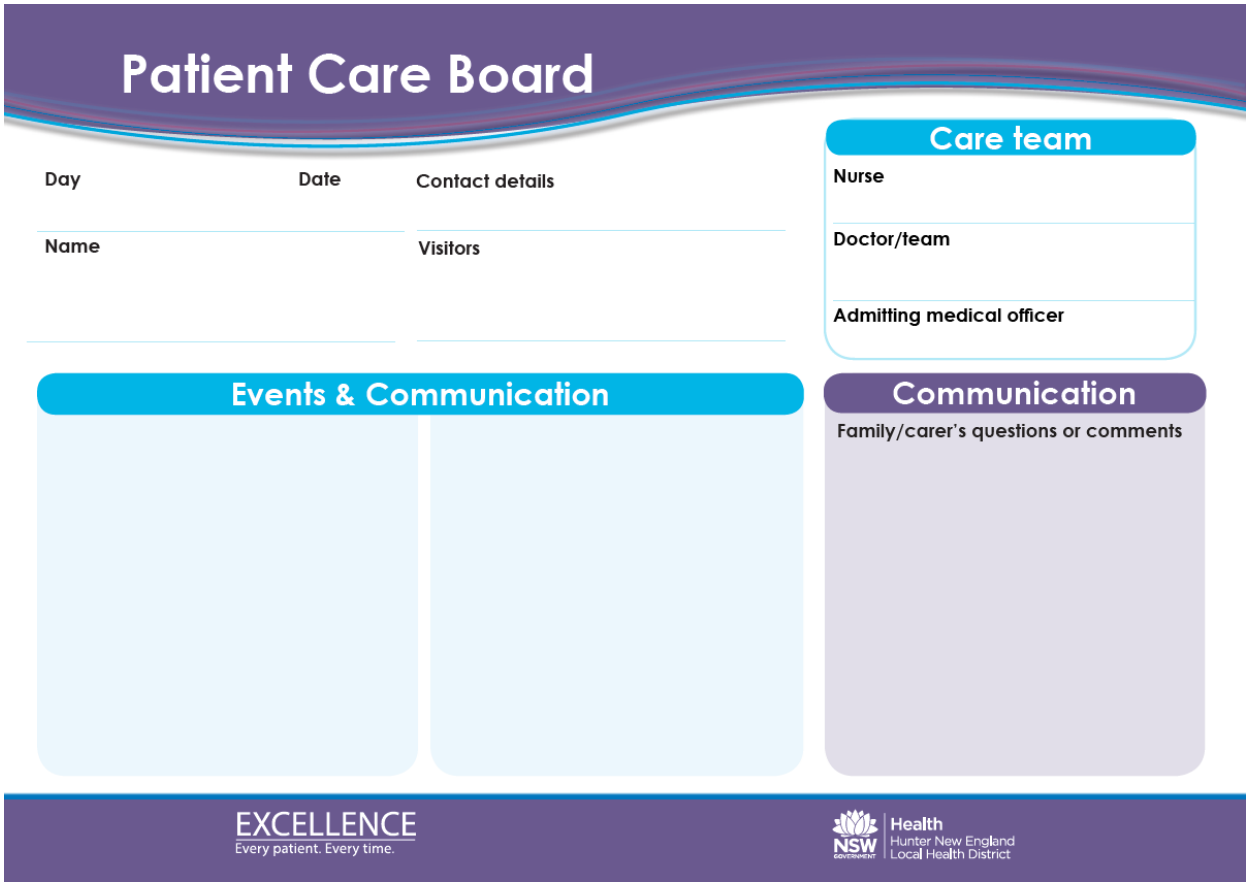


Patient Care Boards

The research tells us that 40-80% of medical information that health care practitioners communicate is forgotten immediately. Furthermore approximately half of the information remembered is incorrect (Kessels, 2003).

The use of Patient Care Boards improves communication between the patient and staff, encourages teamwork and efficiency, as well as demonstrating to patients and carers that everyone is working together to deliver the best individualised care for **Every Patient, Every Time.**

These care boards are completed by the nurse Every shift and are introduced to the patient and families (NOK) as a communication tool



http://intranet.hne.health.nsw.gov.au/excellence

ISBAR

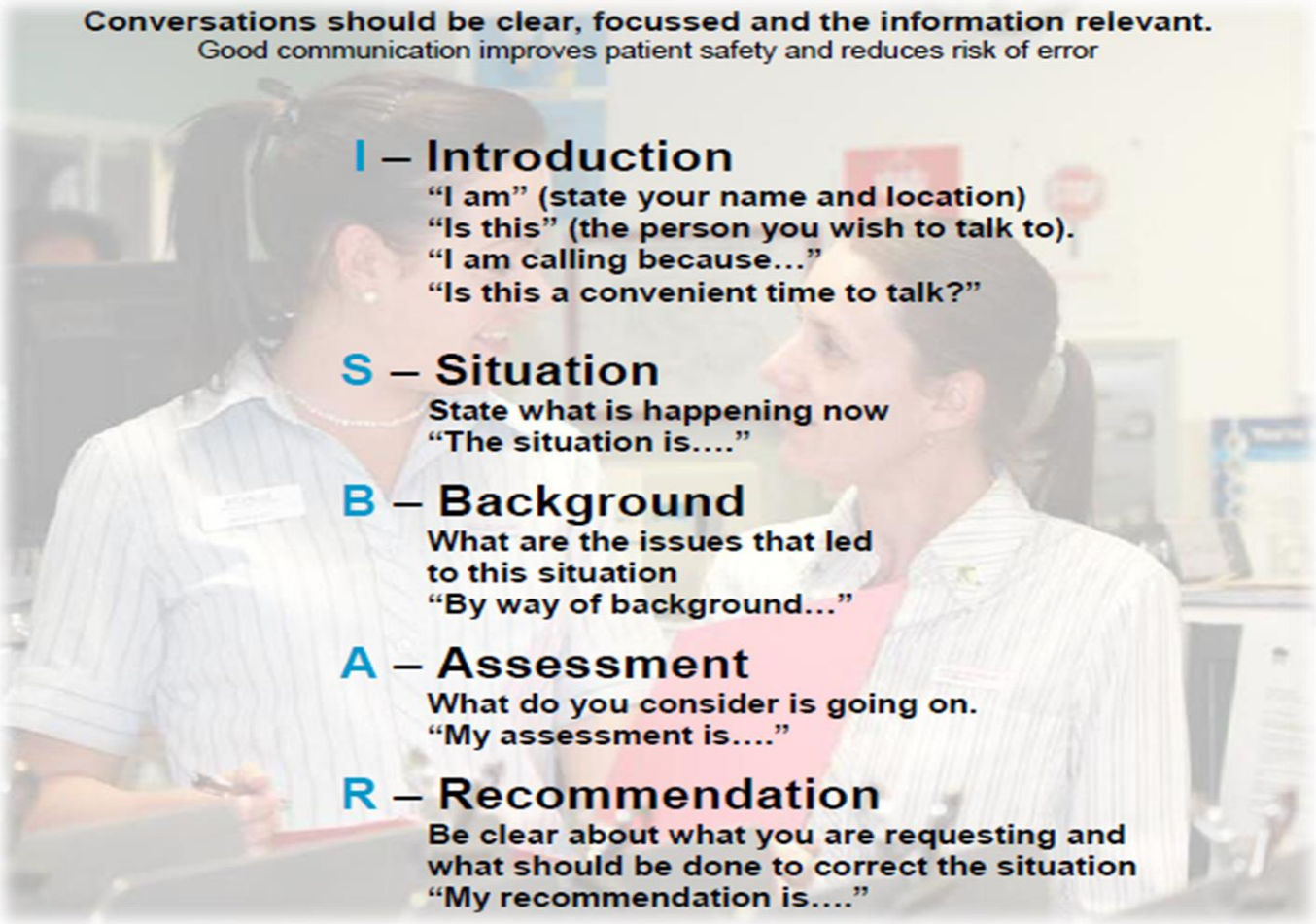
Critical Care Services are delivered in an increasingly complex clinical environment. Care of the patient is provided by a complex multidisciplinary team consisting of doctors, nurses and allied health. The individuals in this team have very different training, levels of experience and priorities of care. The members of this team also change shift by shift and day by day. A crucial component of successful co-ordination of this team and the provision of high quality and safe patient care is effective communication.

Breakdown in communication has been described as a preventable factor in diagnostic errors and has been linked to delays in referrals and appropriate care, increasing morbidity and mortality.

Twice the numbers of adverse events have been attributed to communication than to inadequate skill levels of clinicians.

Structured communication tools are increasingly recognised as valuable in improving communication and patient safety.

ISBAR (an acronym for Introduction, Situation, Background, Assessment, Recommendation) is a framework for structured communication. It prompts us to introduce ourselves, state the current situation, give relevant background, state our assessment and our recommendation in any situation. The ISBAR acronym provides a framework to structure communication in a consistent and reliable way and makes expectations explicit.



ISBAR helps prioritise information for both parties; it decreases the chance of forgetting relevant information, helps to decrease assumptions or misunderstandings, by making the reason for the clinical communication obvious at the outset and encourages us to state the obvious.

During your employment within the Intensive Care Services you will be expected to use the ISBAR tool to structure your

- urgent calls for assistance
- requests for a medical review of a patient
- your daily handover at the end of each shift
- handover when discharging a patient to the ward setting

Daily handover at the end of each shift serves several important functions, including

- exchange of information
- socialisation
- organisation
- education

It provides information to oncoming shift about events of previous shift. The challenge for handover is to communicate relevant and up-to-date information that is problem focussed, useful for planning and not time consuming

The information expected to be covered includes

- the patient's name and age;
- the reason for admission;
- the patient's past medical history
- treatments the patient has received
- your current patient assessment
- the plan of care for the patient

This information can all be presented in the ISBAR format, however the important tips below need to be observed

1. Preparation is vital – asses the patient, read the notes
2. Make sure you are clear and objective
3. Write down your relevant information
4. Gather relevant notes including continuing notes, test result and most recent observations

Finally remember that handover is a learnt behaviour, it does not come naturally. Observe how others (nursing and medicine) handover. Utilise strategies you observe that are helpful, listen to other clinical handovers of patients you have already cared for and finally don't be afraid to ask for help.

Reverse ISBAR

As half of the incidents reported using the IIMS system are related to communication it is crucially important for the safety of our patients to ensure that the communication is carried out using the ISBAR principle. If not, then we can use the reverse ISBAR system of:

I - Can you please tell me who you are?
S - What is your major concern?
B - Why is the patient in hospital?
A - What are the vital signs? What do you think the priority problem is?
R - What would you like me to do?

The Two Challenge Rule

Sometimes we need to assert our concerns regarding safety and civility and there are many ways of doing this. As part of the Excellence Programme called Speaking Up, Hunter New England Health promotes the use of the 'CUS' acronym:

C: I am **C**oncerned
"I am concerned about..."
U: I am **U**ncomfortable
"I feel uncomfortable about..."
S: This is a **S**afety issue
"For the safety of the patient we need to… now"

Safety & Quality Improvement in Intensive Care

Hunter New England Health (HNE Health) is committed to providing a healthy and safe workplace for all employees, clients and visitors. It is the responsibility of all health care professionals within the multidisciplinary team to minimise the actual and potential clinical risks that exist within our environment. Adverse events have significant costs to patients, families and the health care system. Central to the management of identifying, analysing and minimising patient risk is notification utilising the IIMS database system.

Every health care professional is involved in contributing to the continuous process of improving the quality of the patient journey. Some strategies you may be involved in include morbidity and mortality meetings, root cause analysis, performance improvement/quality meetings, in-services and IIMS. The intensive care Performance Improvement Coordinators can assist with all strategies and also coordinate accreditation, NSW Health, HNE Health or Clinical Excellence Commission quality programmes, or local improvement projects.

In addition the ICU Liaison Service operates 24/7 and is undertaken by the intensive care liaison Clinical Nurse Consultant Monday to Friday during hours and experienced intensive care nurses staff after hours.
The primary focus of the service is to review patients discharged from ICU over a 72 hour period and attends all rapid response calls across the campus.
Within the intensive care the liaison nurse is responsible for the management of the 'care of the chronically critically ill' or long term patient and also reviews patients prior to discharge to ensure that the patient is safe to leave the unit. If at any time you have concerned about sending a patient out to the ward whether in the red zone or not you can contact the Liaison service on **55841** for consultation.

How do I report an actual or potential adverse event?

The Incident Information Management System (IIMS) is an anonymous reporting system which is available for all health care workers twenty four hours a day. All incidents or near misses should be reported through IIMS.

IIMS reporting can be completed at any computer within the Hunter New England Local Health District. You can locate the IIMS icon either from the desktop or on the Hunter New England Local Health District intranet main page. If you are having any difficulties completing any of the fields ask an experienced member of staff, an Educator or Manager.

Written Documentation

Documentation should be sufficiently detailed to allow care delivery to be tracked, monitored and evaluated. When caring for any patient at least once per shift you are expected to make a written entry in the patient notes, however time, relevant changes and additional information can be added at any time. Entries should reflect the patient's needs, care provided to the patient, and clinical decision making relating to changes in care delivered. They should also be written contemptuously, which means as soon as the events occur. Notes written in retrospect should be acknowledged as such.

All documentation is considered legally binding and must include objective rather than subjective comments and be time relevant as possible. So others may interpret your documentation please use only approved abbreviation and symbols.

Ideally your daily assessment entry should be written using the ISBAR format.

There is no need to transcribe any documentation that is provided elsewhere. The documentation should reflect findings from your assessments, your interpretation of them and what action was taken. You may find it useful to group elements of the assessment and interventions into body systems to enhance the exchange of information.

To add structure to your Nursing Assessment you may find a body systems approach beneficial.
An example of what might be documented for a day entry might consist of the following:

Example 1

I – Introduction – *(Time, place and person needs to be provided for context within the notes)*
22/10/2015 Time: 1420 hrs: Nursing
S – Situation – ICU Nursing Assessment. Care assumed from 0700 hours
B – Background – *(Without reiterating the patient's history you may like to acknowledge your awareness of it or include new information)* History noted. ICU Day 3, RRT from H1 due to increased WOB and decreased SpO2 from exacerbation of Asthma
A - Assessment – Neuro: Pt sedated with Midazolam infusion, currently running at 0.72mcg/kg/hr. Morphine infusion running at 0.72 mcg/kg/hr. Patient GCS 7/15 (E - 2, V – T, M – 4), PEARL 2 +. Flexing all limbs to central stimuli. RASS -4.
Resp: Pt ventilated via nasal tube size 3.5 secured at 18cm. Tapes securing tube intact. Ventilator settings as follows: PCV, FiO2 40%, Pressure limit 20, PEEP 5, Resps 12bpm, Tv within 6-8mls/kg. Patient not breathing above settings. Nil secretions on suction. Air entry R=L expiratory wheeze audible. Ketamine infusion running at 5.76mcg/kg/hr for bronchodilation.
CVS: Patientt afebrile. Monitoring in ST 130-160bpm. Normotensive. Warm and well perfused with capillary refill < 3 seconds and central refill <2 seconds.
GIT: NGT insitu and feeds currently running at 10mls/hr. Gastric aspirates < 5mls/kg. pH testing attended 4th hourly and within range (3.0 – 3.5). BSL 2.9mmol. Patient received 2.5mls/kg of 10% Glucose and BSL now 4.5mmol. BNO x 2 days but abdo soft and bowel sounds present in all quadrants; aperients have been prescribed and started.
RENAL: IDC insitu and draining 1 – 1.5ml/kg clear straw coloured urine. Nil signs of infection around IDC insertion site.
INPUT: Fluid allowance 90ml/kg/day. Patient currently in a positive fluid balance of 150mls. Maintenance IVF at 20mls/hr. Maintenance swapped from N/Saline to N/Saline and 5% Glucose for BSL. Arterial line Heparin at 2mls/hr
LINES: Arterial line insitu day 2 and patent, nil signs of infection and clean and dressing intact. R) IJ insitu day 2, nil signs of infection around site and dressing clean and intact. IDC insitu and insertion site clean and nil signs of infection
SKIN: Nil signs of redness, skin intact. Child not lying on any lines. Some oedema noted in genitals.

GENERAL: Parents in to visit throughout shift. Mother staying overnight. Parents' divorced but amicable at bedside. All cares as per ICU flow chart.
R – Recommendations – Salbutamol puffs for wheeze
Sign name and then print and include designation e.g. RN, EEN

Example 2

I – Introduction – *(Time, place and person needs to be provided for context within the notes)*
22/10/2015 Time: 1420 hrs: Nursing
S – Situation – ICU Nursing Assessment. Care assumed from 1400 hours
B – Background – *(Without reiterating the patient's history you may like to acknowledge your awareness of it or include new information)* History noted. ICU day 1 with RSV +ve Bronchiolitis. Patient weight 4 kg
A - Assessment –– Neuro: Patient modified GCS 15/15 (E – 4, V – 5, M – 6). PEARL 3 + Moving all limbs spontaneously with equal strength. Interacting appropriately with Nursing staff for age. Nil sedation insitu FLACC score 0. Fontanel slightly sunken
Resp: Pt maintaining own airway but being supported with B.CPAP. Flow 2L/kg = 8L. Air 3L and O2 5L. PEEP 6. Good seal present and constant bubbling present. Regular PAC attended and swapping between nasal cannula for BCPAP and mask. Mild intercostal recession and tracheal tug present. SpO2 >96%, RR 45bpm. Air entry R=L. Patient coughing spontaneously at times.
CVS: Low grade temp at 37.9. Monitoring in ST 150bpm. Normotensive. Warm and well perfused with capillary refill <3 seconds and central refill <2 seconds.
GIT: Pt currently NBM. NG tube insitu and pH testing 4th hourly indicating tube in correct position. BSL 4.5mmol. BNO but bowel sounds present.
RENAL: Patient voiding via nappy
INPUT: IVF at 2/3 maintenance via IVC in R) hand. Pt currently in negative fluid balance of 100 mls
LINES: IVC in R) hand. Patent, nil signs of redness and dressing clean and intact.
SKIN: Pressure areas intact. Nil signs of redness or broken areas. Duoderm applied to nose for protection against B.CPAP. Nappy area clean and dry
GENERAL: Parents into visit, nil concerns. For family meeting/update today. Medical staff and parents aware.
R – Recommendations – Follow up with medical staff ?patient requiring fluid bolus

Sign name and then print and include designation e.g. RN EEN

Other references that may assist in writing appropriate documentation include;

http://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0014/40334/abbreviations.pdf

http://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0018/126180/HNELHD_Pol_14_04_Minimum_Standards_CYPFS.pdf

Learning Culture

Nurses are fortunate to be able to positively affect people's lives as well as to make lifelong colleagues and friends in the course of their day. In addition, the critical care environment provides fertile ground for personal and professional development. We offer various learning opportunities including; in-service, workshops, journal club, insitu simulation and case presentations.

As other nurses will have made significant investments in your development, we feel that there is a responsibility to reciprocate this gift. For this reason, it is an expectation that all nurses of all skill levels contribute to the development of other nurses. This concept reflects an emphasis on professional practice development and a culture of learning. This is underpinned by the *Professional Development Pathway.* The pathway caters for all levels of nursing expertise and can be individualised and modified to recognise prior learning.

Interprofessional teaching and learning sessions are conducted every Tuesday and Thursday in at 1400hrs. You are encouraged to structure your shift in order to make yourself available to attend these sessions.

Transition to Practice (ICU) Program Outline

The transition to Practice Program (ICU) aims to meet the needs of all stakeholders within the critical care environment and provide the participants within the intensive care environment a standardised program to:

- Develop the confidence and competence of the intensive care nurse within a supportive clinical environment
- Enhance professional adjustment of the nurse new to intensive care practice, and their assimilation into the workplace
- Improve retention in the nursing workforce
- Provide quality care and outcomes for their patients
- Develop critical thinking practices, engage in reflection and respond appropriately within the clinical environment
- Develop core foundational skills and knowledge to enable safe delivery of care
- Use current processes' and professional development opportunities already available within the area health service to provide the novice intensive care nurse a comprehensive but flexible program that supports their transition from novice to advanced beginner
- Provide varied learning opportunities during which the participant can access, share and validate knowledge

Program Objectives

As minimum participants who complete the program will have an understanding of the following:

- Anatomy and physiology
- Psychosocial aspects, including cultural and spiritual beliefs
- Pathophysiology
- Technology applications
- Pharmacology
- Caring for the families/carers including debriefing, stress management and peer support

- Comprehensive clinical assessment (including diagnostic and laboratory results)
- Patient and family education
- Illness and alterations of vital body functions
- Legal and ethical issues
- Plans of care and nursing interventions
- Professional nursing roles in critical care including clinical teaching tragedies, team leadership and management issues
- Medical indications and prescriptions with resulting nursing care responsibilities
- Use of current research findings to deliver evidence based interprofessional care
- Global critical care perspectives

The participants will be supported by the following to achieve these aims:

- Experiential Clinical Learning
- Competency based practice
- Face to Face education

The Nurse Educator of Intensive Care Services, Leila Kuzmiuk is the coordinator of this program and your first contact. The Intensive Care Education teams are responsible for supporting your clinical development and competence in the critical care environment.
Leila.Kuzmiuk@hnehealth.nsw.gov.au DECT (492) 23571

The aims and objectives of the program align to the following National Safety and Quality Health Standards (2013):

Participants who complete the Transition to Practice Paediatric Program (ICU) will have developed skills and competence essential to intensive care nursing including:

- Patient assessment and safety
- Cough Assist
- Invasive mechanical ventilation (introductory)
- Bubble CPAP
- Hi Flow ventilation
- Blood sampling
- Intra-hospital transport
- Non-invasive positive pressure ventilation
- Management of chest drains
- External ventricular drain management
- Tracheostomy management
- Spinal log roll
- Adult advanced life support
- Paediatric basic life support

National Standard 1 ***Governance for Safety and Quality in Healthcare***	1.3	1.3.1
	1.4	1.4.1 1.4.4
	1.10	1.10.1 1.10.5
	1.11	1.11.1 1.11.2
	1.12	1.12.1
	1.13	1.13.1 1.13.2
	1.14	1.14.1
	1.15	1.15.1
	1.16	1.16.1
National Standard 3 ***Preventing and Controlling Healthcare Associated Infections***	3.5	3.5.1
	3.9	3.9.1
	3.10	3.10.1
	3.11	3.11.3 3.11.5
National Standard 4 ***Medication Safety***	4.2	4.2.1
	4.3	4.3.1
	4.5	4.5.1
National Standard 5 ***Patient Identification and Procedure matching***	5.1	5.1.1
	5.3	5.3.1
	5.4	5.4.1
National Standard 6 ***Clinical Handover***	6.1	6.1.3
National Standard 7	7.1	7.1.3

Blood & Blood Products	7.2	7.2.1
National Standard 8 ***Preventing and Managing Pressure Injuries***	8.3	8.3.1
	8.8	8.8.4
National Standard 9 ***Recognising & Responding to Clinical Deterioration in acute health care***	9.3	9.3.3
	9.4	9.4.3
	9.6	9.6.1
National Standard 10 ***Preventing Falls and Harm from Falls***	10.7	10.7.3

Professional Development Pathway

The pathway outlines a structure for professional development and has been designed for clinicians at all levels. It is necessary to complete each step of the pathway prior to progressing to the next.
Please provide documented evidence for assessment to the education team for recognition of prior learning.
This program is incorporated in Step Three: Towards specialist practice (Paediatric Pathway).

Step One: Demonstrating safe practice (mandatory)

The first part of the *Professional Development Pathway* focuses on transition to the specialty and orientation to the critical care environment and consists of *Demonstrating Safe Practice* and *Developing Clinical Skill*.

It ensures communication of *the things you need to know* and provides you with skills to ensure safe practice at an introductory level. Its focus is to familiarise you with a new environment and ensure your nursing practice aligns with local standards and policies.

On completion of step 1 you will be able to be a resource person and an assessor for undergraduate student nurses. You will set learning goals, identify resources and demonstrate your ability to safely care for patients.

Step one is usually completed within the equivalent of three months of starting employment within the intensive care services.

To ensure progression you will be required to:

- Meet legislative requirements/ HNE required education (Appendix 1)
- Complete a specific number of the ICU introductory competencies
- Achieve a satisfactory level of performance at the equivalent of three months; as evidenced by a PDR with your NUM

Step Two: Developing clinical skill (mandatory)

The second part of the *Professional Development Pathway* builds on step one and ensures further development of knowledge and skill within a specialty area.
On completion of this stage you should be able to act as a resource person for those at step one. The requirements for completion of this step include:

- Complete the remainder of the ICU introductory competencies
- Development of your professional portfolio (Appendix III)
- Advanced life support accreditation
- Achieve a satisfactory level of performance at the equivalent of twelve months; as evidenced by a PDR with your NUM

In order to achieve these requirements it is advisable that you identify a mentor from within your specialty with whom you are able to discuss your nursing practice constructively. When you have identified a mentor you must approach them and arrange to meet regularly to discuss your progress. It is your responsibility to take the initiative to meet and discuss your progress.

Step Three: Towards specialist practice

The focus of step three is the development and integration of knowledge and skill at a more advanced level. On completion, you will use your advanced clinical skills to make comprehensive and accurate patient assessments, analyse clinical data and provide complex care for patients with multiple system failure.

Additionally you will be seen as a resource for all staff entering the intensive care environment. You will be equipped to contribute to quality improvement, development of policy and guidelines, provide formal and informal education and fulfil the requirements of the ACCESS role.
The progression options for this step are as follows:

- Graduate certificate in critical care or equivalent
- A number of ICU advanced clinical competencies and practices
- Contribute to one clinical practice improvement project
- Retrieval nurse role

Step Four: Demonstrating professional leadership

Step four focuses on the development of the professional aspects of practice. It provides you with the skills to effectively lead and support the team whilst coordinating the management of patients. The progression options for this step include:

- Attend a preceptor or mentor workshop/course
- Complete ICU team leader program
- Obtain Clinical Nurse Specialist status

You now have the opportunity to be able to relieve in the following positions within the intensive care services

- Clinical Nurse Educator
- Nurse Educator
- Nursing Unit Manager
- Clinical Nurse Consultant
- Liaison Nurse
- Performance improvement coordinator (quality)
- Research coordinator
- Data Manager
- Equipment Nurse

Orientation

Orientation is an essential element of the first step of the Professional Development Pathway- *Demonstrating Safe Practice* and *Developing Clinical Skill*. You will receive one day of *Educator Assisted Familiarisation* that consists of an induction to the Critical Care environment with the Education team and one day *Assisted Bedside Orientation* when you will work a variety of shifts in a supernumerary capacity. This means that you will work in partnership with another Registered Nurse (preferably from your preceptor group) to care for your allocated patient. It is important to realise that *Educator Assisted Familiarisation* and *Assisted Bedside Orientation* are only the introduction of your four month orientation period to the environment.
This manual will assist you to complete the Paediatric Pathway at Intensive Care Services, John Hunter Hospital. In addition, the manual also provides a record of your achievements, which you require at Performance Development Reviews with your NUM or delegate.

It is essential that you bring this manual to work with you, or leave it in your locker, as you will need to utilise this manual on a daily basis.

This will enable your preceptor or resource person to clearly identify your goals and therefore assist you to complete these goals and requirements during the Transition to Practice Program (ICU).

Educator Assisted Familiarisation

As discussed earlier, you will spend one day working and learning with the ICU Education team. The *Educator Assisted Familiarisation* day aims to provide an awareness of your new surroundings, staff and equipment and prepare you for caring for a patient within the critical care environment. At this time you will be given a short tour of the intensive care and become familiarised with commonly used ICU equipment. A more detailed summary of the structure of these days is provided on the following pages.

Intensive Care Transition to Practice Program (Paediatrics) Orientation Program

Day One: Monday 31st July 2017

	Time	Prompts for discussion	Person responsible	Venue
Familiarisation to Paediatrics	0800-0830hrs	Welcome & Introduction Familiarisation Game Allocation of following resources • Transition to Practice manual • IV Fluids/ALS laminate cards/Vital signs • Review of pre-requisite requirements	Nursing Education Team	RNC Conference Room 1 (2428)
	0830-0900hrs	Paediatric Intensive Care	Intensivist	
	0900-1030hrs	Physical Assessment across the lifespan	Nursing Education Team	
Physical Assessment	1030-1100hrs	**Morning Tea**		
	1100-1145hrs	Communication with the patient & families and children at risk	Child Protection Team	
	1145–1215hrs	Invasive mechanical ventilation – physiology	Nursing Education Team	
	1215-1245 hrs	**Lunch**		
	1245-1315 hrs	Advanced Airway Management	Nursing Education Team	
	1315-1400hrs	Skill Stations BCPAP ETT Tapes Airvo High Flow	Nursing Education Team	
	1400-1530hrs	Fluid Management and Nutrition IV, oral, enteral (ventilated vs not ventilated)	Nursing Education Team	
	1530-1615hrs	Sedation and analgesia	Intensivist	
	1615-1630 hrs	Reflection, wrap up & home	Nursing Education Team	

The program set out above is a guide and the Education team may vary the content and order according to the individual requirements of the nurses' and the availability of venues for instruction

Ensuring adequate supervision and support

Preceptor Program

We are dedicated to supporting you throughout the program, with preceptors who have volunteered to assist you with your learning so please ensure that you ask as many questions as you need. Their role is to provide you with training, competency assessment and role model current practices.

All preceptor programs have challenges with preceptors and preceptees spending time together on shift due to rostering or the geographical allocation to patients to nurse skill mix, therefore **one key to success is that you identify another Registered Nurse as a resource person at the beginning of every shift.**

This can sometimes be difficult, as you won't always know the skill levels of the people around you. In this case, ask the nursing Team Leader to help you select a suitable person to act as the resource. **Regardless of whom you identify as a resource, it is essential that you ask them to act in this capacity so they are aware you will require their support.**
This resource person or Educator will be your primary contact in ensuring patient safety, and they can assist you with clinical assessment, decision making and nursing interventions beyond your current level of practice.

Tips to ensure you are adequately resourced

1. Introduce yourself to the people working in the bed spaces around your area.
2. Introduce yourself to the team leader at the beginning of every shift and let them know your level of experience.
3. Clarify the major issues for your patient's management at the beginning of your shift e.g.: ask, '…what do I need to watch for in a patient who has…?'
4. Ask your preceptor or resource person to check over your charts to identify anything that needs to be considered.
5. Request allocation of specific patients ahead of time (usually the day before) by discussing with the Team Leader. This will help to ensure you are allocated patients who are appropriate for your learning needs. (NB: it may not always be possible to grant requests).
6. Plan your resources ahead. If you enjoy working with a particular preceptor or resource person, check the allocation sheets to see if they are working on any of your other shifts. Discuss with them the possibility of working together again. So other people know your intention put an asterisk next to both your names in the allocation sheet and write 'work together'.
7. Different people may suggest various methods of completing a task. This can be confusing and frustrating, but it is important to remember that people have the best intentions. Where information is conflicting, ask about the underlying principles so you can provide safe care. Also check if there is a policy or guideline so you can ensure you are working by the preferred method.
8. The Team Leader, Educators, CNC and Managers can arrange alternative support if your resource person is busy and you find yourself struggling.
9. If you are feeling stressed, unsafe, or unhappy at work, discuss this with your Managers, Educators or the CNC. Remember these issues are our problem as well as yours and we are here to help you

manage them. There are often small things that can be done to significantly lighten your load – come and talk to us.

Your responsibilities

Employment in any organisation relies on a functioning partnership, and as you know, all partnerships involve responsibilities. Your responsibilities are outlined in your job description (if you have not received a copy of this, ask your Managers to provide you with one). You are also required to practice within the Australian National Competency Standards for Registered Nurses & the Australian College of Critical Care Nurses Competency Standards for Specialist Critical Care Nurses.

Hunter New England Local Health District has the responsibility of providing you with adequate guidance and support in order for you to conduct your role safely. Obviously, this relies on both parties communicating issues in a timely fashion.

For this reason, completion of hospital mandatory assessments and all the requirements of Step one and two of the *Professional Development Pathway* are mandatory for nurses commencing within the intensive care service. You are also required to complete ALL of the requirements of the Step 3 advanced practice pathways that you have chosen to complete.

Your initial progress and goal setting will be reviewed with a member of the nursing education or management teams during 30 and 90-120 day conversations. At this time you will have the opportunity to set goals and complete your education learning plan.

You will also complete a post orientation evaluation online.

Bedside Assisted Orientation

Bedside assisted orientation provides you with the opportunity to care for patients while being supported on a one to one basis in a supernumerary capacity. You should feel free to ask all the questions you like in order to build on your confidence.

Over these two days you will be allocated one patient to provide complete care for whilst under supervision; however at this stage you are not responsible for the patient. A more detailed summary of the structure of these days is provided on the following pages.

You may not find the opportunity to be exposed to all the content over these two days. Do not be concerned as an Educator, Preceptor or Resource person can provide this information at a later date.

Bedside assisted orientation

On completion of this activity at the bedside you will have an understanding of bedside emergency equipment, planning care and communication. This activity is intended to be completed day 1 at the bedside. This content will also prepare you to complete the *Patient Assessment & Safety* and *Introductory Invasive Haemodynamic Monitoring* competencies; therefore it is beneficial for you to be aware of the performance criteria required.
The table below provides prompts for you and your resource person towards achieving the daily goals. It is essential that each area is signed by your allocated resource person. An educator will follow up with you to ensure this has been complete and address any areas not covered.

Skill sets		Prompts for discussion	Resource person
Patient safety	Emergency checks	Check resus bag available & easily accessible (include PEEP valve check if present)	
		Check flow meter operational	
		Discuss contents of bedside emergency bag and any other emergency equipment present	
		Age appropriate wall suction (NB: Low wall suction inappropriate for emergency purposes)	
	Airway	Supervision of the patient with an artificial airway Demonstrates tube security methods Identifies importance & procedure of changing tapes	
		Checks and documents position at teeth/gums/nares Discuss cuff pressure measurements & procedure X-ray confirmation of lines and tubes by doctor Discusses appropriate actions for tube position variance	
	Breathing	Inspect rise & fall of chest/auscultate for equal air entry/Assess work of breathing Check ventilator settings against prescription Discuss mode of ventilation Set ventilator alarms appropriately	
	Circulation	Discuss levelling and zeroing of transducers Check infusions against orders Identify infusions and follow lines to patient Identify emergency IV port Assess line security and labelling Arterial and CVC line management (if present) Assess daily fluid requirements	
	Patency and suctioning	Tube patency and causes of blockages Suctioning technique	
	General	Checks placement of NGT Maintaining patient supervision and visibility Discuss appropriate alarm settings for each monitored parameter (consider medical orders) Discuss alarm volume control Falls risk assessment/ restraints/ bed rails Adheres to the 5 rights of medication admin	

Assessment and planning care	Physical assessment	Overview of systems approach to physical assessment: neuro, CVS, resp, GIT, renal, skin	
	GCS	Explore the concepts and standards for assessment of age related GCS	
	Nutrition	Discuss methods of feeding and rationale Breast feeding; formula; gravity/bolus feeding; continuous feeding Assess daily nutritional requirements	
	Essential care	Identifies plan of care for the shift Attends dressings Mouth care/ eye care/ pressure ulcer risk/ positioning and muscle stretching/DVT prophylaxis/ hygiene Psychosocial and spiritual care	
	Environment	Damp dusting/Hand hygiene/Bedspace tidy Pressure area care rounds/ X-ray rounds responsibilities Manual handling risks and trip hazards	
Communication	Parents/Carers	Includes family in assessment process if applicable Ensures patient, family/carer receives information & explanations using the HAIDET framework, to promote patient & carer comfort	
	Documentation	Flow chart Braden Q score/Sedation score/Pain score PAST/patient printout/day one admission Integrated note writing Observe clinical handover from shift to shift Completes patient journey board	
	Relieving others	Negotiates meal breaks Communicates issues at Medical rounds Provides observation and ongoing mgt for patient Negotiates attendance at in-service	

Notes:

Reflections on the day

At the end of the day consider your experiences and summarise using this table

What did I learn today?
The main themes I will take home today
Concepts I feel confident with
Concepts/ issues I need more input with
What resources are available to me to manage these?

You will be asked to start caring for patients on your own from this point in time.

Congratulations!

Congratulations on completing the requirements of *Educator* and *Bedside Assisted Orientation* over previous days.
Prior to caring for a patient independently take the time to review what you have completed and consider any outstanding issues for completion. An educator will meet with you to discuss your responses.

How am I going?
Has the Intensive Care Services expectations of you been realistic?
In what areas have you significantly increased your knowledge?
What individuals have you identified as being especially supportive?
How are you coping with your transition to the new environment?
Were there areas of knowledge and skills that were not covered during *Bedside Assisted Orientation*?

You will be asked to start caring for patients on your own from this point in time.

Assessments and competencies

The ICU introductory competencies have been designed to ensure the minimum requirements for safe practice. It is encouraged that you identify and seek out learning opportunities to gain exposure to clinical scenarios and to practice skills you are developing. For example, talk to the Team Leader, ACCESS nurse and Education Team about your current goals when on shift and ask to be included in unit activities as appropriate.

It is a good idea to ensure that you are well prepared prior to attempting any competency. Preparation ensures that you make the most of the learning opportunities provided and is a courtesy to those providing you with support and assessment. Copies of these competencies are provided over the following pages and can also be found on the JHH ICU intranet.

Who can assess you?
Any members of the education team, clinical nurse specialists &experienced ICU nurses

What assessment documentation is required per competency?
Assessor Guideline

- available on the CNS share-drive (team leader able to access) & from the Education Team
- to be retained by the assessor
- must be forwarded to the Education Team as evidence of competency attainment

Unit of Competency Descriptor

- located in this Manual & on JHH ICU Intranet
- signed by your assessor
- this is your record of competence

Paediatric Pathway Requirements

The Paediatric Pathway for ICU nurses is completed over a twelve month period and involves the following requirements:

- HETI mandatory requirements
- ICU required education and competencies
- ICU paediatric introductory competencies
- Case presentation
- Face to face education sessions with preceptor/educator
- Port-a-Cath training
- Attend HNE Simulation Centre ICU Paediatric Crisis Resource Management Course
- Evaluations

Your assessment schedule with timeline is provided on the following page

The table below outlines the competencies required for completion by the four-month performance review period. The remainder of the ICU introductory paediatric competencies are to be completed by the end of twelve months.

Assessment Schedule	
Required Clinical Competencies/Packages	**Date for completion**
Step 1 *Professional Development Pathway for ICU Nurses*	Prior to Commencement
Step 2 *Professional Development Pathway for ICU Nurses*	Prior to Commencement
Resus4Kids - Intraosseous Access e-learning	Prior to Commencement
Resus4Kids - Advanced airway management e-learning	Prior to Commencement
Resus4Kids – Paediatric Tracheostomy Emergency Management	Prior to Commencement
Between the Flags - Tier 2: Systematic Assessment (Paediatric)	Prior to Commencement
Fundamentals of Paediatric Medication Safety	Prior to Commencement
Advanced life support assessment (Adult & Paediatric)	Prior to Commencement
HAIDET Competency	Prior to Commencement
HNELHD Patient controlled analgesia learning package	Prior to Commencement
HNELHD Epidural learning package	Prior to Commencement
Epidural Management competency	Prior to Commencement
HETI online required training modules	Prior to Commencement
ICU Paediatric Introductory Competencies and required learning	
Patient assessment and safety	**28th August**
Bubble CPAP	**27th October**
Hi Flow Oxygenation	**27th October**
Introductory invasive mechanical ventilation	**27th October**
Central Venous Access Device (CVAD Education modules x 3 eviQ e-learnin)g	**20th November**
Port- a- Cath	**20th November**
Case Presentation	**27th November**
Cough Assist	**30th July 2018**
Blood Sampling	**30th July 2018**
Non-invasive ventilation	**30th July 2018**
Intra-hospital transport	**30th July 2018**

Introductory Paediatric ICU Competencies

The following competencies are part of *Developing Safe Practice* and mandatory to complete. If you have considerable Intensive Care Nursing experience you may receive recognition of prior learning. Please make an appointment with a member of the education team to discuss your previous learning, experience and/or professional portfolio.

UNIT OF COMPETENCY

Patient assessment and Safety

(REGISTERED NURSE)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse to perform a baseline patient assessment and plan care for a paediatric intensive care patient. This competency is a beginner level competency.

Candidate: _____ Assessor: _____

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
1. Demonstrates adherence to Work, Health and Safety and infection control requirements	1.1 Decontaminates hands according to 5 moments of hand hygiene 1.2 Dons personal protective equipment 1.3 Ensures bed at correct level and bedspace free from hazards 1.4 Disposes of equipment and waste correctly
2. Demonstrates an understanding of safe preparation prior to performing patient assessment	2.1 Identifies and locates equipment required for performing assessment 2.2 Reviews patient documentation to identify current trends and condition 2.3 Draws curtains and ensures patient privacy and dignity 2.4 Considers communication difficulties and their solution 2.5 Includes family in assessment process
3. Demonstrates accurate checking of bedside emergency equipment	3.1 Performs systematic check of all bedside emergency equipment 3.2 Identifies location and patency of emergency IV access 3.3 Demonstrates knowledge of emergency unit trolley and defibrillator 3.4 Demonstrates knowledge of medications present at bedside
4. Utilises a framework for patient assessment	4.1 Performs an initial observation of patient condition utilising Airway, Breathing, Circulation 4.2 Identifies a framework for assessment 4.3 Proceeds to assess the body systems in order of priority 4.4 Communicates to medical and nursing staff any abnormalities
5. Demonstrates a safe and accurate assessment of the respiratory system	5.1 Assesses condition of airway 5.2 Assesses breathing rate and work of breathing 5.3 Auscultates chest and identifies equal air entry 5.4 Checks artificial airway ensuring airway security 5.5 Assesses correct cuff pressure 5.6 Positions elevation of patient at head
6. Demonstrates a safe and accurate assessment of the cardiovascular system	6.1 Interprets cardiac rhythm and any deviation from normal sinus rhythm 6.2 Assesses all invasive lines for position, compatibility of infusions, line and fluid bag changes and volume of vasoactive infusions 6.3 Ensures cardiovascular pressure monitoring devices are levelled

		and zeroed
	6.4	Auscultates and interprets heart sounds
	6.5	Assesses blood pressure & methods of measurement
	6.6	Assesses position, security and appropriate dressings for all invasive catheters
	6.7	Assesses quality of peripheral circulation
	6.8	Identifies rationale or need for DVT prophylaxis
	6.9	Interprets recent pathology blood results
7. Demonstrates a safe and accurate assessment of the neurological system	7.1	Performs assessment utilising Glasgow Coma Scale to assess patient consciousness
	7.2	Assesses pupillary reaction
	7.3	Assesses patient's ability to swallow and their cough reflex
	7.4	Assesses deficiencies in limb motor strength
	7.5	Assesses pain and sedation score
8. Demonstrates a safe and accurate assessment of the renal system	8.1	Assesses urine output
	8.2	Interprets renal function laboratory blood results
	8.3	Assesses urine colour
	8.4	Performs and interprets urinalysis results
	8.5	Assesses IDC insertion site & security
9. Demonstrates a safe and accurate assessment of the endocrine and gastrointestinal system	9.1	Visually inspects abdomen
	9.2	Auscultates for bowel sounds
	9.3	Reviews bowel activity and bowel regimen
	9.4	Assesses patient nutritional requirements
	9.5	Performs blood glucose level
	9.6	Correctly aspirates naso/orogastric tube
10. Demonstrates a safe and accurate assessment of the integumentary system	10.1	Assesses skin condition
	10.2	Inspects integrity around invasive devices
	10.3	Calculates risk assessment score following skin assessment
	10.4	Assesses appropriate mattress insitu
	10.5	Assesses patient hygiene requirements
11. Demonstrates legal documentation	11.1	Accurately documents all assessment findings
	11.2	Documents any difficulties and their resolution in the ICU integrated notes
	11.3	Updates the ICU care plan each shift

<table>
<tr><th>EVIDENCE GUIDE</th><th>ASSESSMENT DECISION</th></tr>
<tr><td>Context for assessment:
This unit of competency must be
assessed in the intensive care environment</td><td>☐ Competent ☐ Not Yet Competent

Action/Further Training Required:</td></tr>
<tr><td rowspan="4">Underpinning knowledge is required of the following:

• JHH ICU & HNELHD guidelines and procedures
• Infection Control precautions
• Principles of Asepsis
• WH&S Standards
• Relevant anatomy and physiology
• Communication aids of HAIDET & ISBAR
• HNE Excellence tools</td><td>Details of Feedback to Candidate:</td></tr>
<tr><td>Details of Feedback from Candidate:</td></tr>
<tr><td>Assessor’s Signature:

Date:</td></tr>
<tr><td>Candidate’s Signature:

Date:</td></tr>
</table>

UNIT OF COMPETENCY
Bubble CPAP
(REGISTERED NURSE)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse to safely manage a paediatric intensive care patient requiring bubble CPAP.

Candidate: _____ Assessor: _____

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
1. Demonstrates adherence to Work, Health and Safety and infection control requirements	1.1 Decontaminates hands according to 5 moments of hand hygiene 1.2 Dons personal protective equipment and adheres to ICU infection control practices 1.3 Ensures bed or cot at correct level and free from hazards 1.4 Disposes of equipment and waste correctly 1.5 Follows correct ICU & HNE guidelines and procedures for bubble CPAP (BCPAP)
2. Demonstrates an understanding of the indications for the use of bubble CPAP	2.1 Identifies indications for bubble CPAP 2.2 Assesses patient for contraindications for use of BCPAP 2.3 Provides rationale and obtains consent from family / carer
3. Demonstrates correct assembly and setup of BCPAP	3.1 Identifies and locates correct equipment 3.2 Correctly assembles the BCPAP circuit and humidification system 3.3 Ensures appropriate settings are utilised as per medical order 3.4 Sets appropriate patient monitoring alarm limits 3.5 Identifies clinical resources for assistance with managing patients ventilation 3.6 Demonstrates assessment and application of BCPAP interface
4. Demonstrates an understanding to safely manage the patient receiving BCPAP therapy to avoid complications	4.1 Monitors patient respiratory and haemodynamic status throughout therapy 4.2 Maintains patient ventilation when not receiving BCPAP therapy 4.3 Assesses skin integrity of patient's face and/or nose 4.4 Demonstrates how to minimise the formation of pressure areas 4.5 Identifies effectiveness of therapy 4.6 Identifies complications associated with BCPAP therapy
5. Demonstrates an understanding of the psychosocial and comfort needs of the paediatric patient on BCPAP	5.1 Utilises resources to maintain patient and family / carer safety and comfort 5.2 Promotes an environment that minimises the risk of sensory deprivation

	5.3	Promotes sleep patterns and diversional activities
	5.4	Ensures family / carers receive information and explanations regarding treatment
6. Demonstrates legal documentation	6.1	Accurately documents BCPAP and respiratory parameters on the patients observation chart
	6.2	Documents any difficulties and their resolution in the clinical integrated notes
	6.3	Updates the ICU care plan each shift

EVIDENCE GUIDE	ASSESSMENT DECISION
Context for assessment: This unit of competency must be assessed in the intensive care environment	☐ **Competent** ☐ **Not Yet Competent** **Action/Further Training Required:**
Underpinning knowledge is required of the following: • JHH ICU & HNELHD guidelines and procedures • Infection Control precautions • Principles of Asepsis • WH&S Standards • Relevant anatomy and physiology • Communication aids of HAIDET & ISBAR • HNE Excellence tools	**Details of Feedback to Candidate:** **Details of Feedback from Candidate:** **Assessor's Signature:** **Date:** **Candidate's Signature:** **Date:**

UNIT OF COMPETENCY

Hi-Flow Oxygenation

(REGISTERED NURSE)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse to care for hi-flow therapy for a paediatric intensive care patient. This competency is a beginner level competency.

Candidate: _____ Assessor: _____

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
1. Demonstrates adherence to Work Health & Safety & infection control requirements	1.1. Decontaminates hands according to 5 moments of hand hygine 1.2. Dons personal protective equipment & adheres to ICU infection control practices 1.3. Ensures bed or cot at correct level & free from hazards 1.4. Disposes of equipment & waste correctly 1.5. Follows correct ICU & HNE guidelines & procedures for Hi-Flow non-invasive ventilation
2. Demonstrates understanding of indications for the Hi-Flow system	2.1. Identifies rationale for Hi-Flow therapy 2.2. Assesses patient for contraindications for use of Hi-Flow therapy 2.3. Demonstrates an understanding of the Hi-Flow system
3. Demonstrates correct assembly & setup of the Hi-Flow equipment	3.1. Identifies & locates equipment 3.2. Correctly assembles Hi-Flow equipment 3.3. Correctly calibrates oxygen analyser 3.4. Confirms medical prescription corresponds with current settings
4. Demonstrates an understanding of the complications & safe management of the patient receiving Hi-Flow therapy	4.1. Identifies complications associated with Hi-Flow therapy 4.2. Performs actions to reduce complications associated with the therapy 4.3. Monitors patient respiratory & haemodynamic status throughout therapy
5. Demonstrates an understanding of the psychosocial & comfort needs of the paediatric patient	5.1. Ensures patient, family / carer receives information & explanations using the HAIDET framework, to promote patient & carer comfort 5.2. Promotes an environment that minimises the risk of sensory deprivation 5.3. Promotes sleep patterns & diversion activities
6. Demonstrates legal documentation	6.1. Accurately documents clinical observations 6.2. Documents any difficulties in care provision & their resolution in the clinical notes 6.3. Updates the ICU care plan each shift

<table>
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assessed in the intensive care environment</td><td>☐ Competent ☐ Not Yet Competent

Action/Further Training Required:</td></tr>
<tr><td rowspan="4">Underpinning knowledge is required
of the following:

• JHH ICU & HNELHD guidelines and procedures
• Infection Control precautions
• Principles of Asepsis
• WH&S Standards
• Relevant anatomy and physiology
• Communication aids of HAIDET & ISBAR
• HNE Excellence tools</td><td>Details of Feedback to Candidate:</td></tr>
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</table>

UNIT OF COMPETENCY

Introductory Invasive Mechanical Ventilation (REGISTERED NURSE)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse to safely care for a paediatric intensive care patient requiring invasive mechanical ventilation.

Candidate: _____ Assessor: _____

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
1. Demonstrates adherence to Work, Health and Safety and infection control requirements	1.1 Decontaminates hands according to 5 moments of hand hygiene 1.2 Dons personal protective equipment 1.3 Ensures bed at correct level and bedspace free from hazards 1.4 Disposes of equipment and waste correctly 1.5 Follows correct ICU guidelines and procedures for paediatric invasive mechanical ventilation
2. Demonstrates correct assembly and set up of invasive mechanical ventilation therapy	2.1 Identifies and locates the correct equipment 2.2 Correctly assembles ventilator equipment 2.3 Performs pre-use check 2.4 Correctly assembles etCO2 monitoring including correct cuvette 2.5 Performs etCO2 calibration
3. Demonstrates understanding of artificial airway security and patency	3.1 Identifies correct position of endotracheal tube 3.2 Ensures the tube is secured according to the paediatric endotracheal tape procedure 3.3 Checks ventilator circuit connections are secure 3.4 Demonstrates correct suctioning technique
4. Demonstrates an understanding of the assessment and maintenance of adequate mechanical ventilation	4.1 Correctly auscultates and assesses bilateral chest wall movement/air entry. 4.2 Assesses oxygenation 4.3 Assesses carbon dioxide clearance 4.4 Demonstrates an understanding of the patients ventilation mode. 4.5 Identifies clinical resources for assistance with managing patients ventilation
5. Demonstrates use of correct ventilator settings and alarm limits	5.1 Checks medical ventilation order corresponds to the ventilator settings 5.2 Checks and sets alarms appropriate for patients condition 5.3 Checks ventilator is plugged into mains power 5.4 Appropriately responds to alarms
6. Demonstrates an understanding to safely manage the patient receiving invasive mechanical ventilation to avoid complications	6.1 Demonstrates safe patient supervision at all times 6.2 Monitors patient respiratory and haemodynamic status throughout therapy 6.3 Demonstrates nursing actions to prevent ventilator associated pneumonia (VAP) 6.4 Notifies medical and nursing staff of alterations in patients condition
7. Demonstrates an understanding of the psychosocial needs	7.1 Promotes an environment that minimises the patients risk of sensory deprivation 7.2 Promotes sleep patterns and diversion activities

	7.3	Ensures patient and family receives information and explanations
	7.4	Ensures the family are involved as much as possible with regards to care provision +/- child being washed through day.
	7.5	Encourages family to have some comfort time with the child where appropriate.
8. Demonstrates legal documentation	8.1	Accurately documents ventilation and respiratory parameters on the patients observation chart
	8.2	Documents any difficulties and their resolution in the clinical integrated notes
	8.3	Updates the ICU care plan each shift

EVIDENCE GUIDE	ASSESSMENT DECISION
Context for assessment: This unit of competency must be assessed in the intensive care environment	☐ **Competent** ☐ **Not Yet Competent** **Action/Further Training Required:**
Underpinning knowledge is required of the following: • JHH ICU & HNELHD guidelines and procedures • Infection Control precautions • Principles of Asepsis • WH&S Standards • Relevant anatomy and physiology • Communication aids of HAIDET & ISBAR • HNE Excellence tools	**Details of Feedback to Candidate:** **Details of Feedback from Candidate:** **Assessor's Signature:** **Date:** **Candidate's Signature:** **Date:**

Ongoing Education

In addition to participating and receiving clinical bedside teachings and education, over the next three months we recommend that you attend as many as possible of the face to face education that is available.

Within the Intensive Care when on clinical shift practical hands on skill and assessment training will be delivered by either one of the preceptors, a member of the education team or the multidisciplinary Thursday teachings. Some of the topics have been included below. We encourage you to inform us of what additional topics you require as you progress over the next four months.

The Medical multi-disciplinary team sessions are delivered on **Thursdays from 1400-1500hrs** and are based around case studies from clinical practice. The same topic is delivered each Thursday of the month so you are not restricted by your availability or you may wish to attend the session more than once.

Additionally the John Hunter Children's Hospital conducts twilight seminars and conferences. At the time of notification these opportunities will be emailed to all nursing staff.

Face to Face Education Topics		
Topic		**Completed**
Arterial line management		
Non-invasive ventilation		
Blood sampling		
Intraosseous insertion		
Invasive mechanical ventilation		
Cough assist		
Arterial & Intraosseous		
BCPAP & Hi-Flow		
Invasive ventilation		
Non-invasive ventilation		
Paediatric airway		
Paediatric death		
Medication safety		
HNE Simulation centre		
ICU Paediatric Crisis Resource Management Course	31st August, 23rd November, 2018 TBA	

Where to from here?

Congratulations on completing the first four introductory competencies of the Paediatric Pathway of the Intensive Care Services *Professional Development Pathway.* You can now start the process of building on your clinical knowledge and skills within the Intensive care environment.

All competencies of the Paediatric Pathway of the Professional *Development Pathway* are mandatory for all Paediatric Intensive Care Nurses at the John Hunter Hospital.

If you have considerable Intensive Care Nursing experience you may receive recognition of prior learning. Please make an appointment with a member of the education team to discuss your previous learning, experience and/or professional portfolio.

Developing Clinical Skill

Complete the remainder of the ICU paediatric introductory competencies

There are a total of seven ICU paediatric introductory competencies. The next three are outlined over the following pages and located on the ICU intranet (under the heading of 'Education Resources')

If you have not already done so, you need to achieve competence in the remainder of the ICU introductory competencies **within the next eight months.**

Additionally, at four months you will have the opportunity to discuss your achievements and the completion of these goals will be reviewed at your 90-120 day equivalent Performance Development Review with a manager. Your 30 & 90 day conversations will also be part of this.

Setting an Education Learning Plan

Towards the end of your first month you will have the opportunity to set an individualised education learning plan with one of your Educators or Preceptors. Additionally, at three months you will have the opportunity to discuss your achievements and the completion of these goals will be reviewed at your three month equivalent Performance Development Review with a manager. Your 30 & 90 day conversations will also be part of this.

Goals	Date achieved
Individualised goal # 1 Strategies for achievement:	
Individualised goal # 2 Strategies for achievement:	
Individualised goal # 3 Strategies for achievement:	

Educator/Preceptor Name	Sign	Date

You may find it useful to apply the SMARTA principle with setting goals
Specific
Measurable
Achievable
Realistic
Timely
Aligned

Discussion notes

UNIT OF COMPETENCY

Blood Sampling (Paediatrics)

(REGISTERED NURSE)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse to perform a blood sampling for a paediatric intensive care patient. This competency is a beginner level competency.

Candidate: _____ Assessor: _____

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
1. Demonstrates adherence to Work, Health and Safety and infection control requirements	1.1 Decontaminates hands according to 5 moments of hand hygiene 1.2 Dons personal protective equipment 1.3 Ensures bed at correct level and bedspace free from hazards 1.4 Disposes of equipment and waste correctly 1.5 Follows correct ICU & HNE guidelines and procedures for blood sampling
2. Demonstrates understanding of indications for blood sampling	2.1 Identifies rationale for blood sampling 2.2 Identifies different methods of obtaining blood sample 2.3 Assesses patient for contraindications 2.4 Obtains medical officer prescription and follows ICU guideline
3. Demonstrates correct assembly and maintenance of the arterial line transducer system	3.1 Demonstrates correct assembly of the pressure transducer system 3.2 Demonstrates correct procedure for levelling and zeroing the pressure transducer system 3.3 Demonstrates correct procedure for securing arterial line 3.4 Demonstrates setting of appropriate alarms for patients condition on the monitor
4. Demonstrates correct procedure for obtaining an arterial blood sample	4.1 Identifies and gathers appropriate equipment 4.2 Explains procedure to patient /family & obtains parental consent 4.3 Correctly performs arterial blood gas sample 4.4 Assesses for potential complications & responds appropriately 4.5 Notifies medical officer/ team leader of arterial blood gas results
5. Demonstrates correct procedure for obtaining a capillary blood gas sample	5.1 Identifies and gathers appropriate equipment 5.2 Explains procedure to patient/family & obtains parental consent 5.3 Identifies available human resources for assistance 5.4 Ensures immediate access to arterial blood gas machine 5.5 Identifies and prepares most appropriate site for skin puncture 5.6 Correctly performs capillary blood gas sample
6. Demonstrates legal documentation	6.1 Accurately documents blood results on the patients observation chart 6.2 Documents any difficulties and their resolution in the ICU integrated notes 6.3 Updates the ICU care plan each shift

EVIDENCE GUIDE	ASSESSMENT DECISION
Context for assessment: This unit of competency must be assessed in the intensive care environment	☐ **Competent** ☐ **Not Yet Competent** **Action/Further Training Required:**
Underpinning knowledge is required of the following: • JHH ICU & HNELHD guidelines and procedures • Infection Control precautions • Principles of Asepsis • WH&S Standards • Relevant anatomy and physiology • Communication aids of HAIDET & ISBAR • HNE Excellence tools	**Details of Feedback to Candidate:** **Details of Feedback from Candidate:** **Assessor's Signature:** **Date:** **Candidate's Signature:** **Date:**

UNIT OF COMPETENCY
Intra-hospital Transport
(REGISTERED NURSE)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse to safely transport a paediatric intensive care patient from the Intensive Care Services
This competency is an introductory level competency.

Candidate: _____ Assessor: _____

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
1. Demonstrates adherence to Work, Health and Safety and infection control requirements	1.1 Decontaminates hands according to 5 moments of hand hygiene 1.2 Dons personal protective equipment 1.3 Ensures bed at correct level and bedspace free from hazards 1.4 Disposes of equipment and waste correctly 1.5 Follows correct ICU & HNE guidelines and procedures for transporting an intensive care patient
2. Demonstrates safe preparation of the patient for transport	2.1 Communicates effectively with all members of the interprofessional and multidisciplinary team 2.2 Commences preparation with adequate time allocated for potential complications 2.3 Assesses patients respiratory and haemodynamic status 2.4 Identifies any special requirements for nature of transport 2.5 Gathers and checks appropriate equipment, drugs and utilises transport checklist for transport 2.6 Demonstrates correct assembly of transport ventilator circuit and patient connector 2.7 Performs transport ventilator pre-use check if required 2.8 Anticipates and prepares for patient needs during transport 2.9 Demonstrates setting of appropriate alarms for patients condition
3. Demonstrates safe management of patient during transport	3.1 Coordinates transport and correctly states responsibilities 3.2 Demonstrates safe patient supervision at all times 3.3 Ensures patient comfort and safety 3.4 Provides continuous assessment with a focus on Airway, Breathing, Circulation and management throughout transport
4. Maintains and responds to alterations in the patients respiratory and haemodynamic status	4.1 Appropriately responds to alarms 4.2 Observes the patients respiratory and haemodynamic parameters and takes action to resolve abnormalities 4.3 Seeks assistance from medical and nursing staff where appropriate
5. Demonstrates legal documentation	5.1 Accurately documents parameters on the patient observation chart 5.2 Documents any difficulties and their resolution in the clinical integrated notes 5.3 Documents type and time of intra-hospital transport on

	the ICU flowchart

EVIDENCE GUIDE	ASSESSMENT DECISION
Context for assessment: **This unit of competency must be** assessed in the intensive care environment	☐ **Competent** ☐ **Not Yet Competent** **Action/Further Training Required:**
Underpinning knowledge is required of the following: • JHH ICU & HNELHD guidelines and procedures • Infection Control precautions • Principles of Asepsis • WH&S Standards • Relevant anatomy and physiology • Communication aids of HAIDET & ISBAR • HNE Excellence tools	**Details of Feedback to Candidate:** **Details of Feedback from Candidate:** **Assessor's Signature:** **Date:** **Candidate's Signature:** **Date:**

UNIT OF COMPETENCY

Cough Assist Competency

(REGISTERED NURSE & PHYSIOTHERASPISTS)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse or Physiotherapist to safely care for an adult intensive care patient requiring the cough assist device. This competency is a beginner level competency.

Candidate: _____ Assessor: _____

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
1. Demonstrates adherence to Work, Health and Safety and infection control requirements	1.1 Performs hand hygiene according to the 5 moments of hand hygiene 1.2 Dons personal protective equipment 1.3 Ensures bed at correct level and bedspace free from hazards 1.4 Disposes of equipment and waste correctly
2. Demonstrates an understanding of indications for cough assist	2.1 Identifies rationale for cough assist therapy 2.2 Assesses patient for contraindications for cough assist 2.3 Demonstrates an understanding of the patient's ventilation , and adjuncts to ventilation
3. Demonstrates correct assembly and set up of the cough assist device	3.1 Identifies and locates the correct equipment 3.2 Correctly assembles the device and circuit 3.3 Identifies how to check setting applied by physiotherapist
4 Demonstrates correct application of device to patient	4.1 Provides explanation of procedure to patient and gains informed consent 4.2 Correctly applies cough assist and interface to patient 4.3 Monitors patient and device throughout procedure 4.1 Adheres to HNELHD Cough Assist Device procedure at all times
5 Demonstrates an understanding to safely manage the patient with cough assist device and avoid complications	5.1 Correctly auscultates and assesses bilateral chest wall movement/air entry 5.2 Correctly assesses cough strength and effectiveness 5.3 Assesses suctioning requirements 5.4 Identifies respiratory problems relating to secretion clearance 5.5 Notifies appropriate medical and physiotherapist staff of alterations in patient's condition
6 Demonstrates evaluation of effectiveness of device	6.1 Conducts reassessment of respiratory parameters 6.2 Assesses secretion removal 6.3 Interprets any changes and improvement in patient observations
7 Demonstrates legal documentation	7.1 Accurately documents ventilation and respiratory parameters on the patient's observation chart 7.2 Documents any difficulties and their resolution in the clinical integrated notes 7.3 Updates the ICU care plan each shift

EVIDENCE GUIDE	ASSESSMENT DECISION
Context for assessment: This unit of competency must be assessed in the intensive care environment	☐ **Competent** ☐ **Not Yet Competent** **Action/Further Training Required:**
Underpinning knowledge is required of the following: • ICU & HNELHD guidelines and procedures • Infection Control precautions • WH&S Standards • Relevant anatomy and physiology • Use of Cough Assist Device JHH_JHCH_BH 0247	**Details of Feedback to Candidate:** **Details of Feedback from Candidate:** **Assessor's Signature:** **Date:** **Candidate's Signature:** **Date:**

JOHN HUNTER HOSPITAL INTENSIVE CARE SERVICES

UNIT OF COMPETENCY

Introductory Non-invasive Positive Pressure Ventilation (Paediatrics)

(REGISTERED NURSE)

DESCRIPTOR: This assessment is concerned with the ability of the Registered Nurse to safely manage a paediatric intensive care patient >10 Kg requiring non-invasive positive pressure ventilation. This competency is a beginner level competency

Candidate:_____Assessor:_____
___

ELEMENTS (Expected Performance)	**PERFORMANCE CRITERIA** (Critical Aspects)
12. Demonstrates adherence to Work, Health and Safety and infection control requirements	1.5 Decontaminates hands according to 5 moments of hand hygiene 1.6 Dons personal protective equipment 1.7 Ensures bed at correct level and bedspace free from hazards 1.8 Disposes of equipment and waste correctly
13. Demonstrates understanding of indications for use of non-invasive therapy	2.6 Identifies rationale for non-invasive therapy 2.7 Assesses patient for contraindications for use of non-invasive therapy 2.8 Consults with medical officer regarding appropriate mode of non-invasive ventilation 2.9 Demonstrates an understanding of the patients ventilation mode 2.10 Explains to patient and their family the purpose of non-invasive ventilation, the mask and answers questions
14. Demonstrates correct assembly and set up of non-invasive therapy equipment	3.5 Identifies and locates equipment 3.6 Correctly assembles ventilator circuit 3.7 Correctly demonstrates mask interface 3.8 Performs pre-use check if required 3.9 Enters ventilator settings and sets appropriate alarm limits 3.10 Identifies clinical resources for assistance with managing patients ventilation
15. Demonstrates an understanding to safely manage the patient receiving non-invasive therapy to avoid complications	4.5 Monitors patient respiratory and haemodynamic status throughout therapy 4.6 Interprets data displayed on interface of ventilator 4.7 Maintains patient ventilation when not receiving non-invasive therapy 4.8 Assesses skin integrity of patient's face 4.9 Identifies effectiveness of therapy 4.10 Identifies complications associated with non-invasive therapy
16. Demonstrates use of correct ventilator settings and alarm limits	5.7 Checks medical ventilation order corresponds to the ventilator settings 5.8 Checks and sets alarms appropriate for patient's condition 5.9 Appropriately responds to alarms
17. Demonstrates an understanding of the	6.10 Utilises resources to maintain patient comfort and safety 6.11 Promotes an environment that minimises patient risk of sensory

psychosocial and comfort needs	deprivation 6.12 Promotes sleep patterns and diversional activities 6.13 Ensures patient and family receives information and explanations 6.14 Ensures the family are involved as much as possible with regards to care provision 6.15 Encourages family to have some comfort time with the child where appropriate.
18. Demonstrates legal documentation	7.1 Accurately documents ventilation and respiratory parameters on the patients observation chart 7.2 Documents any difficulties and their resolution in the clinical integrated notes 7.3 Updates the ICU care plan each shift

EVIDENCE GUIDE	ASSESSMENT DECISION
Context for assessment: This unit of competency must be assessed in the intensive care environment	☐ **Competent** ☐ **Not Yet Competent**
	Action/Further Training Required:
Underpinning knowledge is required of the following: • JHH ICU & HNELHD guidelines and procedures • Infection Control precautions • Principles of Asepsis • WH&S Standards • Relevant anatomy and physiology • HNELHD ICU Local Guideline Paediatric (>10kg) Non Invasive Ventilation • HNELHD ICU Local Guideline Paediatric (>10kg) Non Invasive Ventilation – Vision Ventilator • HNELHD ICU Local Guideline Paediatric (>10kg) Non Invasive Ventilation - Phillips V60 Ventilator • HNELHD ICU Local Guideline Paediatric (>10kg) Non Invasive Ventilation - Trilogy Ventilator	**Details of Feedback to Candidate:**
	Details of Feedback from Candidate:
	Assessor's Signature: **Date:**
	Candidate's Signature: **Date:**

Assessment Items

Assessment

Case Presentation
Due Date: **By 27th November**

Choose a patient you have cared for over the last four months

Verbally present this patient case study as an in-service to your nursing colleagues. The education team will facilitate an in-service time and day for you.

Identify one clinical management aspect and relate the management strategies to the current evidence based literature.
For example: BCPAP as a ventilation strategy for respiratory failure; neuro assessment across the age spans; end of life care for palliation; pulmonary hypotension; developmental cues; thermoregulation; Use of High flow oxygenation in paediatrics.

Your presentation style will not be assessed.

The presentation should include:

- A clear concise introduction of the person central to the case study
- Pathophysiology underlying the patient's condition and priorities of care
- Presentation of all aspects of care throughout the intensive care phase is discussed including rationales for care and patient history
- Medical and nursing management
- Ethical considerations
- Maintains the patients perspective and consideration of psychosocial needs and implications for care
- Discussion of intensive care delivery with a nursing care focuses whilst incorporating the role of technology and nursing implications
- Discusses the interaction of health care professionals towards a family/patient centred approach to the delivery of health care

ALL presentations MUST be saved onto a USB and be compatible with the HNE Windows Operating System. HNE does not support Apple Mac

We recommend that you do a trial run prior to your presentation.

Where to from here?

If you are asking this question, congratulations on coming this far!

It is your responsibility to make an appointment with a member of the management team to conduct your twelve month performance development review.
It is advised that you complete the performance development tool and an education plan prior to attending your appointment. The performance development documents can be obtained from the management team or via the HNE intranet; site index; A to Z of HR information; 'Performance development review'. The hyperlink to this site is also located on the ICU intranet (under heading 'professional development'). If you require a copy of your job/position description this can be obtained from the management team.

You may wish to now consider the following:

- Working towards advanced clinical practice like CRRT; HFOV
- Completing post graduate certificate/diploma/masters in Paediatrics e.g. We are a partnership hospital with the University of Melbourne and the Royal Children's Hospital in Melbourne
- Contributing to the development/review or trial of Intensive Care guidelines/procedures/competencies

References and learning resources

This list provided is a starting point. You may find other texts and information packages which are more useful.
Some useful textbooks include the following:

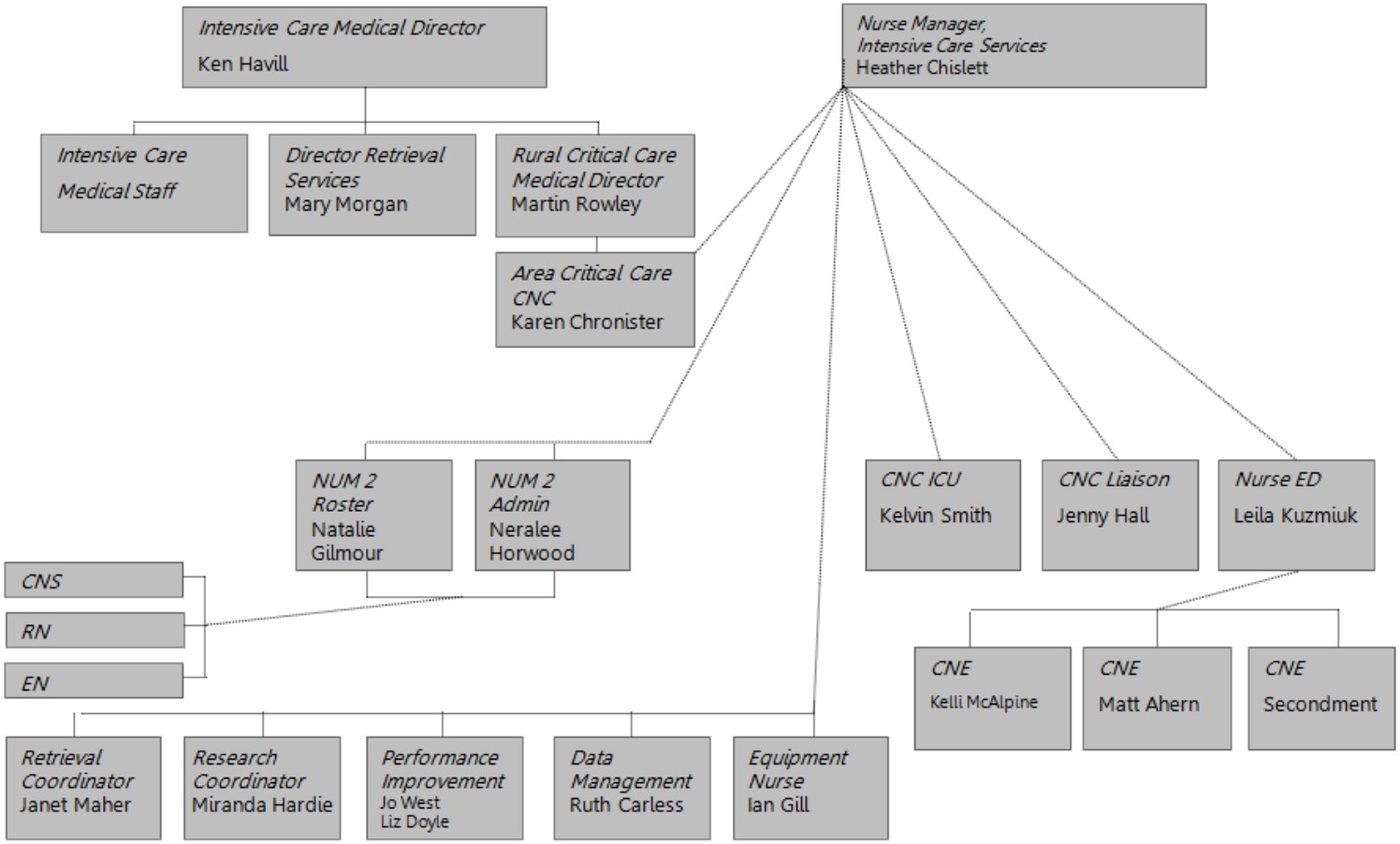
- Hockenberry M.J. & Wilson D. (2010). *Wong's Nursing Care of Infants and Children* (8th Ed). St. Louis: Mosby
- Moloney-Harmon, P., & Curley, M.(2011). *The Nurse in Paediatric Critical Care*. (4th ed.)
- Santrock, John W. (2008). A topical approach to life-span development (4 ed.). New York City: McGraw-Hill.
- Sheridan, M.D. (1998). From birth to five years. Melbourne: Acer Press.
- Smith P., Cowie, H. & Blades, M. (2003). *Understanding children's development* (4th ed.). London: Blackwell Publishing.

Some useful websites to explore include:

- HNEKidshealth- Children, Young People & Families
- OPENPaediatircs
- The Raising Children Network

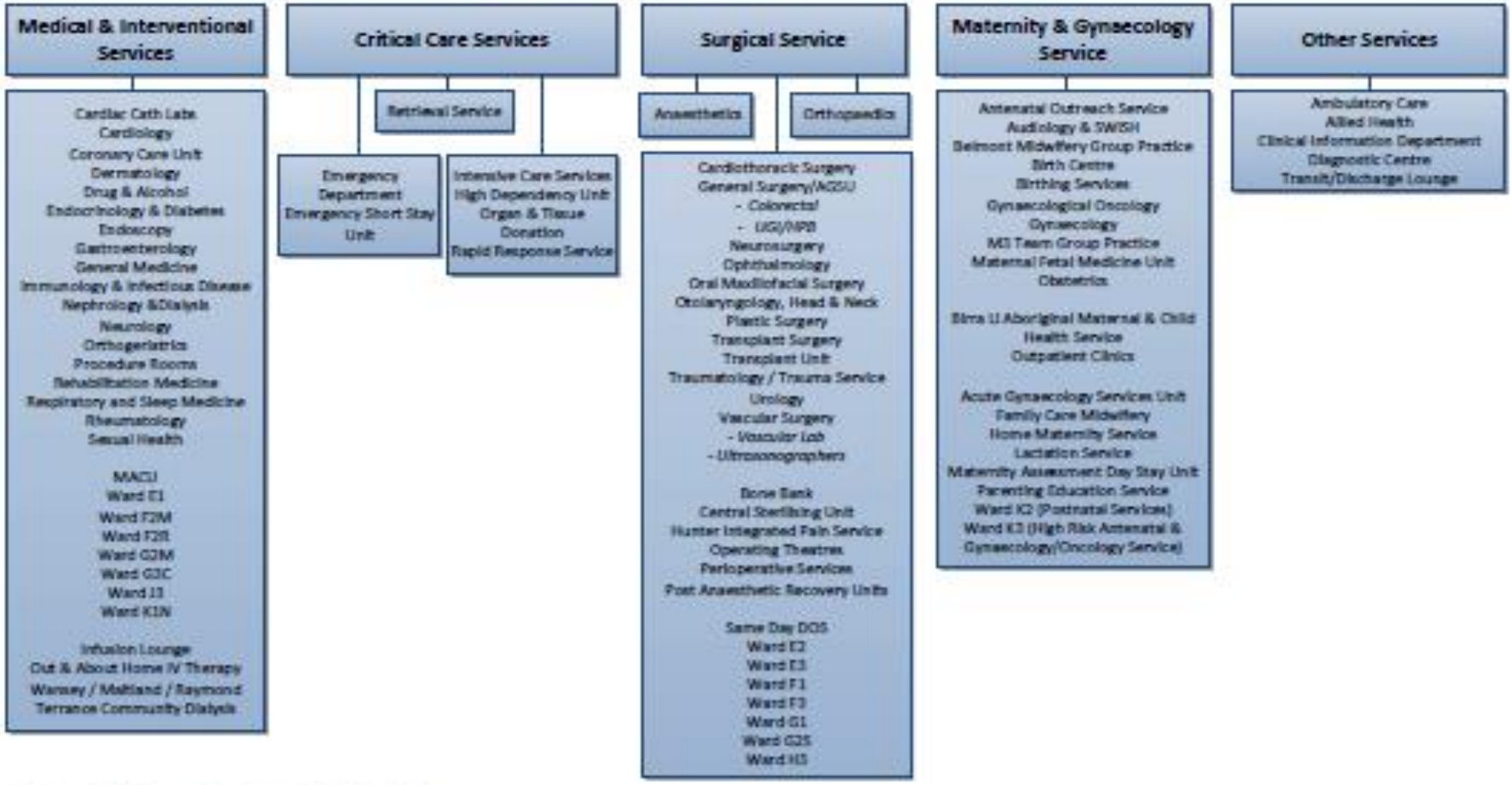
- Other useful databases include Pubmed and Up to Date.

John Hunter Hospital Intensive Care Services Organisational Chart



John Hunter Hospital Operational Framework

Health
Hunter New England
Local Health District



JHH Operational Framework: Last Updated Sept 2014

Acknowledgements

This manual was developed by Leila Kuzmiuk, Nurse Educator with contributions from the Education team, Intensive Care Services, John Hunter Hospital and, Intensive Care Services, John Hunter Hospital. Reviewed December 2012, January 2014, January 2015, January 2016, December 2016, March 2017

We want to acknowledge the following publication for their permission and contribution towards the development of the Hunter New England Health, Orientation Manual (Step 1) 2011.

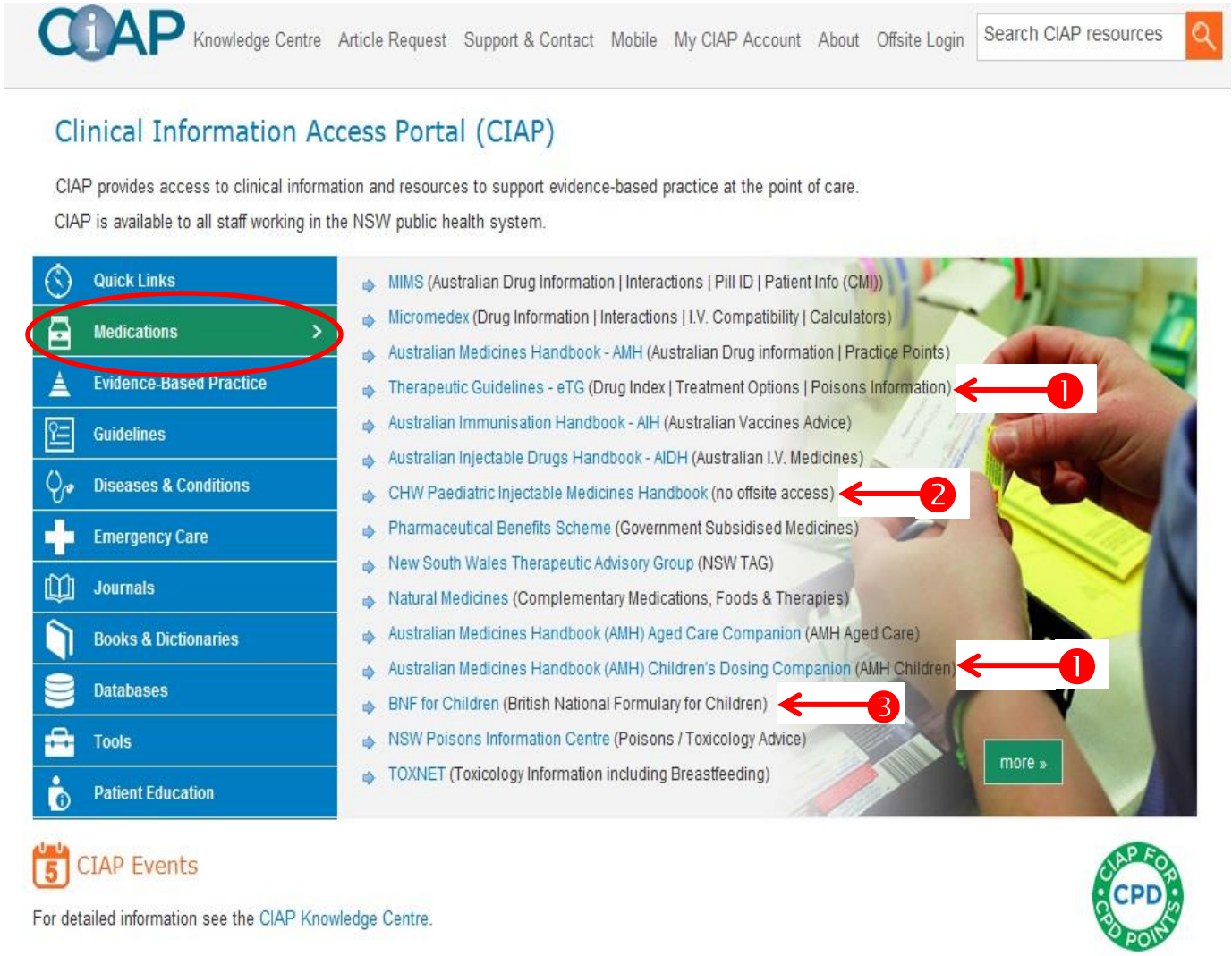
- Elliott, R., Kuzmiuk, L., O'Leary, G., Spiers, B., Thomson, G & Tinker, M. (2009) Royal North Shore Hospital, Department of Intensive Care, Intensive Care Manual, New Graduate Program

John Hunter Hospital

ICU Paediatric Drug Resources

Contents	Page
Drug dosing	2
Drug preparation and administration: injectables	3
Drug administration: oral and enteral	4
Drug administration: oral and other routes	5
Appendix 1: How to access CIAP on mobile devices	6
Appendix 2: How to use AMH Children's	7
Appendix 3: How to use Therapeutic Guidelines	8
Appendix 4: How to use Paediatrics Manual (Westmead)	9
Appendix 5: How to use BNF for Children	10

Drug dosing



1st line Australian Medicines Handbook Children's Dosing Companion

*** Therapeutic Guidelines (eTG)** for more specific antibiotic dosing

2nd line Paediatrics Manual (Westmead)

3rd line BNF for Children (British National Formulary)

4th line Frank Shann's Drug Doses for PICU (Hardcopy – not online)

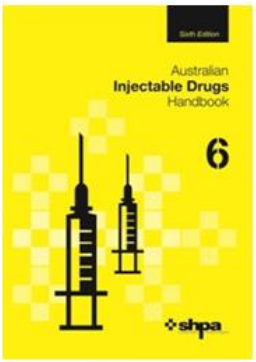
Access CIAP via the hospital intranet or your own mobile device.

See Appendices for further information.

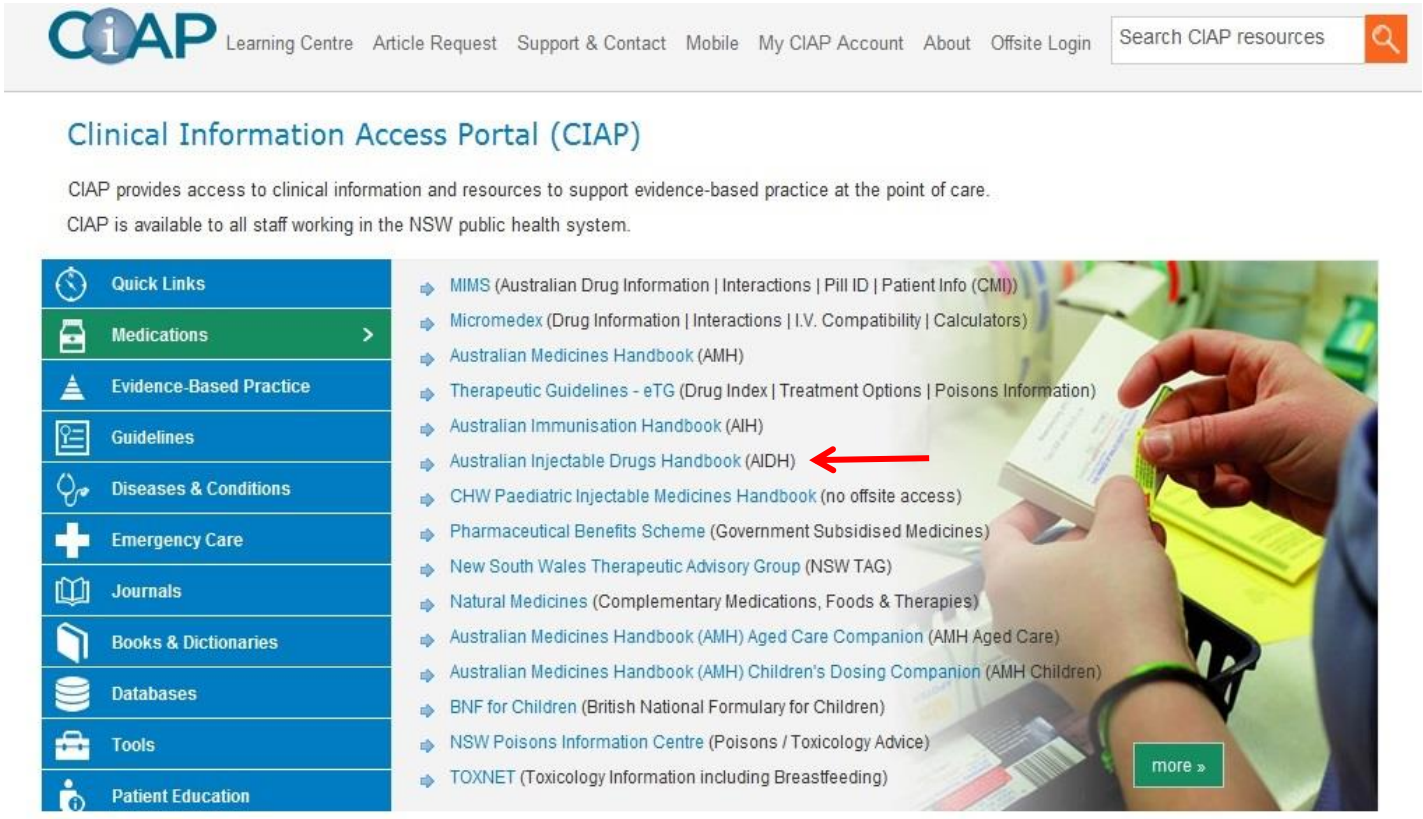
Drug preparation and administration: injectables

Australian Injectable Drugs Handbook

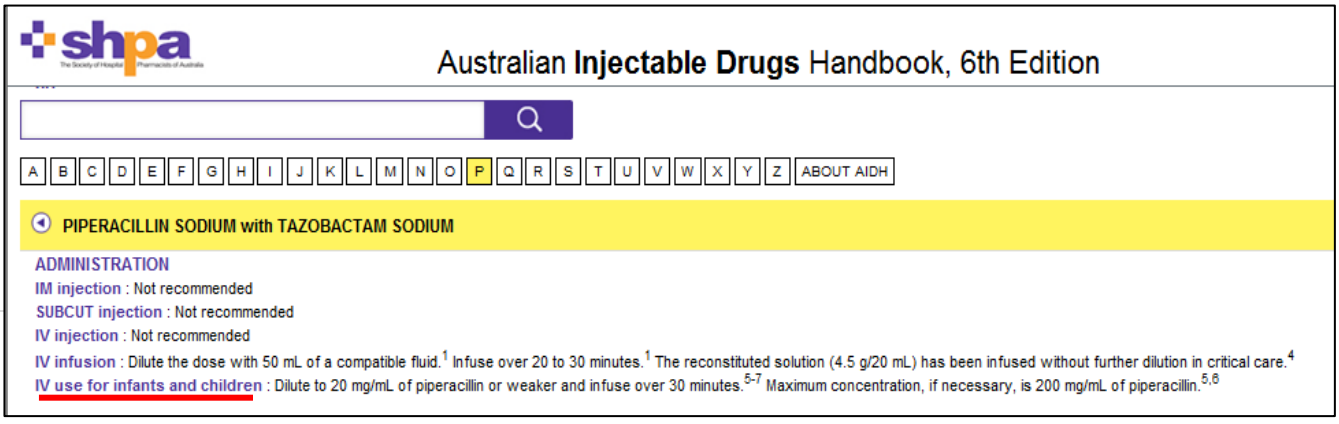
Hard copies in all ICU areas



Via CIAP



Example: Tazocin®

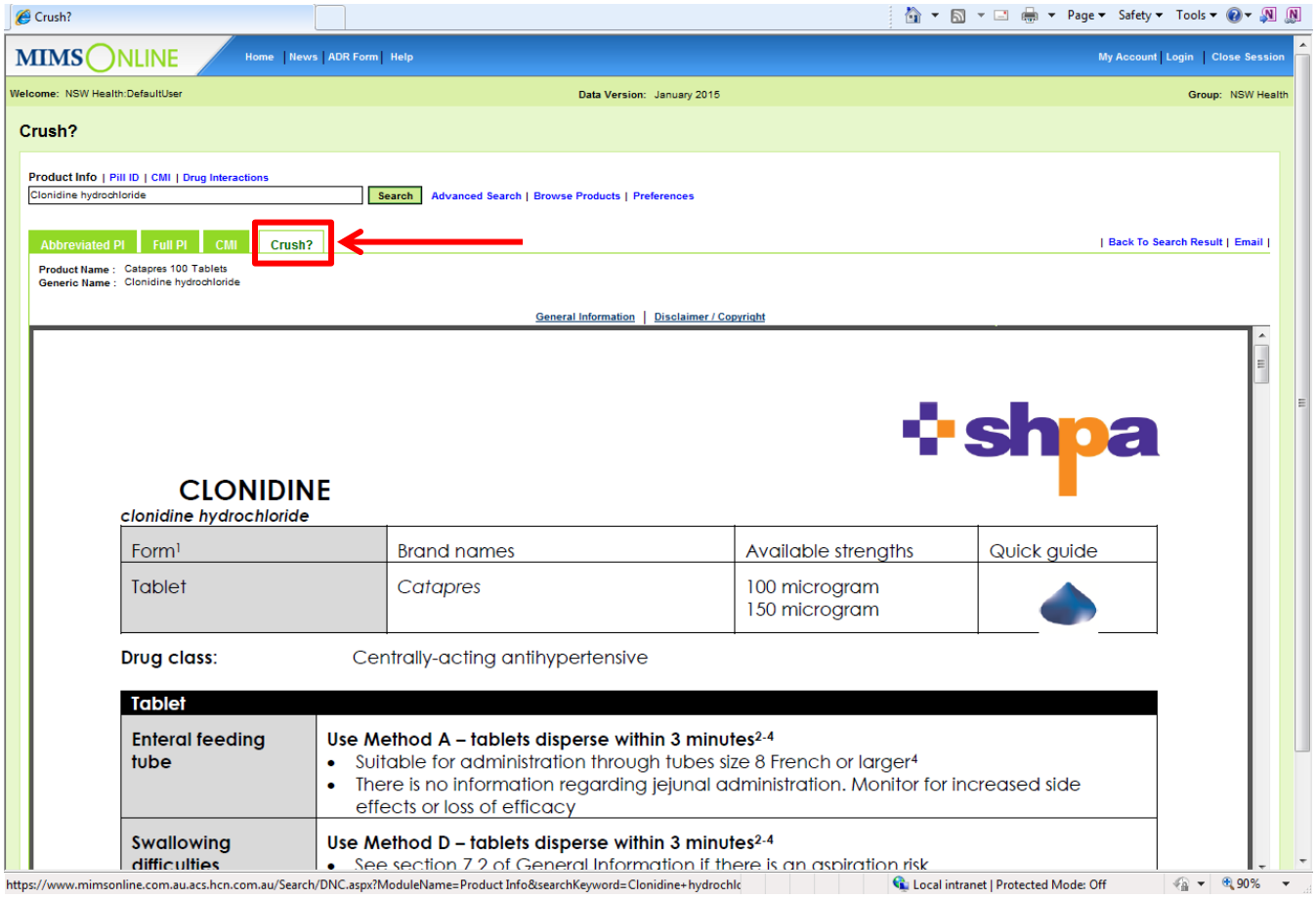


Drug administration: oral and enteral

Australian Don't Rush to Crush Handbook

Hard copies in ICU A, B, C

Access eMIMs via CIAP. Search for drug. Click on 'Crush?' tab.



Drug administration: oral and other routes

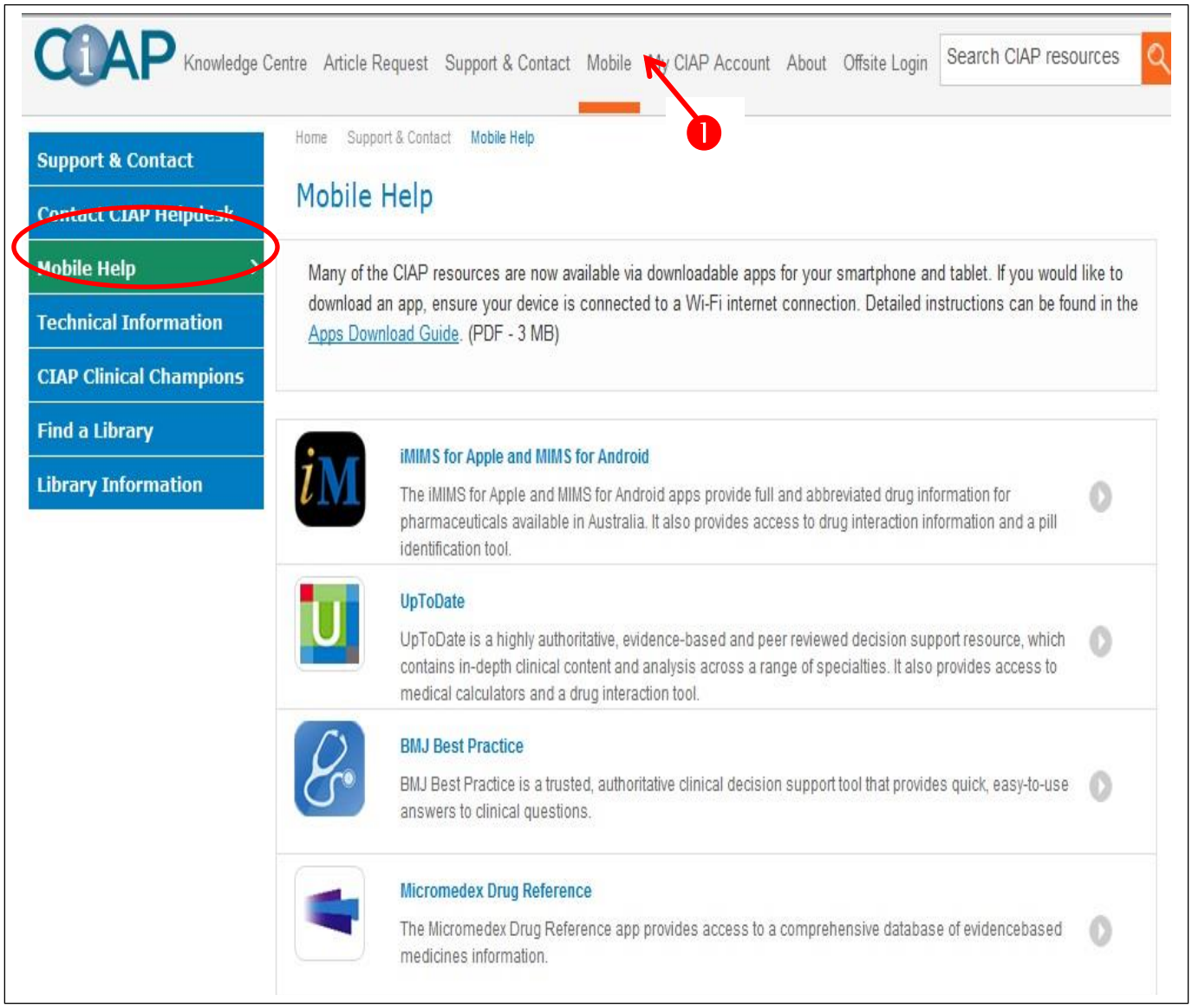
Pamphlets available in PICU

Appendix 1 How to access CIAP on mobile devices

Click on ‘Mobile’ tab

Click on ‘Mobile Help’

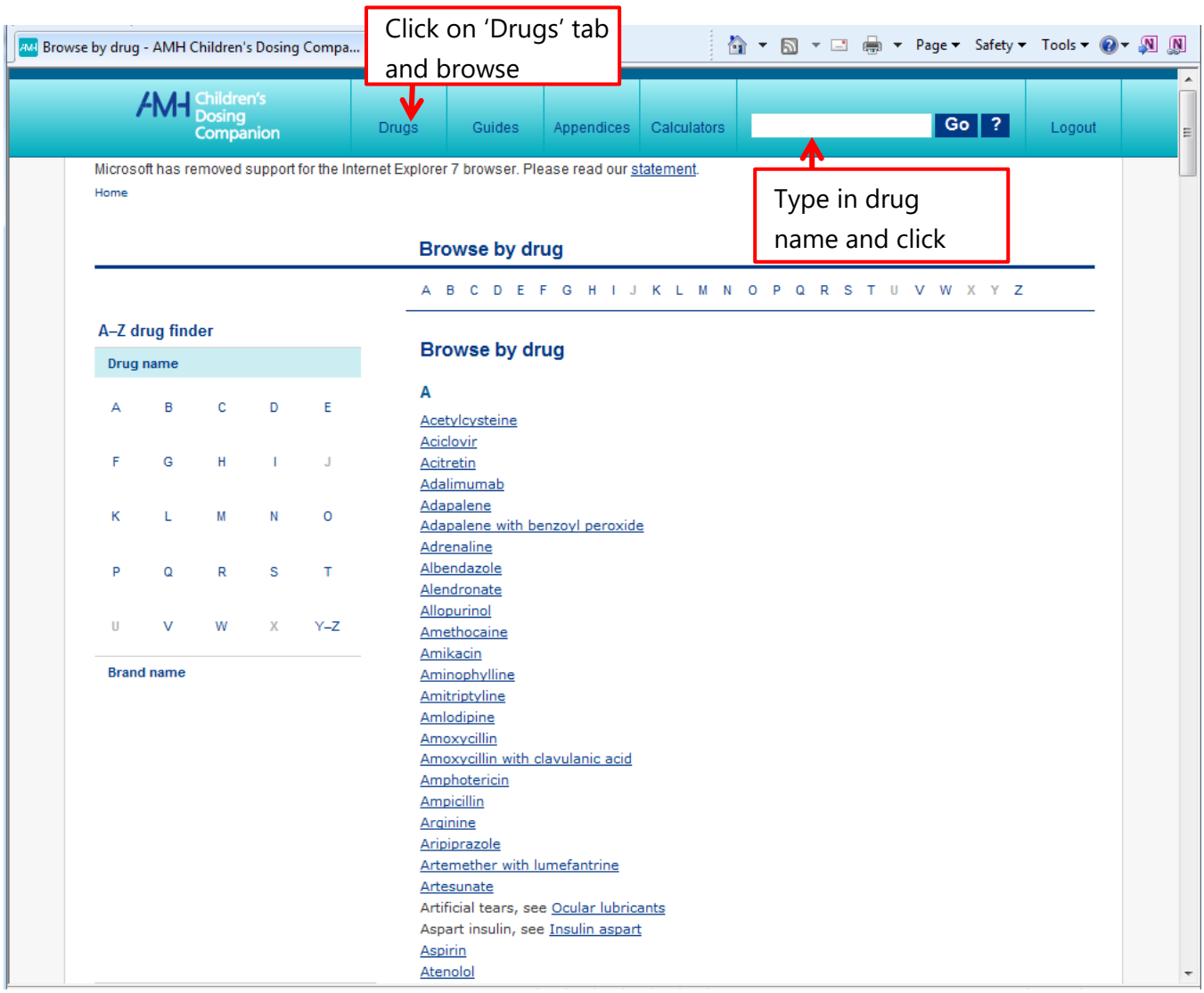
Open ‘Apps download guide’



Appendix 2 How to use AMH Children's

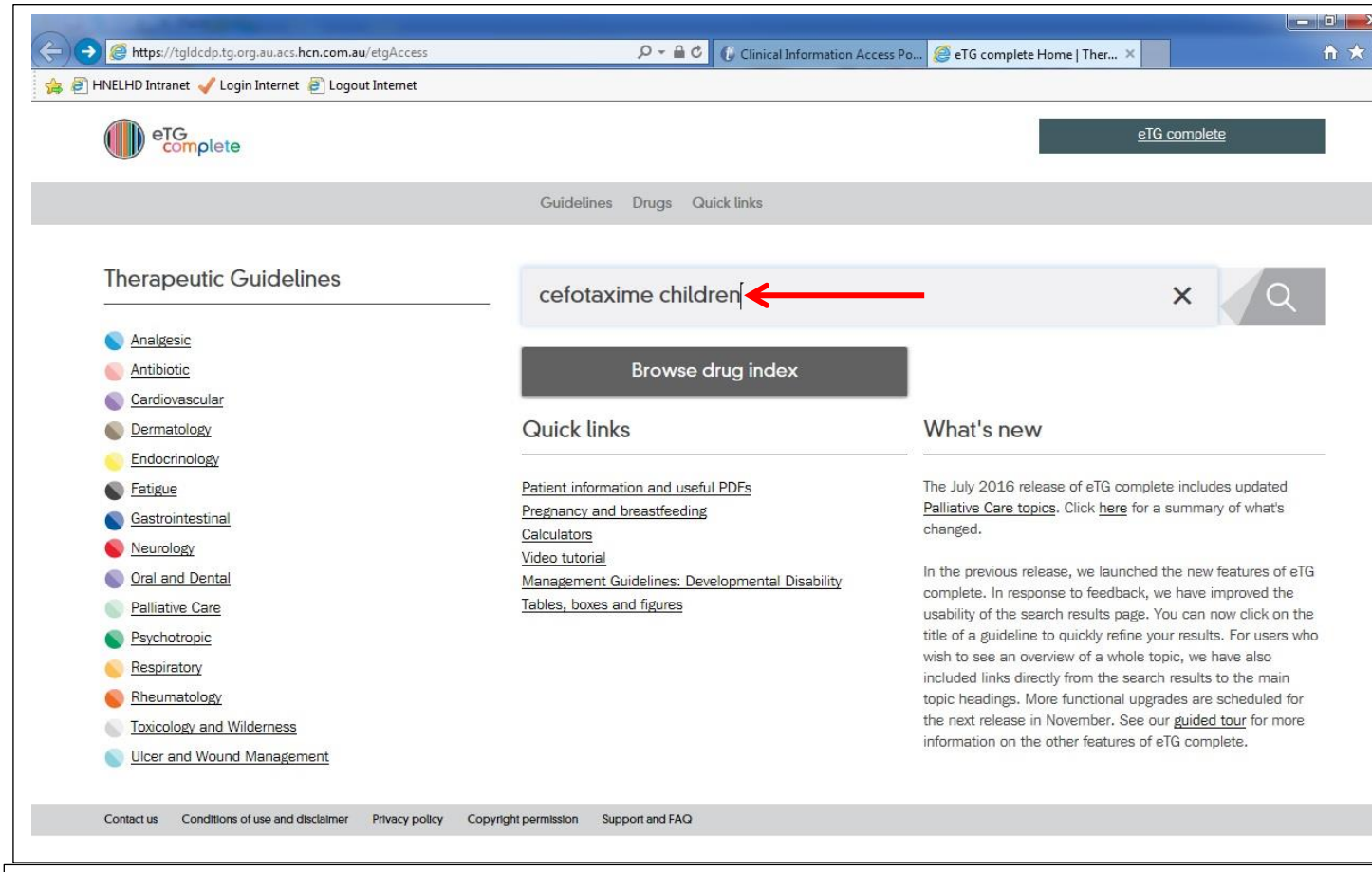
Search by typing in drug name in search box and click 'Go'

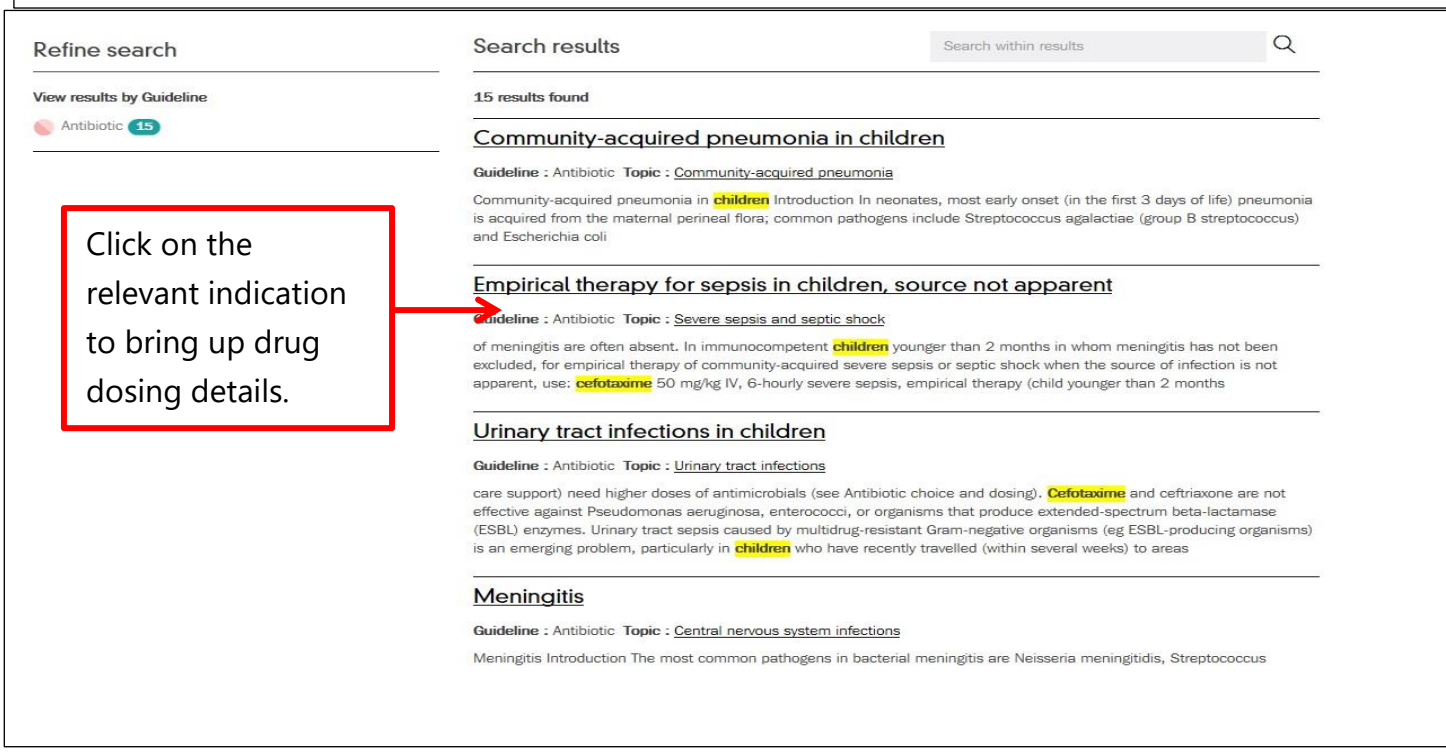
Or click on 'Drugs' tab and browse



Appendix 3 How to use Therapeutic Guidelines -eTG

Type in antimicrobial name e.g "cefotaxime" followed by "children"

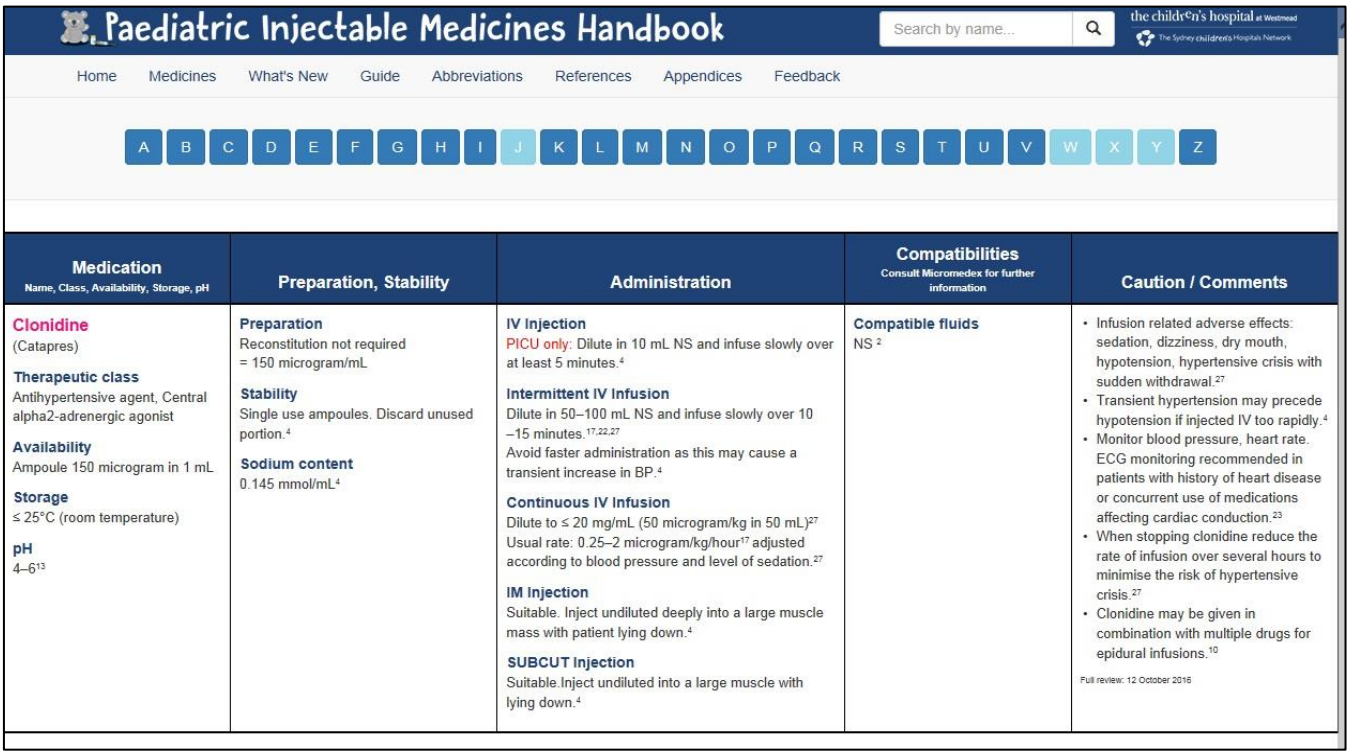




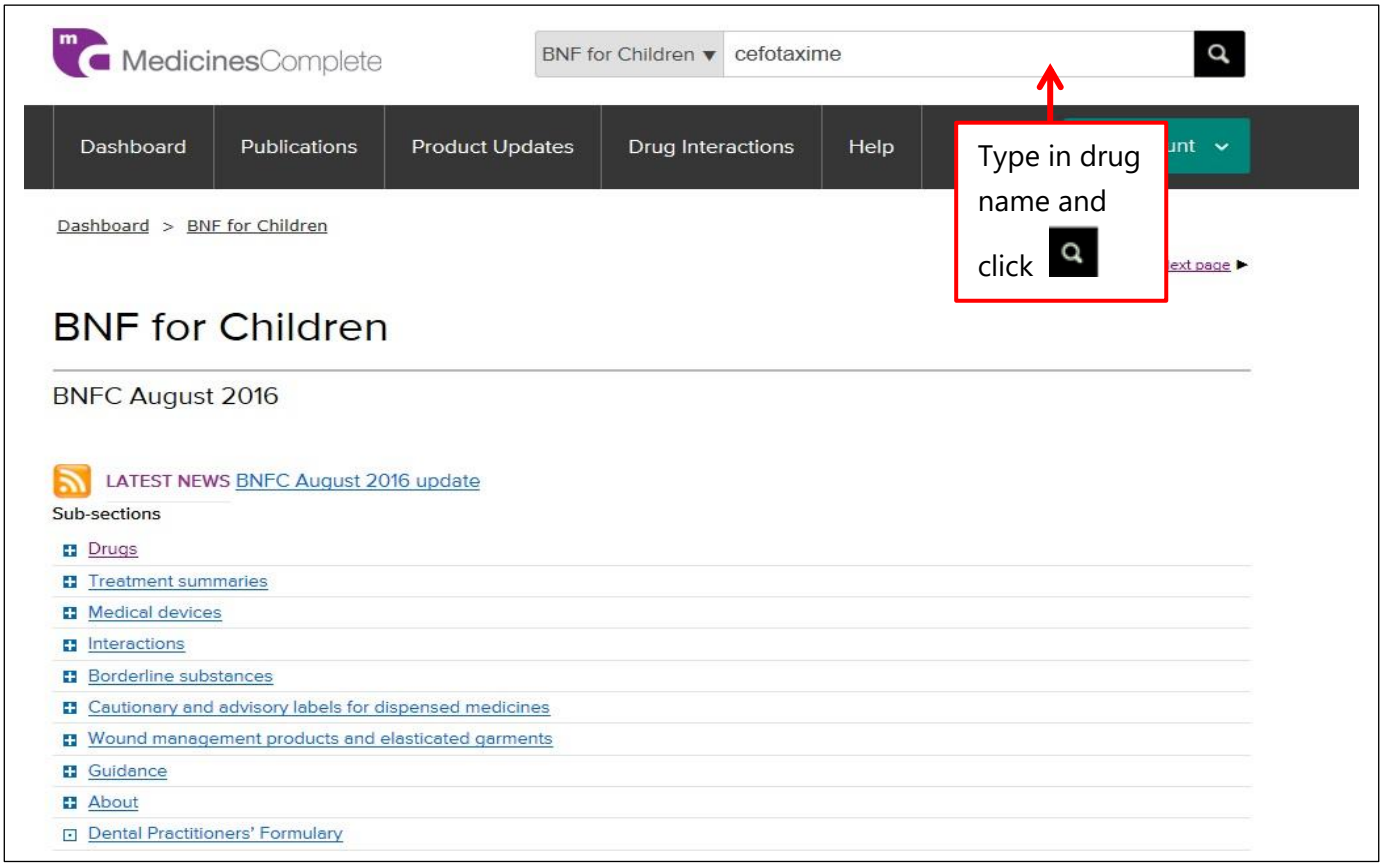
Click on the relevant indication to bring up drug dosing details.

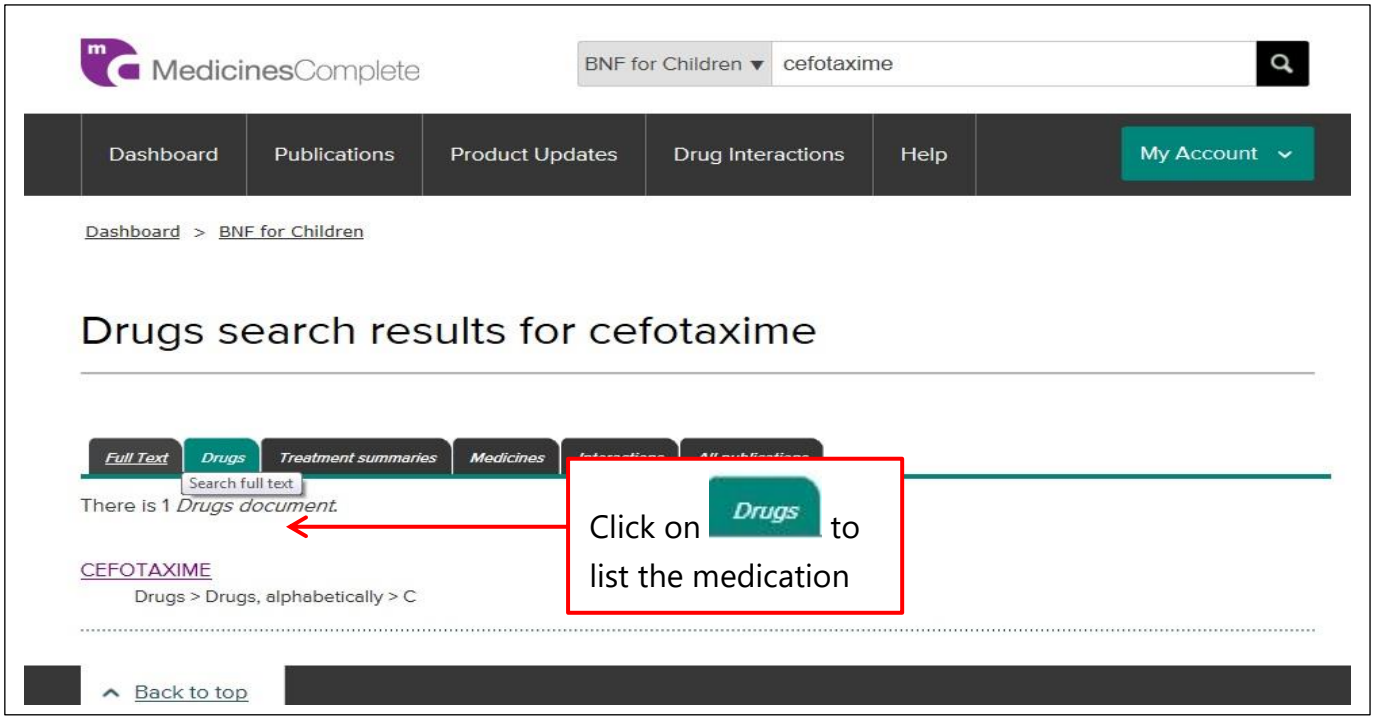
Appendix 4 How to use Paediatrics Manual (Westmead)

1. Enter drug name in search box and click ‘Go’. E.g. Clonidine



Appendix 5 How to use BNF for Children





Appendix II: Setting SMARTA Goals

SMART goal setting brings structure and accountability into achieving your goals and objectives. Instead of vague resolutions, SMART goal setting creates a verifiable pathway towards a certain objective with clearly identified milestones and an actionable plan

Specific

What exactly do you want to achieve? The more specific your description, the easier it is to plan how to achieve your goal. Specificity clarifies the difference between 'I want to understand the respiratory system' and 'I want to learn how to listen to breath sounds

Measurable

Measurable goals means that you identify exactly what it is you will see, hear and feel when you reach your goal. It means breaking your goal down into measurable elements which require concrete evidence. Measurable goals can also go a long way in refining exactly what it is that you want. Defining the physical manifestations of your goal or objective makes it clearer, and easier to reach. So what is it that I need to achieve to know I have reached my goal?

Attainable

Is your goal attainable? Whilst it is tempting and sometimes appropriate to shoot for the stars, it is important to assess whether your goal really is achievable. Would it be realistic to be able to interpret 12 lead ECG's by the end of a four week placement? A more attainable goal may be to list the most common ECG rhythms and concentrate on recognising them.

Relevant

Is reaching your goal relevant to you? Do you actually want to be able to read MRI scans? Whilst it may be useful, it is recommended that your goals reflect your more immediate needs. The main questions to ask yourself here are - how will achieving this goal assist me with my everyday activities & why do you want to reach this goal?

Time-Bound

Everybody knows that deadlines are what makes most people switch to action. Your goals should include a timeframe for achievement. Make sure you keep the timeline realistic and flexible. Being too stringent on the timely aspect of your goal setting can have the perverse effect of making the learning path of achieving your goals and objectives into a hellish race against time – which is most likely not how you want to achieve anything.

Agreed & Aligned

These professional goals are aligned with the organisations goals and they are agreed to by all team members, managers and direct reports