Critical Care Networks- National Nurse Leads

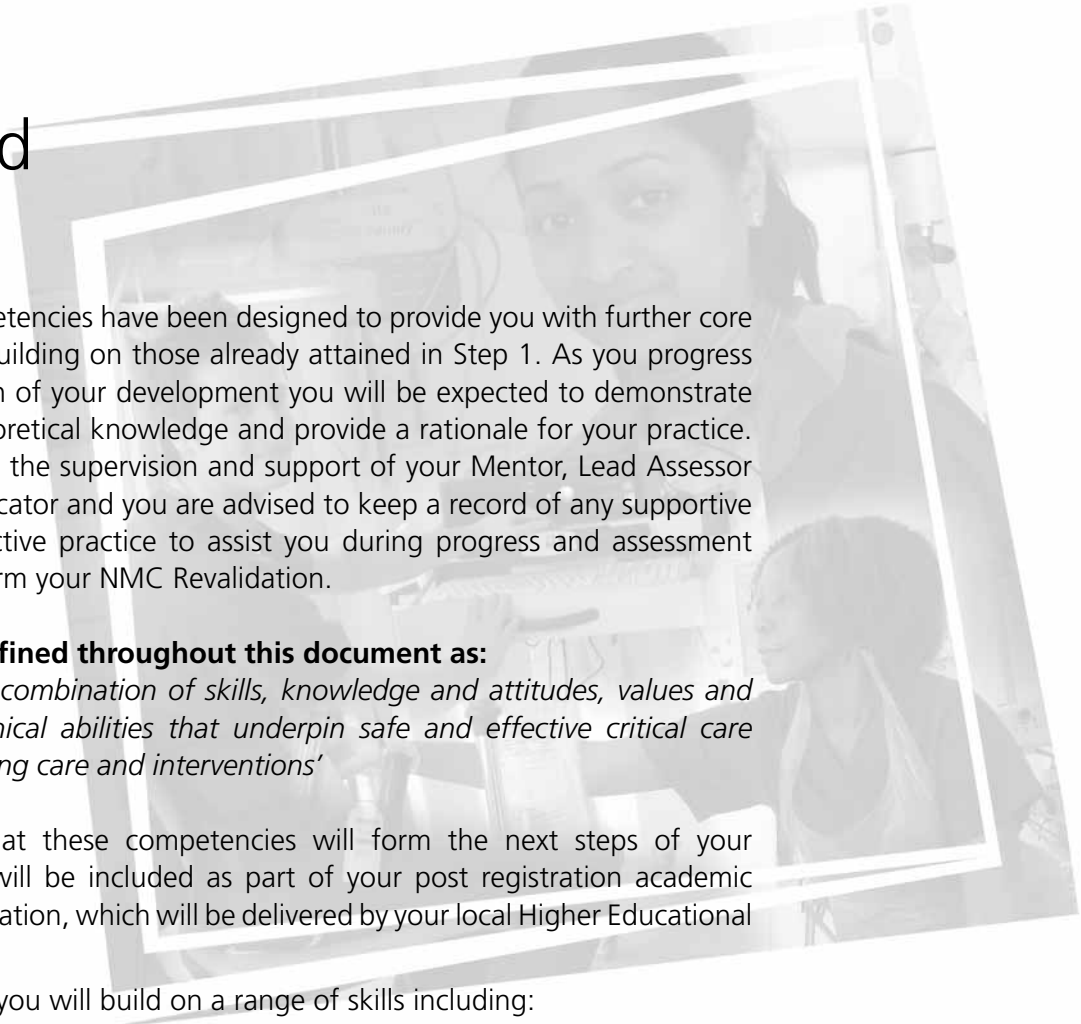
National Competency Framework for
Registered Nurses
in Adult Critical Care

Step 2

Step 2 Competencies

Version 2 : 2015

Foreword



All step 2 Competencies have been designed to provide you with further core critical care skills, building on those already attained in Step 1. As you progress through this section of your development you will be expected to demonstrate your enhanced theoretical knowledge and provide a rationale for your practice. You will still require the supervision and support of your Mentor, Lead Assessor and/or Practice Educator and you are advised to keep a record of any supportive evidence and reflective practice to assist you during progress and assessment reviews and to inform your NMC Revalidation.

Competence is defined throughout this document as:

'The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions'

It is anticipated that these competencies will form the next steps of your development and will be included as part of your post registration academic programme of education, which will be delivered by your local Higher Educational Institute (HEI).

During this section you will build on a range of skills including:

- Assessing the complex patient
- Decision making
- Communicating
- Information & knowledge management
- Rehabilitation & recovery planning
- Interventional application
- Influencing & negotiating
- Engagement & facilitation
- Leadership & risk assessment

On completing this section you will be able to:

- Demonstrate skilled performance in the activity, whilst providing enhanced theoretical knowledge and understanding, giving rationale for your practice
- Demonstrate application of knowledge and understanding in relation to relevant policies, procedures and guidelines
- Participate in problem solving through critical analysis and evaluation of more complex situations
- Develop more varied critical care experience with minimum supervision and guidance, attaining competence in related knowledge and skills

Learner Name PRINT	SIGNATURE
Lead Assesor/Mentor Name PRINT	SIGNATURE

Contents

Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor/Mentor and Unit Manager/Lead Nurse and should be completed before embarking on this competency development programme. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

LEARNERS RESPONSIBILITIES

As a learner I intend to:

- Take responsibility for my own development
- Form a productive working relationship with mentors and assessors
- Deliver effective communication processes with patients and relatives, during clinical practice
- Listen to colleagues, mentors and assessors advice and utilise coaching opportunities
- Use constructive feedback positively to inform my learning
- Meet with my Lead Assessor/Mentor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete all Step 2 competencies in the agreed time frame
- Use this competency development programme to inform my annual appraisal, development needs and NMC Revalidation
- Report lack of mentorship/supervision or support directly to the Lead Assessor/Mentor, and escalate to the Clinical Educator/Unit Manager or equivalent if not resolved.
- ***Elements shaded grey and italicised only apply to specific centres.***

Learner Name (Print) .....

Signature ..... Date: .....

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of regularity bodies (NMC, 2008)
- Demonstrate on-going professional development/competence within critical care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to the individual nurses learning and development
- Plan a series of learning experiences that will meet the individuals defined learning needs
- Prioritise work to accommodate support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead Assessor Name (Print) .....

Signature ..... Date: .....

CRITICAL CARE LEAD NURSE/MANAGER

As a critical care service provider I intend to:

- Facilitate a minimum of 40% of learners' clinical practice hours with their mentor/assessor and/or Practice Educator or delegated appropriate other within the multidisciplinary team
- Provide and/or support clinical placements to facilitate the learners' development and achievement of the core competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses' competence

Lead Nurse/Manager Name (Print) .....

Signature ..... Date: .....

Authorised Signature Record

To be completed by any Lead Assessor/Mentor or Practice Educator.

Print Name	Sample Signature	Designation	PIN	Organisation

Step 2: Tracker Sheet

The following table allows the tracking of Step 2 Competencies and should be completed by, Lead Assessors/Mentors and/or Practice Educators (or equivalent) as the individual achieves each competency statement. This provides an easy and clear system to review and/or audit progress at a glance.

Competency Statement	Date Achieved	Mentor/Assessors Signature
2.1 Respiratory System		
2.1.1 Anatomy & Physiology		
2.1.2 Respiratory Assessment, Monitoring & Observation		
2.1.3 Non-Invasive Ventilation		
2.1.4 Endotracheal Intubation		
2.1.5 Invasive Ventilation		
2.1.6 Chest Physiotherapy		
2.1.7 Tracheostomy Care		
2.1.8 Chest Drain Management		
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2.2 Cardiovascular System		
2.2.1 Assessment, Monitoring & Observation		
2.2.2 Fluid Management		
2.3 Renal System		
2.3.1 Anatomy & Physiology		
2.3.2 Renal Replacement Therapy		
2.3.3 Associated Pharmacology		
2.4 Gastrointestinal System		
2.4.1 Assessment & Management		
2.4.2 Nutrition in Critical Illness		
2.5 Neurological System		
2.5.1 Anatomy & Physiology		
2.5.2 Assessment, Monitoring and Observation		
2.5.3 Associated Pharmacology		

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Competency Statement	Date Achieved	Mentor/Assessors Signature
2.6 End of Life Care		
2.6.1 Withholding and Withdrawing Treatment		
2.7 Intra & Inter Hospital Transfer		
2.7.1 Preparation and transfer of the critically ill		
2.8 Rehabilitation		
2.8.1 Contributing Factors to Rehabilitation Needs & Patient Dairies		
2.9 Professionalism		
2.9.1 Enhancing Professionalism		
2.10 Leadership		
2.10.1 Demonstrating Personal Qualities		
2.10.2 Working With Others		
2.10.3 Ensuring Patient Safety		
2.10.4 Improving Services		

2:1 Respiratory System

The following competency statements relate to the assessment and management of the respiratory status in the general critical care environment. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1.

2:1.1 Anatomy & Physiology

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• The anatomy and physiology of the upper and lower respiratory systems, which must include: o Internal and external respiration o Cellular respiration o Acid base balance o Ventilation/perfusion (VQ) mismatch	

2:1.2 Respiratory Assessment, Monitoring & Observation

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• A comprehensive physical assessment of the patient's respiratory status including: o Overall visual assessment of patient (including, colour, respiratory workload, respiratory pattern, use of supplementary oxygen, demeanour, responsiveness) o Assessment and interpretation of altered respiratory observations (refer to Step 1.2.2 for normal parameters) o Auscultation (including recognition of normal and added sounds)	
• Arterial Blood Gas Assessment: o Indications for ABG analysis o Interpretation of abnormal results and formulate a plan of care o Causes of acidosis and alkalosis	
• Patient positioning:	
• Discuss the benefits, risks and nursing care for patients in relation to positioning (inclusive of prone positioning): o Effects of positioning on the respiratory system o How positioning is used to optimise respiratory function	

2:1.3 Non-Invasive and Invasive Ventilation

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Care and management of the patient requiring Non-Invasive ventilation (NIV) o Indications for (NIV): o Benefits of NIV over invasive ventilation o Correctly assemble and apply NIV circuits/equipment o Manage the patient on NIV o Adjust therapy in response to patients condition o Correctly troubleshoot equipment o Physiological effects on the patient of non-invasive ventilation o Psychological effects on the patient of non-invasive ventilation	

2:1.4 Endotracheal Intubation

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• The care and management of a patient requiring endotracheal intubation: o The role of the nurse in the intubation team o Indications, advantages and disadvantages of endotracheal intubation o Importance of having a plan to manage 'Difficult Airway' in line with current guidance o Process of endotracheal intubation o Correctly identify and assemble equipment required o Correctly identify and prepare medications required o Correct application of cricoid pressure o Causes for emergency re-intubation and actions to minimise risk o Plan care to meet the clinical needs of the patient	

2:1.5 Invasive Ventilation

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• The care and management of a patient requiring invasive ventilation: o Indications for invasive ventilation o Correct assembly of invasive ventilators including the setting of appropriate parameters and alarm limits o Use of humidification o Use of capnography o Manage the patient on invasive ventilation o Adjust therapy in response to patients condition o Correctly troubleshoot equipment o Physiological effects on the patient of invasive ventilation o Psychological effects on the patient of invasive ventilation o Significance of following a ventilator care bundle	

2:1.6 Chest Physiotherapy

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Role of the nurse in identifying the need for physiotherapy, including risks and benefits, and the nurse's role in this treatment:	
• Suctioning: o Identify specific indicators and methods for suctioning o Adjust therapy in response to the patient's changing condition o Identify potential complications associated with suctioning and how to minimise / prevent these o Advantages and disadvantages of sub-glottic suction	

2:1.7 Tracheostomy Care

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Rationale for: o Percutaneous tracheostomy o Surgical tracheostomy o Mini tracheostomy o Laryngectomy	

2:1.7 Tracheostomy Care continued

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Rationale for common types of tubes used: o Cuffed / Un-cuffed o Adjustable flange o Fenestrated / Non fenestrated o Tubes with inner tube	
• Potential hazards associated with tracheostomies: o During insertion o Following insertion	
• Psychological effects of tracheostomy	
• Rationale for performing a SALT assessment	
• Care and management of a patient with a tracheostomy: o Assist with insertion of percutaneous tracheostomy o Preparation of equipment o Patient care and observation pre/peri/post procedure o Monitor the patient for potential physical and psychological effects associated with tracheostomies and respond accordingly o Changing/cleaning of inner tubes o Management of speaking valves o Appropriately plan and deliver care in line with national / local guidelines o Assist with SALT assessment o Correctly identify when de-cannulation may be appropriate	
• Appropriately monitor the patient for potential complications post decannulation	

2:1.8 Chest Drain Management

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Anatomy & physiology related to chest drain insertion: o Physiological effect of a chest drain	
• The care and management of a patient with a chest drain (refer Step 1.2.5): o Indications for chest drain insertion o Correct assembly of equipment required for insertion of a chest drain according to evidence based practice o Manage the patient with a chest drain o Adjust therapy in response to the patient condition o Correctly troubleshoot equipment o Removal of a chest drain o Psychological care of a patient with a chest drain	

2:1.9 Associated Pharmacology

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Knowledge of: o Commonly used medications for respiratory care, indications for use, mode of action and potential complications	
• The care and management of a patient requiring pharmacology to treat the respiratory system: o Safely prepare and administer medications used to support the respiratory system o Appropriately monitor the patient during administration of medicines o Titrate medication to achieve targets set by medical staff (e.g. sedation score to aid compliance to mechanical ventilation)	

2:2 Cardiovascular System

The following competency statements are about the assessment and management of the cardiovascular status in the general critical care environment. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1

2:2.1 Assessment, Monitoring & Observation

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Determinants of the Normal Cardiac Cycle	
• Determinants of Cardiac Output o CO = HR (Autonomic control) x SV (Preload, afterload, contractility)	
• Determinants of Blood Pressure o BP= CO x SVR	
• Determinants of Central Venous Pressure	
• Normal Cardiac Conduction Pathway	
• Effects of ventilation on the cardiovascular system	
• Recognise when advanced cardiac support is required to correct haemodynamic instability	
• Indications for haemodynamic monitoring in relation to the critically ill adult: o Invasive o Non-invasive	
• Comprehensive cardiovascular assessment, recording findings, optimising treatment within prescribed limits and escalating problems to appropriate team members: o Pulse/ECG o Blood pressure with specific reference to MAP o Neurological status o Interpretation of arterial wave forms o Interpretation of central venous pressure values and wave forms o Recognise the significance of a distended JVP o Renal function & urine output o Cardiac output measurements o Fluid therapies o Capillary refill o Limb temperature o Skin turgor o Blood results	

2:2.2 Fluid Management

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Fluid compartments within the body	
• Osmosis and diffusion in relation to fluid movement	
• Identify the clinical indications that necessitate fluid intervention	
• Identify key differences between colloids, crystalloids and blood products	
• Rationalise the choice of colloids, crystalloids and blood products in relation to the cardiac compromised patient	
• Rationalise the choice of colloids, crystalloids and blood products in relation to the patient with pre-existing cardiac disease	
• Adjust fluid management to the patient's physiological condition	

2:3 Renal system

The following competency statements are about the assessment and management of the renal status in the general critical care environment. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1

2:3.1 Anatomy & Physiology

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Reasons for fluid redistribution in critical illness	
• Auto-regulation and the hormones that affect fluid homeostasis - renin angiotensin, Anti Diuretic Hormone (ADH), aldosterone	
• Causes of acute kidney injury (AKI) (refer to Step 1.4.1) o Pre-renal o Intra-Renal (intrinsic kidney failure) o Post–renal (obstruction)	
• Review a patient's arterial blood gases and discuss their interpretation in relation to acid base balance and electrolytes in order to optimise therapy	
• Review a patient's biochemistry and haematology results and discuss their interpretation in relation to AKI	
• Evaluate the effectiveness of fluid replacement and medications and adjusts therapy in response to a patient's condition	
• Treatment choices available and the principles involved in: o CCCHDF o CVVHD o CVVH o SLEDD o Haemodialysis o Peritoneal dialysis	

2:3.2 Renal Replacement Therapy

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
NB. The competencies below are to be achieved in centres which deliver RRT	
• The care and management of a patient being established on renal replacement therapy: ***o Correct assembly of equipment required for RRT*** ***o Set up the appropriate equipment and consumables for catheter insertion*** ***o Maintain asepsis throughout the procedure in line with local policy*** ***o Establish the patient in the correct position for catheter insertion (depending on chosen site)*** ***o Document catheter insertion appropriately and in line with local policy*** ***o Outline a comprehensive monitoring and plan of care for the maintenance of the catheter*** ***o Ensure all relevant safety checks are performed prior to the use of the catheter*** ***o Maintain patency of the catheter in accordance with local policy (e.g. hep lock)*** ***o Secure the catheter appropriately*** ***o Ensure all waste is disposed of in accordance with local guidelines***	

2:3.2 Renal Replacement Therapy continued

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
NB. The competencies below are to be achieved in centres which deliver RRT	
• The care and management of a patient being established on renal replacement therapy: ***o Select the prescribed treatment mode and set individualised prescribed treatment goals*** ***o Monitor the needs of the individual requiring this treatment therapy*** ***o Perform all base line blood profiles prior to treatment and offer explanations*** ***o Perform a limb perfusion assessment, if relevant*** ***o Record accurate fluid balance including running totals and accumulative balance*** ***o Establish an individualised plan of care for renal replacement therapy***	
• Observe, monitor and conduct the following: ***o Access pressures*** ***o Return pressures*** ***o Trans membrane pressure*** ***o Filter checks*** ***o Blood chamber check, if appropriate*** ***o Gas chamber checks, if appropriate*** ***o Body temperature and appropriate adjustment of active warming /cooling (through replacement fluid or blood circuit)*** ***o Physiological parameters*** ***o Fluid balance assessment*** ***o Electrolyte balance*** ***o Acid base balance*** ***o Other, specific to own equipment used***	
• Anticoagulation: ***o Prepare the chosen anticoagulation therapy in line with manufactures recommendations, NMC guidance and local policy*** ***o Safely administer anticoagulation therapy in line with NMC guidance and local policy*** ***o Establish monitoring plan for full blood count and coagulation blood profiles giving rationale*** ***o Conduct point of care testing as necessary and titrate anticoagulation therapy in response to results according to local guidelines***	
• Trouble shooting: ***o Position the patient appropriately (depending on catheter site) to ensure adequate line patency and patient comfort*** ***o Perform basic troubleshooting to ensure continuation of therapy***	
• Care and maintenance of Lines: ***o Undertake routine dressing changes, maintaining asepsis throughout procedure*** ***o Observe the line site and document findings appropriately*** ***o Heparin lock the catheter when not in use in line with national / local guidance*** ***o Adjust therapy in response to patients condition*** ***o Correctly troubleshoot equipment*** ***o Discontinuation of RRT*** ***o Psychological care of a patient on RRT*** ***o Complete appropriate documentation***	

2:3.3 Associated Pharmacology

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Commonly used medications in AKI, indications, contraindications and the appropriate care of the patient during therapy: o Diuretics o Dextrose and insulin o Salbutamol, nebulised o Calcium o Calcium resonium o Sodium bicarbonate	
• Evaluate the effectiveness of fluid replacement and medications and adjust care accordingly	

2:4 Gastrointestinal System

The following competency statements are about the assessment and management of the gastrointestinal status in the general critical care environment. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1

2:4.1 Assessment & Management

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Surgical procedures and common reasons for intervention: o Hartmann's procedure o Oesophagectomy o Colectomy o Toxic Mega-colon o Paralytic ileus – causes and effects	
• Acute GI conditions, signs, symptoms and common causes: o Pancreatitis o GI bleed o Oesophageal varices o Peptic/Duodenal ulcers	
• Physiological changes associated with chronic and acute liver disease and how a patient may present in critical care depending on the cause: o Acute liver & biliary impairment, signs, symptoms and common causes specifying how a patient may present in critical care depending on the cause o Process of bacterial translocation	
• Drain management associated with abdominal disorders	
• Risks of sepsis associated with GI disorders	

2:4.2 Nutrition in Critical Illness

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Refer to patients past medical history and outline how this may affect gastrointestinal function	
• Determine the monitoring needs for the individual at risk of deterioration related to gastrointestinal function	
• Report any abnormalities to appropriate MDT member	
• Correctly review a patient's biochemistry and haematology results and interpret the findings in relation to gastrointestinal function	
• Evaluate the effectiveness of therapeutic interventions and adjust care accordingly	
• Alter nutritional regimes in line with MDT recommendations and local policy	
• Recognise the patient at risk of deteriorating from sepsis	

2:4.3 Associated Pharmacology

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Indications for the following medications in relation to specific GI disorders: o Prokinetics & motility o Laxatives o Anti-stimulants o Insulin/ hypoglycaemic agents o Probiotics o Steroids o Anti diarrhoea drugs o Anti secretory drugs	

2:5 Neurological System

The following competency statements are about the assessment and management of the neurologically compromised patient in the general critical care environment. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1

2:5.1 Anatomy & Physiology

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Function of the nervous system	
• Gross structures of the central and peripheral nervous system	
• Functional divisions of the peripheral nervous system	
• Major functional areas of the brain to include discussion of brain stem function	
• Protective layers of the brain and spinal cord	
• Mechanisms for normal regulation of cerebral perfusion and intracranial pressure (ICP) with normal parameters for ICP and cerebral perfusion pressure (CPP)	
• Monro-Kellie hypothesis	
• Cushings triad	
• Primary and secondary brain injury	

2:5.2 Assessment, Monitoring and Observation

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Comprehensive neurological assessment, recording findings, optimising treatment within prescribed limits and escalating problems to appropriate MDT members: o Glasgow Coma Scale (GCS) assessment and accurate documentation (refer to Step 1.6.2) o Pupil response (size, shape and reactivity) o Limb movements o Indications for CT scanning according to local, national and professional guidance o Signs and symptoms of raised ICP o Identifying focal deficits	
• The care and management of a patient with neurological compromise: o Maintenance of accurate fluid balance o Administration of fluids, including oncotic therapy as prescribed o Monitoring of haemodynamic status and managing therapy to maintain prescribed haemodynamic parameters such as MAP o Provide nursing care that demonstrates an awareness of the potential impact on ICP: e.g. body alignment, tying of ET tapes o Safe transfer to neuro-surgical/tertiary centre if required	

2:5.3 Associated pharmacology

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Medications used in neurological management: o Osmotic therapy o Analgesia o Sedation o Neuromuscular paralysing agents o Anticonvulsant therapy o Vasoactive therapy o Steroids o Nimodipine	
• Safely prepare and administer medications	
• Monitor effects of medication	

2:6 End of Life Care

The following competency statements relate to end of life (EOL) care for patients in the general critical care environment. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1

2:6.1 Withholding and Withdrawing Treatment

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Legal constraints, Mental Capacity Act and ethical principles of withdrawal or withholding of treatment	
• Procedures for forming and recording agreements on treatment withdrawal	
• Best practice procedures for early identification of potential organ/tissue donation according to defined triggers	
• How to facilitate access to sources of support within the broader MDT e.g. bereavement support	
• Availability of care suitable for patients after withdrawal of treatment e.g. EOL care plan	

2:6.2 Assessment, Monitoring and Observation

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Establish with the MDT that further treatment for the patient is futile and that, at some stage, active treatment should be withdrawn in the knowledge that this will result in the patient's death	
• Consider the patients and/or families preference for where care will be delivered after withdrawal of treatment	
• Review the end of life care options suitable for patients	
• Initiate a systematic timely referral to the Specialist Nurse Organ Donation (SNOD) for all potential organ and tissue donation as part of end of life care in line with local policy	
• Involve the SNOD and participate in the planning and conduct of a MDT approach to families for consent/ authorisation for organ and tissue donation according to best practice guidance	
• Agree with the patient, where possible and their family and colleagues a plan of care	
• Arrange resources for the delivery of the plan, including liaison with MDT and appropriate support teams	
• Evaluate the care plan according to local policy and adapt to patient need Initiate individualised treatment plans to ease effects of illness: o Pain o Nausea o Agitation o Dyspnoea o Respiratory Tract Secretions	

2.7 Intra & Inter Hospital Transfer

The following competency statements relate to the preparation required prior to and the management of patients during intra & inter hospital transfer. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1

2:7.1 Preparation and transfer of the critically ill

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Policies/procedure/guidelines related to the transport of the critically ill patient: o ICS guidelines o Regional standards o Risk assessment o Local policy o Bed management systems o Transfer audit documentation	
• Role of team members when arranging and carrying out an intra & inter hospital transfer	
• Complete a comprehensive risk assessment in collaboration with the MDT to ensure the patient is fit or suitable for transfer	
• Identify the potential risks associated with transferring critically ill patients	
• Indications for transfer from critical care including the: o Nature: repatriation, specialist treatment, investigation, continuing care o Sequence of expected event o Urgency and time critical transfers o Reasons for reviewing individuals' priorities, needs and the time frame with which this should be undertaken	
• Transfer process including the different considerations for clinical and non-clinical transfer decisions: o Communication with relatives and on-going updating of the situation as required o Ethical issues o Legal requirements o Local escalation policies o Bed management system o Referral to receiving hospital (including critical care and specialty consultants) o Responsibility of care during transfer o Indemnity insurance o Competency and skills of transferring personnel o Risk assessment of patient's physiological requirements and maintenance of homeostasis during transit o Contingency planning/back up considerations o Drug administration during transfer o Type of transport required, time critical issues, bariatric patients o Communication with receiving hospital prior to transfer o Documentation and audit	
• Differing types of transport available and make recommendations for which is the most appropriate	
• Process for organising the appropriate transport: o Ambulance service o Vehicle specification (including on board resources and equipment) o Ambulance equipment o Types of transfer trolley available o Storage of transport equipment in transit o Time critical transfer issues	

2:7.1 Preparation and transfer of the critically ill continued

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Process for preparing to undertake an intra / inter hospital transfer of a critically ill patient: o Gathering of extra battery packs, alternative equipment in case of malfunction o Clinical notes/radiology reports/recent blood profiles/investigations o Assessment of patient's physiological requirements during transfer o Accuracy of portable monitoring and equipment o Re assess safety/risk factors prior to transfer	
• Process and sequence of communication required for providing oral reports/discussions: o Information and informed consent in the conscious patient o Discussion with family members o Verbal referral and handover of patients condition to receiving unit/service o Handover of condition and physiological requirements to the transfer team/personnel o Sharing information with the team in relation to safety, risk assessments and contingency planning o Contact receiving unit/service on departure o Formal handover to receiving unit/service on arrival	
• Documentation that needs to be completed in an accurate, concise and systematic manner during a inter hospital transfer, with appropriate duplications: o Transfer form o Physiological observation chart o Nursing evaluation o Reporting of clinical incidents o Audit tool	
• Prepare the patient for transfer by assisting the wider MDT in the physiological optimisation/stabilisation o Assess potentially competing needs of the patient for pre-transfer optimisation and specialist care o Assess clinical condition of patient before leaving the critical care unit	
• Maintain the safety of the patient during transfer: o Assessment of the extra physiological stresses experienced by the patient during inter-hospital transfer o Anticipation of potential problems and planning to reduce the likelihood of their occurrence o Maintenance of situational awareness and readiness to respond to threatening situations if and as they occur	
• Demonstrate awareness of situational factors that could impact on the quality and safety of a critical care transfer	
• Identify areas in your own transfer practice that could be improved	
• Reflect on your own transfer experience	

2:8 Rehabilitation

The following competency statements are about the initial rehabilitation needs of the patient in a critical care environment, including those that have suffered a major trauma.

2:8.1 Contributing Factors to Rehabilitation Needs & Patient Dairies

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Reasons why the following specific health conditions may cause on-going rehabilitation needs in the critically ill: o Critical illness and patterns of recovery o Trauma and patterns of recovery o Cardiac disease and patterns of recovery o Renal disease and patterns of recovery o Acute brain injury and patterns of recovery o Spinal injuries and patterns of recovery o Stroke and patterns of recovery	
• Understanding and awareness of the Rehabilitation prescription	
• Demonstrate, understand and complete a risk assessment of a critically ill patient in regard to rehabilitation following their illness,(i.e. short clinical assessment) o Multi organ failure/sepsis o Multiple trauma o Multiple co-morbidities o Artificial airway for more than 48 hours o Tracheostomy o Major surgery/amputation o Neurological conditions o Prolonged sedation o Neuropathy/loss of pre admission function o Loss of muscle mass o Cognitive impairment o Intrusive memories o Sleep deprivation o Post -traumatic stress disorder o Delirium o Anxiety o Depression	
• Diversity issues and how they may impact on the patients rehabilitation needs: o Age o Culture o Religion o Language o Sexuality o Identity	

2:8.1 Contributing Factors to Rehabilitation Needs & Patient Dairies continued

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Initiate (where used) and understand the benefits of patient diaries in the recovery from critical illness: o Explanation for loss of time o Providing information for a period of their life for which they may not have any memory of o Accepting and understanding their own emotions o Accepting and understanding the emotions of their family	
• Understand and comply with the legal and ethical considerations for patient diaries: o Use of photographs o Confidentiality o Consent issues o Relatives versus Staff diary entries o Level of information written	
• Resources available for recovering critical care patient's: o Rehabilitation teams (where available) o Step down follow up visits o On-going rehabilitation goals o Make swift referrals to appropriate multidisciplinary team members o Intensive rehabilitation clinics o Follow up clinics o Local patient and relative information o ICU Steps o Other support groups	

2:9 Professionalism

The following competency statement is about maintaining professionalism in critical care nursing practice. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1.

2:9.1 Enhancing professionalism

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• NMC Code (2015) Professional standards of practice and behaviour for nurses and midwives	
• Demonstrate self-awareness of own strengths and limitations	
• Demonstrate effective inter-professional relationships that facilitate meeting the needs of patients and families	
• Demonstrate an ability to be a motivated self-directed learner	
• Demonstrate an ability to be an effective mentor and role model as appropriate	
• Demonstrate safe and effective written, verbal, telephone and electronic communication strategies	
• Demonstrate safe effective work/life balance strategies	

2:10 Leadership

The following competency statement is about increasing leadership skills to support your professional development in critical care. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1.

2:10.1 Demonstrating Personal Qualities

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Develop self-awareness and acknowledge limitations	
• Be able to manage own time effectively	
• Actively seek opportunities and challenges for personal learning and development	
• Acknowledge mistakes and treat them as learning opportunities	
• Change behaviour in the light of feedback and reflection	

2:10.2 Working With Others

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Identify opportunities where working in collaboration with others can bring added benefits	
• Promote the sharing of information and resources	
• Actively seek the views of others	
• Have a clear sense of your role, responsibilities and purpose within the team	
• Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises	
• Recognise the common purpose of the team and respect team decisions	
• Support others to provide good patient care and better services	

2:10.3 Ensuring Patient Safety

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Understand your role in influencing the quality of safe and effective critical care services	
• Identify actual or potential risks or incidents and take required actions	
• Promote a safe culture that learns from and responds to risk	
• Instigate immediate response to safe guard patients	
• Report adverse or potential risks through internal clinical incident reporting system	

2:10.4 Improving Services

You must be able to demonstrate your knowledge using a rationale through discussion, and the application to your practice	Competency Fully Achieved Date/Sign
• Obtain and act on patient, carer and service user feedback and experiences	
• Question existing practices and challenge present performance/culture	
• Contribute to change management initiatives being led by more experienced staff	
• Contribute to quality improvement projects being undertaken in your unit	

Assessment, Development & Revalidation Record Summary

Date	Assessment Completed	Lead Assessor/Mentor Signature

Initial Assessment & Development Plan

Date | | | (Please add date to the Assessment Record Summary)

This meeting between Learner and Lead Assessor/Mentor should take place within 3 months of starting this section of your development. It is to identify the learning needs of the nurse during their Step 2 development and to identify those areas on which to concentrate.

CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

COMPETENCIES TO BE ACHIEVED

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Ongoing Assessment & Development Plan

Date | | | (Please add date to the Assessment Record Summary)

This meeting between Learner and Lead Assessor/Mentor is to identify the progress made by the nurse in achieving the competencies identified in the initial and/or previous meetings. It is here further objectives will be set. Ongoing assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed.

REVIEW OF COMPETENCIES ACHIEVED

ON TARGET: YES ☐ NO ☐

IF NOT WHICH COMPETENCIES HAVE YET TO BE MET

REASONS FOR NOT ACHIEVING

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Additional Action Planning

Date | | |

This document is to be completed as required to set SMART objectives for the learner who requires additional support to achieve certain competencies (these will have been identified during the 3 monthly Ongoing Assessment & Development plan).

AREAS FOR FURTHER ACTION PLANNING

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Step 2 - Final Competency Assessment

Date | | | (Please add date to the Assessment Record Summary)

This meeting is to identify that all the competencies within Step 2 have been achieved and that the nurse is considered a safe competent practitioner.

COMPETENCY STATEMENT:
The nurse has been assessed against the competencies within this document and measured against the definition of competence below by critical care colleagues, mentors and assessors and is considered a competent safe practitioner within the critical care environment:

"The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions"

As part of quality assurance the nurse is expected to maintain a portfolio of practice as part of NMC regulations and revalidation to support ongoing competence and declare any training and/or development needs to their line manager or appropriated other.

Competency will be reviewed annually as part of staff personal development plans and evidence of this will be required for NMC revalidation. Where necessary objectives will be set to further develop any emerging competency required to work safely within the critical care environment.

LEAD ASSESSORS COMMENTS

LEARNERS COMMENTS

Learners Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

Annual Competency Review (to accompany local appraisal documentation)

Date | | | (Please add date to the Assessment Record Summary)

This record is a statement between the nurse who has completed Step 2 competencies successfully and their Appraiser. It should be used alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent critical care practitioner

OVERALL COMPETENCY MAINTAINED YES ☐ NO ☐

IF NOT WHICH COMPETENCIES REQUIRE FURTHER DEVELOPMENT

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

FURTHER COMMENTS

Signature: .....

Lead Assessors / Practice Educators Signature: .....

NEXT AGREED MEETING DATE: | | |

NMC Revalidation Checklist (every 3 years)

Date | | | (Please add date to the Assessment Record Summary)

Revalidation is a continuous process that nurses need to engage with throughout their career. It is not a point in time activity or assessment; however, you will need to be able to provide evidence of achievement against the NMC requirements. This document should be completed as part of your local appraisal.

EVIDENCE OF COMPLETING 450 PRACTICE HOURS IN CRITICAL CARE YES ☐ NO ☐

LIST EVIDENCE PRODUCED BELOW

EVIDENCE OF COMPLETING 40 HOURS CONTINOUS PROFESSIONAL DEVELOPMENT (CPD) YES ☐ NO ☐

(20 HOURS NEED TO BE PARTICIPATORY LEARNING, LIST EVIDENCE PRODUCED BELOW)

EVIDENCE OF 5 REFELECTIONS YES ☐ NO ☐

LIST EVIDENCE PRODUCED BELOW

EVIDENCE OF APPROPRIATE PROFESSIONAL INDEMNITY ARRANGEMENTS YES ☐ NO ☐

LIST EVIDENCE PRODUCED BELOW

NMC Revalidation Checklist continued

3rd PARTY CONFIRMATION

LEARNER	CONFIRMER
LEARNERS NAME	CONFIRMERS NAME
LEARNERS SIGNATURE	CONFIRMERS SIGNATURE
LEARNERS JOB TITLE	CONFIRMERS JOB TITLE
LEARNERS PIN	CONFIRMERS PIN
LEARNERS E MAIL ADDRESS	CONFIRMERS E MAIL ADDRESS

Reflective Accounts to inform NMC Revalidation

You are required to record a minimum of five written reflections on the NMC Code (2015) and your Continuous Professional Development as well as gaining practice-related feedback, as outlined in 'How to revalidate with the NMC'.

You are advised to complete the following documents during your critical care development to inform your NMC Revalidation, you are required to discuss these reflections with your Mentor/Lead Assessor and/or Practice Educator at your on-going assessment reviews, your final assessment and/or your annual progress review as part of your local appraisal process. Once you have discussed these reflections your Mentor/Lead Assessor and/or Practice Educator will need to complete the relevant 'Professional Development Discussions' (PDD) documentation to provide evidence of this.

Reflective Account

Date | |

Please fill in a page for each of your reflections, ensuring you do not include any information that might identify a specific patient or service user. You must discuss these reflections as part of a professional development discussion (PDD) with another NMC registrant who will need to complete the PDD document to provide evidence of this taking place.

WHAT WAS THE NATURE OF THE CPD ACTIVITY/ PRACTICE-RELATED FEEDBACK?

WHAT DID YOU LEARN FROM THE CPD ACTIVITY AND/OR FEEDBACK?

HOW DID YOU CHANGE OR IMPROVE YOUR WORK AS A RESULT?

HOW IS THIS RELEVANT TO THE CODE?
(Select a theme, Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust)

Signature:

Professional Development Discussion (PDD)

Date | | |

You are required to have a PDD with another NMC registrant covering your written reflections on the Code, your CPD and practice-related feedback. This form should be completed by the registrant (Mentor/Lead Assessor and/or Practice Educator) with whom you have had the discussion.

NAME NMC PIN

EMAIL ADDRESS

PROFESSIONAL ADDRESS (INCLUDING POSTCODE)

NAME OF REGISTRANT WITH WHOM YOU HAD A PDD DISCUSSION

NMC PIN OF REGISTRANT WITH WHOM YOU HAD A PDD DISCUSSION

NUMBER OF REFLECTIONS DISCUSSED:

DECLARATION: I CONFIRM THAT I HAVE DISCUSSED THE NUMBER OF REFLECTIVE ACCOUNTS LISTED ABOVE, WITH THE ABOVE NAMED REGISTRANT, AS PART OF A PDD

Signature:

Abbreviations

A,B,C,D,E	Airway, Breathing, Circulation, Disability, Exposure
ABG	Arterial Blood Gas
ADH	Anti-Diuretic Hormone
AHP	Allied Health Care Professional
AKI	Acute Kidney Injury
ALI	Acute Lung Injury
ALS	Advanced Life Support
ANTT	Aseptic Non Touch Technique
ARDS	Acute Respiratory Distress Syndrome
AVPU	Alert, Voice, Pain, Unresponsive
BACCN	British Association of critical Care Nurses
BLS	Basic Life Support
BNF	British National Formulary
BP	Blood Pressure
BTS	British Thoracic Society
CAM-ICU	Confusion Assessment Method
CC3N	Critical Care Networks National Nurse Lead Group
CCMDS	Critical Care Minimum Data Set
C-Diff	Clostridium difficile
CMS	Capacity Management System
CO	Cardiac Output
CO2	Carbon Dioxide
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control of Substances Hazardous to Health
CPAP	Continuous Positive Airway Pressure
CPD	Continuing Professional Development
CPE	Carbapenemase Producing Enterobacteriaceae
CPP	Cerebral Perfusion Pressure
CRBSI	Catheter Related Blood Stream Infection
CSF	Cerebrospinal Fluid
CT	Computerised Tomography
CV	Cardiovascular
CVP	Central Venous Pressure
CVVH	Continuous Veno Venous Haemofiltration
CVVDH	Continuous Veno Venous Dialysis
CVVHDF	Continuous Veno Venous Haemodiafiltration
CXR	Chest X-Ray
DBD	Donation following Brain Death
DCD	Donation following Circulatory Death
DOH	Department of Health
DOS	Directory of Service
ECG	Electrocardiograph
EPUAP	European Pressure Ulcer Advisory Panel
ET	Endotracheal
EtCO2	End Tidal Carbon Dioxide
ETT	Endotracheal Tube
GCS	Glasgow Coma Scale
GI	Gastrointestinal
H2 Antagonist	Histamine H2-receptor antagonists
HEI	Higher Educational Institute
HII	High Impact Intervention
HME	Heat Moisture Exchange
HR	Heart Rate
ICNARC	Intensive Care National Audit & Research Centre
ICP	Intracranial Pressure
ICS	Intensive Care Society
ICU	Intensive Care Unit
I:E Ratio	Inspiratory : Expiratory Ratio
IHD	Intermittent Haemo Dialysis
ILS	Intermediate Life Support
IPC	Infection Prevention & Control
IRV	Inverse Ration Ventilation
IV	Intravenous
JVP	Jugular Venous Pressure
KSF	Knowledge & Skills Framework
MAP	Mean Arterial Pressure
MDT	Multidisciplinary Team
MEDUSA	Injectable Drug Administration Guide
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus
MUST	Malnutrition Universal Screen Tool
NEWS	National Early Warning Score
NG	Nasogastric
NHS	National Health Service
NICE	National Institute of Clinical Excellence
NICE CG	National Institute of Clinical Excellence-Clinical Guideline
NIV	Non Invasive Ventilation
NJ	Naso-jejunal
NMC	Nursing & Midwifery Council
NPSA	National Patient Safety Agency
PCA	Patient Controlled Analgesia
PDD	Professional Development Discussion
PEA	Pulseless Electrical Activity
PEG	Percutaneous Endoscopic Gastroscopy
PIN	Personal Identification Number
PPE	Personal Protective Equipment
RCN	Royal College of Nursing
RIG	Radiologically Inserted Gastrostomy
RR	Respiratory Rate
RRT	Renal Replacement Therapy
SAH	Subarachnoid Haemorrhage
SALT	Speech and Language Therapy
SIRS	Systemic Inflammatory Response Syndrome
SLEDD	Sustained Low-Efficiency Dialysis
SMART	Specific, Measurable, Achievable, Realistic, Timely
SNOD	Specialist Organ Donation Nurse
SPO2	Saturated Oxygen
SR	Sinus Rhythm
SVO2	Mixed Venous Oxygen Saturation
SV	Stroke Volume
SVR	Systemic Vascular Resistance
SVT	Sinus Ventricular Tachycardia
TMP	Trans Membrane Pressure
VAP	Ventilator Associated Pneumonia
V/Q	Ventilation / Perfusion
VRE	Vancomycin Resistant Enterococci
VTE	Venous thromboembolism

Learning Resources

BACCN website: www.baccn.org.uk

Brain Trauma Foundation (2007) Guidelines for the management of traumatic brain injury. Journal of Neuro Trauma. 24 (1) pp S- 59 S - 64. p 17-23. p 47-74

Borthwick, M, Bourne, R, Craig, M, Egan, A and Oxley, J (2006) Detection, prevention and treatment of delirium in critically ill patient. United kingdom Clinical Pharmacy association.

CC3N website: www.cc3n.org.uk

Department of Health (1996) Guidelines on admission to and discharge from intensive care and high dependency units. DoH, London

Department of Health (2009) Reference guide to consent for examination or treatment (2nd edition) London: DH

Department of Health (2008).Clean, safe care: Reducing infections and saving lives. Gateway ref: 9278

Department of Health (2010) High Impact Intervention: Renal haemodialysis. DOH guideline.

Department of Health (2012) Health and Social Care Act. March 2012, TSO

EPUAP (2009) European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Treatment of pressure ulcers: Quick Reference Guide. Washington DC: National Pressure Ulcer Advisory Panel

Faculty of Intensive Care Medicine website: www.ficm.ac.uk

ICU Steps website: www.icusteps.org

ICNARC website: www.icnarc.org

Intensive Care Society website: www.ics.ac.uk

Intensive Care Society (2004) Guidelines for Adult Organ and Tissue Donation Prepared on behalf of the Intensive Care Society by the Society's Working Group on Organ and Tissue Donation

Intensive Care Society (2009) Standards and recommendations for the provision of renal replacement therapy on the intensive care unit in the United Kingdom. ICS guideline

Intensive Care Society (2011) Guidelines for the transport of critically ill adults. Standards and Guidelines

National Institute for Clinical Excellence (2007) Head Injury: Triage, Assessment and Early Management of Head Injury in Children, Infants and Adults. www.nice.org.uk/CG056

NCEPOD (2009) Adding Insult to injury: a review of the care of patients who dies in hospital with a primary diagnosis of acute kidney injury (acute renal failure. NICE publication

NHS England website: www.england.nhs.uk

NHS Confederation (2012): The NHS handbook: The essential guide to the new NHS. Available at www.nhsconfed.org

NOrF website: www.norf.org.uk

NMC website: www.nmc.org.uk

RCN website: www.rcn.org.uk

Tortora G. J. and Derrickson B., H. (2011) Principles of Anatomy and Physiology, International Student Version (13th Edition). John Wiley & sons, inc. New York.

UK Code of Practice for the diagnosis of brain stem death; including guidelines for the identification and management of potential organs and tissue donors. Working Party established through the Royal College of Physicians on behalf of the Academy of Medical Royal Colleges (1998)

Acknowledgements

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www.cc3n.org.uk

www.baccn.org.uk

www.ics.ac.uk

www.rcn.org.uk

www.icusteps.org.uk

www.norf.org.uk

www.aiho.org.uk