



ICCMU Newsletter

Intensive Care Coordination & Monitoring Unit

Volume 5 Issue 2 April 2008

International Guidelines - National Guideline Clearinghouse

Guidelines for the management of severe traumatic brain injury:

1. Anesthetics, analgesics, and sedatives. [
2. Antiseizure prophylaxis. [
3. Blood pressure and oxygenation. [
4. Brain oxygen monitoring and thresholds. [
5. Cerebral perfusion thresholds.
6. Deep vein thrombosis prophylaxis. [
7. Hyperosmolar therapy.
8. Hyperventilation. [
9. Indications for intracranial pressure monitoring.
10. Infection prophylaxis.]
11. Intracranial pressure monitoring technology.
12. Intracranial pressure thresholds.
13. Nutrition.]
14. Prophylactic hypothermia.
15. Steroids.

To access these guidelines go to the National Guideline Clearinghouse Website and use the search facility using the keywords 'traumatic brain injury'

<http://www.guideline.gov/>

National Academy of Clinical Biochemistry laboratory medicine practice guidelines:

1. Clinical utilization of cardiac biomarker testing in heart failure. [http://www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=11694]
2. Clinical characteristics and utilization of biochemical markers in acute coronary syndromes. http://www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=11692]
3. Point of care testing, oversight and administration of cardiac biomarkers for acute coronary syndromes. http://www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=11696]

4. Use of cardiac troponin and B-type natriuretic peptide or N-terminal proB-type Natriuretic Peptide for Etiologies other than acute coronary syndromes and heart failure.

http://www.guideline.gov/summary/summary.aspx?view_id=1&doc_id=11697]

Research

Nurses' Perceptions of Their Self-confidence and the Benefits and Risks of Family Presence During Resuscitation

Twibell RS, Siela, D, Riwitis D, Riegle T, Bousman D, Cable S, Caudill R, Harrigan S, Hollars R, Johnson D, and Neal A, *American Journal of Critical Care* 08;17: 101-111

Background:

Debate continues among nurses about the advantages and disadvantages of family presence during resuscitation. Knowledge development about such family presence is constrained by the lack of reliable and valid instruments to measure key variables.

Objectives:

To test 2 instruments used to measure nurses' perceptions of family presence during resuscitation, to explore demographic variables and perceptions of nurses' self-confidence and the risks and benefits related to such family presence in a broad sample of nurses from multiple hospital units, and to examine differences in perceptions of nurses who have and who have not invited family presence.

Methods:

Nurses (n = 375) completed the Family Presence Risk-Benefit Scale and the Family Presence Self-confidence Scale.

Results:

Nurses' perceptions of benefits, risks, and self-confidence were significantly and strongly interrelated. Nurses who invited family presence during resuscitation were significantly more self-confident in managing it and perceived more

benefits and fewer risks ($P < .001$). Perceptions of more benefits and fewer risks were related to membership in professional organizations, professional certification, and working in an emergency department ($P < .001$). Data supported initial reliability and construct validity for the 2 scales.

Conclusions:

Nurses' perceptions of the risks and benefits of family presence during resuscitation vary widely and are associated with how often the nurses invite family presence. After further testing, the 2 new scales may be suitable for measuring interventional outcomes, serve as self-assessment tools, and add to conceptual knowledge about family presence.

Full Paper can be accessed at the following address

<http://ajcc.aacnjournals.org/cgi/content/full/17/2/101>

CLAB ICU Report

Introduction

Central line associated bacteraemia (CLAB) is a recognised preventable complication of central line insertion contributing to patient morbidity and mortality.

A clear commitment by staff to the standardised central line insertion technique, to improve patient safety and outcomes, has been evident at site visits and during teleconferences. Thank you to all sites for making us welcome and sharing the varied and novel measures used to implement practice and attitude change.



Members Choice Website

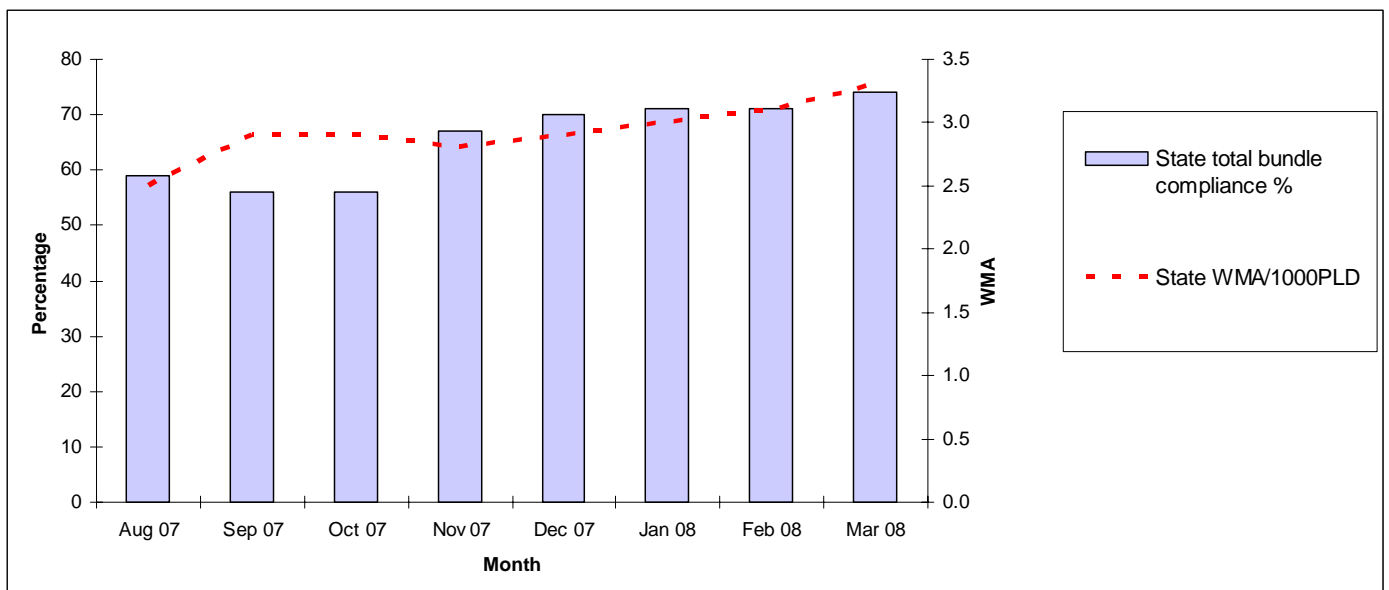
Do you have a website you feel is worth advertising to the collective membership of ICUConnect?

Let us know by email. Include the name of the website, the link and a couple of sentences about why you think its worth a visit.



Statistics

To date 4991 records have been committed to the CLAB ICU database demonstrating a state-wide compliance with the standardised insertion technique of 74% and a weighted moving average (WMA) of 3.3 infections /1000 patient line days (see graph below). A WMA is being used to analyse the data, assigning more weight to recently acquired CLABS, in order to smooth the data and assist in identifying trends.



Please note that April data has not been included in the calculations to date as only 170 checklists have been received for that period. Approximately 500 checklists are submitted each month, so please send in your April checklists as soon as possible to allow us to verify and commit them to the database prior to running your report on 22 May.

Training Framework

Thank you to the many participants at the February 2008 education and training workshop. The commitment shown on the day to supporting training processes for junior clinicians was impressive.

The outcome was a discussion document that has been circulated to the professional colleges for feedback and endorsement. The response to the collaborative effort has been encouraging.

It was agreed that an e-learning tool will be developed to support the theoretical component of the framework. This is currently being scoped and will be progressed for completion by June 2008.

Revised checklist

As you know the CLAB ICU checklist has undergone major revision based on your feedback from the November learning session. To minimise disruption to participating units the CLAB ICU Expert Group agreed that implementation of the revised checklist should be delayed until data collection issues are resolved. This will ensure that the final checklist is consistent with the agreed process and avoids data duplication.

Safe Insertion of Central Venous Catheters policy

As previously advised the Safe Insertion of Central Venous Catheters Policy has been revised and reformatted. It will be eventually distributed via NSW Health. Thank you to all that contributed to its development.

CVC sterile procedure pack

An ideal contents list has been developed based on feedback compiled during teleconferences, workshops, learning sessions and on-site evaluations. It is planned that a statewide pack will soon be available for procurement.

The Great Hat Debate

The rationale for the use of hats during central line insertion has been raised for discussion in a number of forums. The statewide team is currently reviewing the evidence regarding the use of hair coverings during sterile procedures.

In the meantime, you may like to read the following 2001 article available in full text format on CIAP: R Lafreniere et al, "Infection control in the operating room: Current practices or sacred cows?" Journal of the American College of Surgeons 193 407-416.

Don't forget to check for regular updates at the [CEC CLAB ICU website](#) and for further information about the CLAB ICU project please email Marghie Murgo on margherita.murgo@cec.health.nsw.gov.au or Tony Burrell on BurrelA@wahs.nsw.gov.au.

Quality

New at NSWHealth



- **Policy, Directives and Guidelines**

<http://www.health.nsw.gov.au/policies/index.asp>

Quality & Safety

- **Lessons learnt on Quality and Safety**

1. Clinical management

- Inadequate assessment of abdominal pain after a fall

<http://internal.health.nsw.gov.au/quality/lessons/cases.html>



Safety Alert



Safety Notice



Safety Information

- **Safety Alert Broadcast System**

<http://www.health.nsw.gov.au/quality/sabs>

Use this link to access the latest TGA recall notices

- **RCA Team Leaders Webpage**

Quality Branch has set up a Website. The intent is to set up a Community of Practice to help RCA team leaders improve the RCA process, communicate with each other, share tools, share experiences.

<http://internal.health.nsw.gov.au/quality/cop/>

- **Education**

For Your Diary:



- Patching Kids - Sydney Childrens Hospital
Inaugural Paediatric Trauma Seminar

6 June 2008

- 9th Annual Institute of Continuing Education - ICE ACCCN

13-14 June 2008, at the Brisbane Convention Centre.

Go to the ACCCN Website and click on the ICE logo. <http://www.acccn.com.au/>

- Rural Critical Care

22-23 August 2008 at Batemans Bay.

For further details use the link below

<http://www.ruralcriticalcare.asn.au/>

- Retrieving...Receiving...Referring

Retrieval Seminar

26th June 2008 in Gosford NSW

Registration form available at ICCMU website

<http://intensivecare.hsnet.nsw.gov.au/five/html/conferences.php>

- NECSS Care of the Critically Ill

11-12 September 2008

Albury

Preliminary flyer will be released in June

All web and email addresses were correct at time of publication

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In-services:

Has your unit had an inservice yet? Do you want another inservice?

Please contact: **Kaye Rolls**

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Sorry for NSW & ACT members only