Critical Care Outreach and Maternity

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SBAR

• Situation:
  – Limited connection of services. Why?
  – Share similar problems. E.G. Sepsis.
  – Close working relationship with Anaesthetics.

• Background:
  – Closed door units.
  – Very Specialised.

• Assessment:
  – Shared working can benefit all.

• Recommendations:
  – Share knowledge, ideas and teaching to promote best practice.
Outreach: What?

- Nurse Lead Service.
- Close Links to ITU.
- Referral Service.
- Follow Up Service.
- Education.
- Aims:
  - Maintain Pt on ward with support.
  - Escalate Pt care to ICU/HDU more timely.
  - Advise treatment limitations if considered appropriate.
  - Continued education of staff in aspects of critical care.
Outreach: Why?

- Comprehensive Critical Care Review 2000
- Saving 1000 Lives and 1000 Lives +
- National Institute for Clinical Excellence (NICE) CG 50 and CG 83
- Rapid Response To Acute Illness Learning Set, (RRAILS)
- Centre for Maternal and Child Enquiries 2006-08
Outreach: Where?

Everywhere!

Except Maternity

(And CMU!)
Outreach into Maternity

• Ward Visiting
• Review of women
• Specialist Advice eg Central Lines
• Close links to ITU
• Sepsis Response Bags
• A Resource
• Augment the care provided by you
How Do I Get Into Maternity?

Cwm Taff-Obstetric Patient Chart2-FEB12-P8(1).pdf
A Problem Shared
SEPSIS: The General Picture

- Risen by 329% in 20 years.
- High mortality.
- Worldwide 1400 deaths a day Angus D - more?
- Most common cause of death in ICU.
- 30% of patients on UK ICU have sepsis.
- Leading cause of direct maternal death (CMACE 2011)
Identifying the Septic Woman

• Maternity EWS chart, MEOWS chart
• Obstetric Sepsis Screening Tool
• Obstetric Sepsis Six Plus Two
• Sepsis Response Bag
• Sepsis bag draft OBS.doc
Points of Note

- Everyone has the potential to get sepsis.
- Easy to identify – we know what we’re looking for:
  - Tools………
  - Maternity EWS chart.
  - Sepsis/Severe Sepsis Screening Tool.
  - Sepsis Response Bag.
  - Clinical Acumen and Experience.
  - Critical Care Outreach and Anaesthetics play a vital role in treatment (CMACE 2011 & RCOA 2011).

- Easy to treat but early intervention is paramount.
Conclusion

• Sepsis is insidious
• Early intervention will save lives.
  – Be aware of sepsis, beware sepsis. CMACE 2011

• Outreach is a Resource: Use It.
• Seek out your local team. Use them.

• Early referral to Critical Care can and will save lives.
Thank You.

Any Questions?