Nurse Practitioner Clinical Practice Guidelines

Health Service  
Calvary Health Care Bruce

Speciality Area  
Intensive Care

Setting

The Critical Care Unit at Calvary Health Care Bruce is a 16 bed combined unit consisting of adult general intensive care, high dependency and acute coronary care beds. The Critical Care Unit admits approximately 1400 patients per year. Currently, ICU admissions account for approximately 54% of all admissions and have an average APACHE II score of 15.08.

The Nurse Practitioner will be based in the Intensive Care Unit and provide an intensive care liaison outreach service for the inpatient and outpatient areas within the organisation.

This document provides a clinical practice framework for the Intensive Care Liaison Nurse Practitioner at Calvary Health Care Bruce.

Nurse Practitioner Role

The Intensive Care Liaison Nurse Practitioner (ICL NP) is a Registered Nurse who is authorised to provide an expert level of coordinated clinical care, health assessment and management for patients within the Intensive Care Unit, inpatient and outpatient services at Calvary Health Care Bruce (Public Hospital).

The main aims of the role are to:

- avert admissions to critical care by identifying patients who are deteriorating and preventing admission where possible, or facilitating timely treatment and critical care admission when not possible, to ensure the best outcome for the patient
- enable discharges by supporting the continuing recovery of discharged patients, including clinical handover and maintenance of the care plan
- share critical care skills with staff in wards and the community

Client/Patient Population

The ICL NP will use expert clinical nursing practice to both collaboratively and autonomously initiate, provide and maintain a continuum of care for adult critical care patients throughout the spectrum of acute care within and external to the ICU. The adult patient is defined as persons above the age of 18 years.

The ICL NP will:

1. Attend medical emergency team (MET) calls and participate as a team member or team leader as required.
2. Provide follow-up assessment of patients that have had a MET call and continue to be cared for in the ward setting.
3. Provide assessment and participation in the management, care planning and liaison with carers of complex patients referred to the Intensive Care Liaison NP who are:
   - Awaiting ICU/HDU admission or inter-hospital transfer to a critical care unit
   - Scheduled for discharge from ICU/HDU
   - Discharged from ICU/HDU
   - Referred to the Intensive Care Liaison NP from the ward/outpatient services.

Date of Approval  
4 August 2016

Review Date  
May 2016
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Local Service Area Clinical Practice Guideline Development Committee Members

The following stakeholders comprised the local advisory committee who facilitated the development and endorsement of these clinical practice guidelines. The guidelines were endorsed following review, comment and appraisal of draft guidelines and through meetings and discussions.

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<tr>
<td>per Russell McGowan</td>
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Evidence of additional health professional and/or stakeholder consultation

The following health care professionals and stakeholders were consulted throughout the development phase of these Clinical practice Guidelines. This was achieved via telephone conversations, email, individual meetings and advisory panel group meetings.

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<tr>
<td>Dr Geoffrey Ding</td>
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<tr>
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<td>Intensive Care Liaison Nurse Practitioner</td>
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Introduction

The Intensive Care Liaison Nurse Practitioner (ICL NP) is a Registered Nurse who is authorised to provide an expert level of coordinated clinical care, health assessment and management to patients within the critical care units, inpatient units and outpatient services at Calvary Health Care Bruce (Public Hospital).

This clinical guideline outlines the extended scope of clinical practice for the ICL NP, and enables the NP to work safely and appropriately in the delivery of nursing practice to patients.

The clinical focus of the ICL NP is to both collaboratively and autonomously provide adult patients with the following interventions according to approved guidelines of Calvary Health Care Bruce:

- Attend Medical Emergency Team (MET) calls and participate as a team member or team leader if required. Authorised to administer advanced life support (ALS) using defined extended rights and privileges.

  ALS accreditation and interventions are based on the recommendations of local and professional organisations for intensive care and adult resuscitation.

  Patients who have been referred to ICL NP after receiving a MET call will be followed-up.

- Assessment and participation in the management, care planning and liaising with carers of complex patients referred to the ICL NP who are:
  - Admitted to ICU/HDU
  - Scheduled for discharge from ICU/HDU
  - Discharged from ICU/HDU
  - Referred to the Critical Care NP from the ward/outpatient services

The ICL NP is required to liaise with the attending ICU consultant and medical team regarding the condition of patients who have been referred to the ICL NP. Autonomous practice in collaboration with appropriate specialist health professionals will occur with all conditions covered in these guidelines.

This document reflects what is currently regarded as safe clinical practice. However, as in any clinical situation there will be factors, which cannot be covered by a single set of guidelines. In these situations the NP will exercise the judicious application of clinical judgement specific for each individual presentation.
ASSESSMENT

Intensive Care Liaison Nurse Practitioner Clinical Assessment Framework

1. Assessment
   - Primary Assessment
   - Secondary Assessment
   - Investigations / Diagnostics
     - ADCDE
     - History
     - Examination
     - Provisional Diagnosis
     - Differential Diagnosis
     - Refer and/or consult as required

2. Initial Management
   - Symptom relief and supportive interventions
   - Pharmacological, non pharmacological and adjunct

3. Diagnosis Interpretation

4. Management
   - Refer and/or consult as required
   - NP treatment and management
   - Patient/Staff Education

5. Disposition
   - Refer for specialist management, ICU admission or pt transfer

6. Follow-up
   - Follow–up plan including instructions for review or ongoing management
   - Follow–up assessment of patient by NP
   - Reassess and re-evaluate changes in condition and response to treatments and interventions
   - Refer and consult as required
FURTHER REFERRAL

Patients in the critical care units (ICU, HDU, Emergency and Recovery), inpatient wards or outpatients services that are referred to the ICL NP will be triaged, assessed and managed in consultation with the attending ICU consultant or medical team or MO.

The ICL NP is authorised to refer patients to other appropriate services and departments in Calvary Health Care Bruce (Public Hospital). The criteria and indications for referrals will be identified within the specific treatment plan of the patient.

The NP will monitor assess and re-evaluate any changes in the patients condition including responses to therapeutic intervention. If significant signs of deterioration; as defined by the Medical Emergency Team (MET) criteria or a Modified Early Warning Score (MEWS) of greater than or equal to 6; or life threatening conditions are identified, then the NP will directly refer the patient to the appropriate medical team/officer as outlined in the MET and MEWS policies at Calvary Health Care Bruce (CHCB) (CHCB MET clinical policy April 2016; Adult Vital Signs Policy CHCB policy July 2016).

MANAGEMENT

Conditions

The ICL NP will manage or assist in the management of a broad range of conditions ranging from acute to potentially life threatening to life threatening.

These conditions include but are not limited to:

- Acute Coronary Syndrome
- Acute Pulmonary Oedema
- Acute Myocardial Infarction
- Acute Renal failure
- Arrhythmias
- Asthma
- Bowel Obstruction
- Cerebral vascular accident
- Chronic Heart Failure
- Chronic Obstructive Pulmonary Disease
- Diabetic ketoacidosis
- Electrolyte imbalances
- Fitting
- Hypoglycaemia
- Meningitis
- Pancreatitis
- Poisoning
- Pneumonia
- Post operative Abdominal surgery
- Post operative Faciomaxillary surgery
- Post operative Gynaecological surgery
- Post operative Obstetric surgery
- Post operative Orthopaedic surgery
- Post operative Renal surgery
- Post operative Thoracic surgery
- Pulmonary Embolism
- Type 1, II respiratory failure
- Sepsis
- Shock
**Diagnostic Investigations**

**Pathology**
- Alanine Aminotransferase (ALT)
- Albumin
- Alkaline Phosphate (ALP)
- Amylase
- Anion Gap (AG) – Calculated
- Arterial Blood Gas (ABG) Analysis
- Aspartate Aminotransferase (AST)
- Bilirubin Direct
- Bilirubin Total
- Calcium Ionised (iCa)
- Calcium Total (Ca)
- Carboxyhaemoglobin (COHb)
- Chloride (Cl)
- Cholesterol Total (TC)
- Creatine Kinase (CK)
- Creatinine
- Creatinine Clearance (CCT)
- Gamma Glutamyl Transferase (GGT)
- Glucose (BGL)
- Ketones
- Lactate dehydrogenase (LDH)
- Lactate
- Lipase
- Magnesium (Mg)
- Osmolality (OSMO)
- Phosphate
- Potassium (K)
- Protein
- Sodium (Na)
- Triglyceride
- Troponin
- Urea
- Venous Blood gas (VBG) Analysis

**Haematology**
- Coagulation Studies consisting of: Activated Partial Thromboplastin Time (aPTT); Prothrombin Time (PT) including International Normalized Ratio (INR); Fibrinogen; D-Dimer
- Erythrocyte Sedimentation Rate (ESR)
- Folate
- Full Blood Count (FBC) consisting of: White Cell Count (WCC); Differential WCC – Basophils, Eosinophils, Lymphocytes, Monocytes, Neutrophils; Haemoglobin (Hb); Platelet Count (PLT); Red Cell Count (RCC); Haematocrit/PCV; Mean Cell Volume (MCV); Mean Cell Haemoglobin (MCH); Mean Cell Haemoglobin Concentration (MCHC)

**Endocrine**
- Beta HCG Pregnancy Assay
- Thyroid Function Tests

**Blood Transfusion**
- Blood Group, Antibody Screen and Crossmatch
**Microbiology**  
Direct microscopy, culture and antibiotic sensitivity of specimens including blood, faeces, sputum, urine, wound swabs (deep and superficial) and central venous access device tips.

**Immunology**  
C Reactive Protein

**Toxicology and Therapeutic Agents**  
Specific drug assays and levels as required for individual patient depending on investigation).

Any other investigations ordered will be discuss with senior registrar or Intensive Care Consultant

**Medical imaging**  
Chest X-Ray  
Any other investigations ordered will be discuss with registrar or Intensive Care Consultant

**Pharmaceutical Management**  
Pharmaceutical management will include medications and intravenous therapy relevant to the management of the conditions listed in section 3.

A list of specific medications and intravenous fluids that may be prescribed by the ICL NP are listed in the Medication Formulary (page 9).

**Non Pharmaceutical Management**  
Positioning / repositioning  
Thermoregulation  
Counselling  
Pressure area care

The ICL NP will be guided by ACT Legislation in relation to reportable diseases and children at risk.

**Health Promotion Illness Prevention and Referrals**  
Education  
Self management of presenting illness  
Prevention of recurrence of presenting illness  
Follow-up plan and care required

Health promotion  
Life style modification  
Risk factor minimisation  
Nutrition  
Pain management

Referral  
Specialist team / review clinics  
Acute Pain Service  
Diabetic educator  
Breast Care Nurse  
Palliative Care Liaison  
Mental Health Liaison  
Cardiac Rehabilitation  
Allied Health Professional (Pharmacist, Physiotherapist, Dietitian, Speech Pathologist, Social Worker)  
Pastoral Care
Follow-up Care
Monitor for signs of deterioration
Monitor test results
Monitor therapeutic responses
Manage abnormal responses within scope of practice
Direct referral to Intensive Care Consultant as need arises

PLAN FOR DISSEMINATION OF CLINICAL PRACTICE GUIDELINES
Clinical Practice Guidelines will be posted on the ACT Health intranet
Copy held by the ACT Chief Nurses Office
Copy held by Calvary Health Care Bruce
Copy lodged with the Australian College of Nurse Practitioners

PLAN FOR REVIEW OF CLINICAL PRACTICE GUIDELINES
The Clinical Practice Guideline Advisory Committee at Calvary Health Care Bruce will update, review and amend the Nurse Practitioner – Intensive Care Liaison Clinical Practice Guidelines every three years or when the duties of the ICL NP change substantively or if there is an identified need for a specific critical care nursing intervention to be incorporated into the ICL NP’s Clinical Practice Guidelines.
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**Intravenous Fluids**

Crystalloid - 0.9% normal saline, 4% dextrose 1/5normal saline, Hartmann's Solution, 5% dextrose, Plasma-Lyte

Colloid - 4% Albumin, Gelofusine
REFERENCES

RESOURCES
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Central Line Insertion and Maintenance Guideline (2016); Australian and New Zealand Intensive Care Society and the Australian Commission on Quality and Safety in Health Care.
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National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand Guidelines for the prevention, detection and management of Chronic Heart Failure in Australia (2010). Available from:
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