

Provincial Critical Care Multidisciplinary Tele-support for Patient Care Advice

Purpose of Tele-support service and suggested ICU buddying system:

- Provide 24/7 access to timely multidisciplinary care advice/guidance about care of adult and/or pediatric ICU patients. The Tele-support resource is intended for use by the staff in ICU, including: Most Responsible Health Care Provider (MRHCP), Registered Respiratory Therapist (RRT), Registered Nurse (RN), nurse practitioner (NP), Allied Health, pharmacist, and/or operational manager.
- The suggested ICU buddy system will pair together ICUs to ensure every ICU has a support network established during the pandemic, and also promote distribution of calls among the ICUs across the province.
- **The Primary purpose is to promote a peer to peer community of support for ICU staff to seek care advice, to share knowledge and resources as needed.**
- This tele-support process is for seeking care advice, guidance or educational resources about ICU patients or procedures only. It is **not** intended for obtaining care orders, or to replace existing pediatric or adult consult services, patient transfer processes, consult via RAAPID, or patient triage processes. Please use existing protocols/procedures for the latter.

Examples of care advice requests:

1. Strategies and considerations for proning patients; checklists for intubation; mechanical ventilation strategies.
2. Clinical advice/suggestions for physicians for management of COVID-19 patients that are stable and do not require transfer.
3. Techniques to improve the efficiency of multidisciplinary rounds.
4. For most recent guidelines regarding PPE, management of aerosol generating medical procedures (AGMP) and IC&P recommendations refer to AHS COVID-19 Insite page. Tele-support can be used for peer support for technical considerations for complying with AHS recommended guidelines.
5. Medication dosage for pediatric patients being cared for in adult ICUs.
6. Management of patients in shock using evidence based guidance regarding fluid, vasoactive management.
7. Practice support regarding expanding and altering staffing mixes, care delivery models and role assignments.

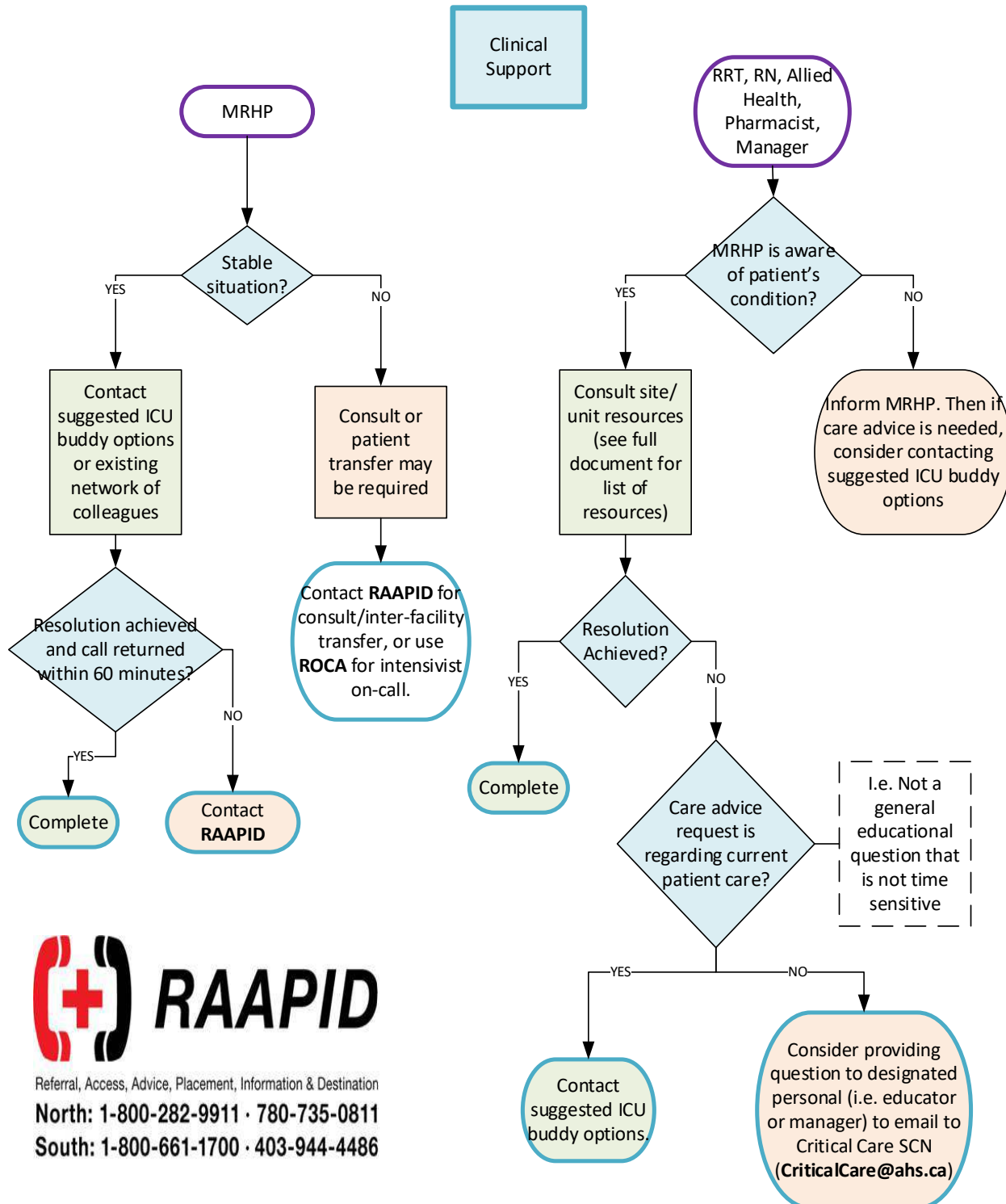
Considerations:

- Please consider seeking care advice from site/unit specific resources when available prior to contacting Buddy Unit. Examples of local resources include: clinical educators, charge RN & RRT, team leads, senior staff, ECLS team members, outreach team members (Code Blue or Rapid Response teams), MRHCP, Calgary Zone Department of Critical Care Medicine (DCCM), or Edmonton Zone DCCM.
- Prior to implementing advice, it is the responsibility of the health care professional requesting advice to determine whether the care advice received is within their scope of practice and/or requires physician order from MRHCP.
- Educational resources to consider but not limited to:
 - [Alberta Critical Care Research Network](#)
 - [Alberta Health Services Insite](#)
 - [Alberta Health Services COVID19 Resource](#)
 - [Care of the Critical Ill COVID- 19 Patient](#)
 - [Department of Critical Care Medicine - DCCM Calgary](#)
 - [Department of Critical Care Medicine- DCCM Edmonton](#)
 - [Respiratory Therapy Provincial Council](#)
- Pediatric Resources education can be accessed on:
 - [Alberta Children's PICU](#)
 - [Care of the Critical Ill COVID- 19 Pediatric Patient](#)
 - [Edmonton Respiratory Pediatrics](#)
 - [Stollery Children's Hospital](#)
- For physician to physician calls, consider accessing following electronic resources, where available, for patient information when providing advice: eCritical MetaVision, IMPAX, Netcare, SCM (Calgary), Connect Care (UAH/Stollery).
- In the event of pediatric units caring for adult ICU patients due to limited bed capacity, the pediatric units should contact adult ICU buddy unit for any care advice or peer support.
- Pediatric ICU to pediatric ICU care advice regarding pediatric patients can follow preexisting unit based protocol, such as use of RAAPID and telehealth. The option of using this peer to peer tele-support is also available.

Documentation:

- Participants requesting patient specific care advice (ie. caller) will chart using current unit standards and in accordance with their regulatory body. Educational questions may not require documentation.
- Units that identify common themes in the care advice request, or valuable questions are asked to communicate them to the Critical Care SCN at CriticalCare.SCN@ahs.ca. Please do so even if resolution achieved. This is to support development of educational resources.

ICU Patient Care Advice or Resource Request Algorithm



Principles and guidelines for Tele-Support care advice:

- Please have the care advice question, relevant clinical information, and call back contact number ready prior to making the call. Suggest using SBAR format, as needed, for questions (see Appendix A).
- Reference the table below and identify primary numbers for your ICUs'. Ask for the charge RN/RRT, intensivist on call, NP, Allied Health team member, or pharmacist.
- Receiving charge RN/RRT staff may answer the question, delegate to another senior member, or redirect to other resources if available (RN or RRT Educator, Clinical Nurse Specialist, RRT Professional Practice Lead, manager).
- Allied Health team members and pharmacists may only be available during office hours of weekdays.
- For clinical specialty specific questions, please consider contacting units with experience in that area.
- You are not restricted to these suggested options, continue to use established networks as you see fit.
- Adult ICUs providing care for pediatric patients can call Stollery PICU/PCICU (for Edmonton, Central Zone & North Zones), or ACH PICU (for Calgary & South Zones).
- Expected MRHCP response timeline for stable patient care advice request is 60mins. If call not returned in 60 mins, please consider contacting RAAPID. Caller to communicate direct callback number and not general ICU contact number.

Unit requesting care advice	1 st Option	2 nd Option	Notes
Alberta Children's PICU 403-955-7074	Stollery PICU 780-407-6033 Stollery PCICU 780-407-7525	FMC ICU** 403-944-1464	** For potential adult patient general support
Chinook Regional ICU 403-388-6191	Peter Lougheed ICU 403-529-8835	FMC ICU 403-944-1464	
FootHills Medical Center ICU 403-944-1464	UAH GSICU 780-407-6480	Royal Alex GSICU 780-735-4523	
FootHills Medical Center CVICU 403-944-2494	FMC ICU *** 403-944-1464	Maz CVICU ** 780-407-6158	*** for non-cardiac support ** for CV related questions
Grey Nuns ICU 780-735-7026	Misericordia ICU 780-735-2777	Royal Alex GSICU 780-735-4523	
Mazankowski CVICU 780-407-6158	UAH GSICU *** 780-407-6480	FMC CVICU** 403-944-2494	*** for non-cardiac support ** for CV related questions
Medicine Hat Regional Hospital ICU 403-529-8835	Chinook ICU 403-388-6191	Rockyview ICU 403-943-3446	
Misericordia ICU 780-735-2777	Royal Alex GSICU 780-735-4523	Grey Nuns ICU 780-735-7026	

Northern Lights ICU 780-791-6147	Grey Nuns ICU 780-735-7026	UAH GSICU 780-407-6480	
Peter Lougheed Center ICU 403-529-8835	SHC ICU 403-956-2100	Rockyview ICU 403-943-3446	
Queen Elizabeth II ICU 780-538-7400	Sturgeon 780-418-7329	Misericordia ICU 780-735-2777	
Red Deer ICU 403-343-4446	FMC ICU 403-944-1464	Royal Alex GSICU 780-735-4523	
Rockyview General Hospital ICU 403-943-3446	Peter Lougheed ICU 403-529-8835	SHC ICU 403-956-2100	
Royal Alexandra Hospital GSICU 780-735-4523	UAH GSICU 780-407-6480	FMC ICU 403-944-1464	
South Health Campus ICU 403-956-2100	Rockyview ICU 403-943-3446	Peter Lougheed ICU 403-529-8835	
Stollery Children's Hospital PCICU 780-407-7525	Stollery PICU 780-407-6033 ACH PICU 403-955-7074	Mazankowski CVICU 780-407-6158 *** UAH GSICU 780-407-6480 **	***For potential adult cardiac Support ** For potential adult general support
Stollery Children's Hospital PICU 780-407-6033	Stollery PCICU 780-407-7525 ACH PICU 403-955-7074	UAH GSICU 780-407-6480 **	** For potential adult general support
Sturgeon ICU 780-418-7329	Royal Alex GSICU 780-735-4523	Misericordia ICU 780-735-2777	
University of Alberta BURN 780-407-6149	UAH GSICU 780-407-6480	Royal Alex GSICU 780-735-4523	
University of Alberta GSICU 780-407-6480	Royal Alex GSICU 780-735-4523	FMC ICU 403-944-1464	
University of Alberta Neuro 780-407-6159	UAH GSICU 780-407-6480	FMC ICU 403-944-1464	

Appendix A: SBAR tool

Critical Care SBAR Tool: PATIENT CONCERN						
S ituation	Patient Name: _____ Bed #: _____ Admitting Dx: _____ Tx History: _____ Plan of Care: _____			I am calling about (<i>Patient Name</i>) in bed ____ The main problem is _____ OR The change in the patient's status is _____		
	B ackground	Neuro	CV	Resp	GI/GU	Labs
GCS Sedation ICP/ CPP Pupils		BP/MAP HR ECG Chest Pain Temp PA #'s CVP Bleeding IV Access	RR SpO ₂ △ in Vent /O ₂ requirements Breath Sounds ABG	U/O I/O TFI Fluid Balance N/V OG/Drainage High Residuals IAP Abdo Pain	Recent Values Results Critical Values	Current Concerns (↑ amount req'd) Med Error
A nalysis	I think the problem is: <u>(CV/Neurologic/Pain/Respiratory/Sepsis/etc..)</u> OR I am not sure what the problem is, but the patient is deteriorating.					
R ecommendation	May I request that you: <u>(Come see the patient/talk to the pt or family/contact the fellow or attending)?</u> Are there any diagnostics needed? (CXR/ABG/CT/12 Lead/CBC/other blood work) If a change in treatment is required ask: If the patient does not improve, when would you want us to call again? Confirm: I understand that the treatment plan is to “(Intervention & time frame for expected outcome)”. What should I do before you get here to assess the patient?					