Wessex Maternity Academy

Midwifery Caring for Sick Women- Day 2 – The next step

**Caring for Sick Women- The next step**

**June 2021 and December 2021**

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| 08.15 | Registration  |
| 08:30 | **Neurology**Differential diagnosis | Helen Preece Locum Consultant Maternal medicine UHD |
| 09:00 | **Sepsis****ITU Perspective** | Michelle Scott Consultant Intensivist UHD |
| 10:00 | Coffee break |
| 10:30 | **Advanced Fluid management** Fluid management with competing demands- PPH or sepsis versus PET | Caroline Fortescue Consultant Anaesthetist UHD |
| 11:10 | **Arterial Blood Gas Analysis**  | Lisa Relton Consultant Midwife UHD |
| 12:10 | Lunch |
| Clinical Skills Workshops**13:00- 14:00 Virtual workshops- view via the maternity academy site** | Workshop 1NG tubes and Parental feeding, Ileus, Ogilvies) Lisa Relton | Workshop 2Caring for women with arterial lines and central linesLaura Price | Workshop 3CVP/ Arterial line set up and the HDU.Laura Price |
| 14:00 | ECG- rhythm recognition  |
| 14:30 | Time for questions from workstations |
| 14:45 | Coffee break |
| 15:00 | **Caring for women with higher levels of PPH Bakri’s, packs, TXA**  | Ruth Woolett (Portsmouth) |
| 15.35 | **Work based competency documents** Mentors, Completion of documentation- 3-6 months to complete and hand in to your local SHIP link | All  |
| 15:45 | **Why caring for sick women matters** Understanding the levels of care you can offer in your hospital**Case studies and admissions to ITU** | Angie westAll |
| 16.15 | End of day |  |

Faculty:

**Lisa Relton, Consultant Midwife (UHD) , Wessex Clinical Lead- MatNeoSIP, PMA.**

I qualified as a nurse in 1997 and then a midwife in 2002. On qualification I helped set up and worked in the MARSS caseloading team and then came into the core team (including the HDU team) and started as a labour ward coordinator in 2007.Having completed my MSc in advanced clinical practice and the then supervisor of midwives course I became the HDU lead midwife at UHS.I completed the care of the critically ill adult module in 1998 and care of unwell patients was a focus of mine in nursing and this has continued in midwifery. I run two HDU study days a year and link with the critical care teams to support teaching and practice days within ITU and outreach and became an Advanced Life support instructor in 2013. I used to teach on the University of Southampton maternal and fetal medicine and jointly set up the prep for HDU care course at UHS. I also work with a consultant anaesthetist and obstetrician to run multidisciplinary critical care days. I am currently working as a Consultant Midwife in UHD and linking work across the region via the Wessex antenatal and intrapartum care pathways and building quality improvement capability ( focus on the deteriorating patient) with the pateitn safety collaborative through the MatNeoSIP programme.

**Laura Price**

I qualified as a midwife in 2007 and have worked in the core midwifery team at UHS since. In 2009 I joined the HDU midwifery team and have taught since on HDU study days and trust days. I am currently midwifery HDU lead at UHS.

**Portsmouth-**

**Gemma New Matron for inpatient services (Interim)**

In 2011 I completed my Midwifery degree with first class honours. Throughout my career I developed an interest in high risk midwifery and predominantly worked in the high risk labour ward settings. I had previously completed my Adult Nursing which provided an excellent knowledge base to support my clinical practice and development in high risk care. My current role as Practice Development Midwife at Portsmouth Hospitals NHS Trust has strengthened my interest in high risk maternity care and the importance of multi-professional and collaborative training at courses such as the SHIP Maternity Academy.

Other:

**Michelle Scott- Lead Consultant for ITU Royal Bournemouth Hospital**

Michelle has been a consultant in ITU since 2011 having been a Wessex Anaesthetics Trainee. She is now lead for ITU and organ donation. She also works with Bournemouth University as a lecturer to nursing staff on caring for critically ill patients. She has taught midwives before to increase confidence with caring for unwell women and teaches regularly on the Advanced Life Support courses.

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Learning Portfolio- The skills from back to basics day should be completed prior to starting this portfolio

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| **Date of attendance at course** |  |
| **Name & designation of trainer(s)** |  |
| **Personal Comments on course including points to follow up on in practice:** |  |
| **Mentor name and Signature:** |  |
| **Comments at initial meeting:** |  |
| **Proposed date for completion of competencies (allow up to 26 weeks to complete and submit a copy of this to your AOU/HDU lead)** |  |

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| **AIRWAY/BREATHING** | **Competency Level** | **How competency can be achieved** | **Assessor, sign, date and print name** |
| Common causes of breathlessness | Identifies cause of breathlessness and institutes clinical management. | SHIP day 1 and 2Maternity Alert |  |
| Tension Pneumothorax | Describes the common cause of breathlessness. Recognises when a patient is breathless. | SHIP day 1 and 2ILS |  |
| Peak Flow, spirometry | Interprets reading in context, can undertake bedside spirometry when instructed to do so. | SHIP day 1 and 2 |  |
| Arterial blood gas sampling | Assists operator in performing task or takes sample and runs through analyser | SHIP day 1 and 2 |  |
| Urgent endotracheal intubation | Recognises endotracheal tube and laryngoscope | Critical Care |  |
| **CIRCULATION** |  |  |  |
| ECG monitoring and recording of trace. | Has knowledge of common abnormalities (asystole, PEA, VF and VT) | SHIP day 2ILS |  |
| Arterial catheter | Understands principles of invasive arterial pressure measurement and has knowledge of technique for insertion, use and safe removal of catheter.Able to discuss care of, how to prime, zero and assess efficacy of arterial line. | ITU placement  |  |
| Input/ Output | Deal with blocked catheters, consider reasons for urine retention, evaluate effectiveness of fluid challenge | SHIP day 1 and 2 |  |
| Nasogastric tube | Inserts tube in awake, uncomplicated patient and understands local protocol for checking position. Can use for drainage, drug administration and enteral feed administration.**Aware of your role within your trust guidelines (insertion versus support for women)** | Critical Care- may be discussion basedSHIP day 2 |  |
| Alternatives to peripheral venous access. | Has knowledge of when central venous access may be required and can assist in preparing equipment. | ITUSHIP day 2 |  |
| Central venous catheter | Has knowledge of when CV access may be required, understands risk/benefit associated with CV catheter and uses catheter including the administration of drug.Complete trust documentation giving drugs, taking bloods from CVP and removal of CVP.  | ITU ay and SHIP 2 |  |
| Ultrasound machine | Has knowledge of common indications for use (in relation to echocardiogram, embolism, thrombus)  |  |  |
| External haemorrhage | Assesses severity of overt blood loss and interprets blood loss in context of patient. Initiates first aid management eg, compression, dressing. Identifies source of bleeding, clinical impact and initiates definitive management. Commences resuscitation. Evaluates effectiveness of resuscitation management of haemostasis and appropriate use of blood products. | PROMPT |  |
| Administration of blood products including warming | Administers products including the use of a blood warmer. Ensures adherence to traceability protocol. Has knowledge of indications for, and risks associated with blood products. | SHIP day 2 study day (ODP/Practice Ed) |  |
| Collapsed/unresponsive patient | Identifies potential causes relevant to the individual patient (BEAU-CHOPS as per American Heart Association)1 Bleeding2 Embolism: coronary/pulmondary/AFE3 Anaesthetic complications4 Uterine atony5 Cardiac disease (MI/ischemia/aortic dissection/cardiomyophathy)6 Hypertension/pre-eclampsia/eclampsia7 Other: differential diagnosis of standard ACLS8 Sepsis9 Signs of shock (considering cardiovascular, hypovolaemic, anaphylactic, neurogenic and septic shock) | ILS/ MILSStudy daysMaternity Alert |  |
| External compressions | In hospital resuscitation | BLS/ILS |  |
| Cardiac arrest rhythms | In hospital resuscitation | ILSECG workshopPROMPT |  |
| Emergency drugs | Recognises situations when emergency drugs are used, selects drug when instructed, understands rationale for therapeutic intervention and can administer drugs according to in hospital resuscitation standard. | PROMPTILS |  |
| Automated external defibrillator | In hospital resuscitation, able to check equipment as well as full crash trolley and is aware of how equipment used.  | PROMPT/ ILS |  |
| Non-automated external defibrillation | In hospital resuscitation | ECG workshop/ILS |  |
| Portable monitoring | Identifies and transports equipment to patient. | Critical care – retrieval team only if opportunity presents |  |
| reflexes |  |  |  |
| **Disability** |  |  |  |
| Acute confusional states | Understands the importance of these signs as markers of pathology, performs additional tests such as capillary blood glucose, checks for hypoxia. Identifies when clinical intervention is required. Initiates diagnostic tests. | Alert |  |
| Acute sudden onset headache | Recognises severe sudden onset headache as a problem, understands that severe sudden headache, temperature and stiff neck needs further urgent intervention. Identifies when clinical intervention is required | Stroke/VTE e-learningPROMPTSHIP day 2 |  |
| Altered motor/sensory function | Interprets clinical signs in context of the patient and responds in accord with local protocol. Identifies when clinical intervention is required | Stroke/VTE e-learningSHIP day 2 |  |
| Swallowing difficulties | Interprets clinical signs in context of the patient and responds in accord with local protocol.Discuss deficits- change in gag reflex and pupil response changes | SHIP day 2Stroke e-learning |  |
| Seizures | Recognises and records seizures. Understands basic practical procedures that need to be done to maintain the safety of the patient. Eg posture, airway. Confirms seizure activity, initiates airway protection, oxygen and positioning and responds further in accord with local protocol. Has knowledge of the causes of seizures, eliminates hypoglycaemia and hypoxia as cause and responds in accord with local protocol. | ALERTSHIP day 2 |  |
| Assessment of pupillary size and light reflex | Measures size of pupils, assesses light reflex and has knowledge of what constitutes an abnormal reaction and pupil size. Interprets pupillary size and response to light in context of patient. Understands clinical significance of either abnormal pupil size or response to light reflex. Responds in accordance with local escalation protocols. Has knowledge of diagnostic and clinical therapies that are indicated in the context of an abnormal pupil size or light reflex.  | SHIP day 2Critical Care |  |
| Glasgow coma score | Measures, and records score and has knowledge of what constitutes an abnormal value. | SHIP day 2Critical Care |  |
| Computerised tomography (CT) scan of head | Recognises that CT scan may be needed | SHIP day 2 |  |
| **Communication** |  |  |  |
| Patient not Improving | Interprets clinical deterioration in the context of the patient, adjusts frequency of observations and level of monitoring and initiates management strategies in accord with local protocols. Identifies when clinical intervention is required. | Maternity ALERT/ MILS |  |
| Documentation | Writes a structured note of the event including a referral plan. |   |  |
| Provides information in a structured format that conveys clinical urgency | Gives clear instructions and communicates with senior staff when appropriate. Feedback given to junior members of the team. Recognises when secondary responder needs to be informed.  | MW in charge on wards |  |
| Participation in whole team review and reassessment | Communicates to primary responder after review. Feedback given to junior members of the team. Examines patient, gives clear instructions and communicate with secondary responder. |  |  |
| Personal responsibility and accountability. | Recognises leadership role within the team and responsibility to refer to secondary responder | Leadership clinical (nhs e-learning). Leadership course.The NMC code |  |
| Decision making | Interprets observations, adjusts frequency of observations and level of monitoring, provides nursing intervention and communicates with primary responder when escalation of care is required. Feedback given to junior members of the team. Recognises own limitations. | Generic? Leadership course |  |
| Leadership | Adopts a lead role or follower role as appropriate | ? Leadership course |  |
| Ethics medic-legal | Works within established hospital procedures. Acknowledges limitations. | NMC codeLegal study day |  |
| **Patient Safety** |  |  |  |
| Moving and handling | Is up to date with patient moving and handling, keeps workspace clear and aware that may need access to beds in emergency situation | Mandatory training |  |
| Falls | Is up to date with Falls prevention and risk assessment | Trust update |  |
| Infection Control |  Is up to date with infection control | Trust update |  |
| Blood culture | Performs blood cultures according to local aseptic policy | Local trust policy and training  |  |
| Microbiology | Independently performs microbiological sampling as requested. Has knowledge of which microbiological samples are required. | Local trust policy |  |

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| **Date of final meeting with mentor** |  |
| **Midwife comments on completion of competencies:** |  |
| **Mentor Signature** |  |
| **Mentor comments on progress** |  |
| Pass Yes/ No (please circle) |  |
| Discussion with PMA/ team leader required at next annual review with plan to maintain competency | Log of cases can be used for this as well as reflections on course and cases |