

Preparing patients for ward step-down

Moving from critical care to the ward can be a daunting time for patients for many reasons: different staffing ratios, an unfamiliar environment, different visiting restrictions, less visible staff, no longer constantly monitored.

Once declared fit for discharge, patients can be prepared for the transition to the ward environment while still on ICU.

This improves patient experience, limits harmful psychological effects of the critical care environment and increases physical wellbeing by allowing easier mobilisation.

In addition, this also eases nurse workload and ensures facilitation of timely discharges once a ward bed is available.

A
STEPDOWN
CAMPAIGN

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Preparing patients for ward



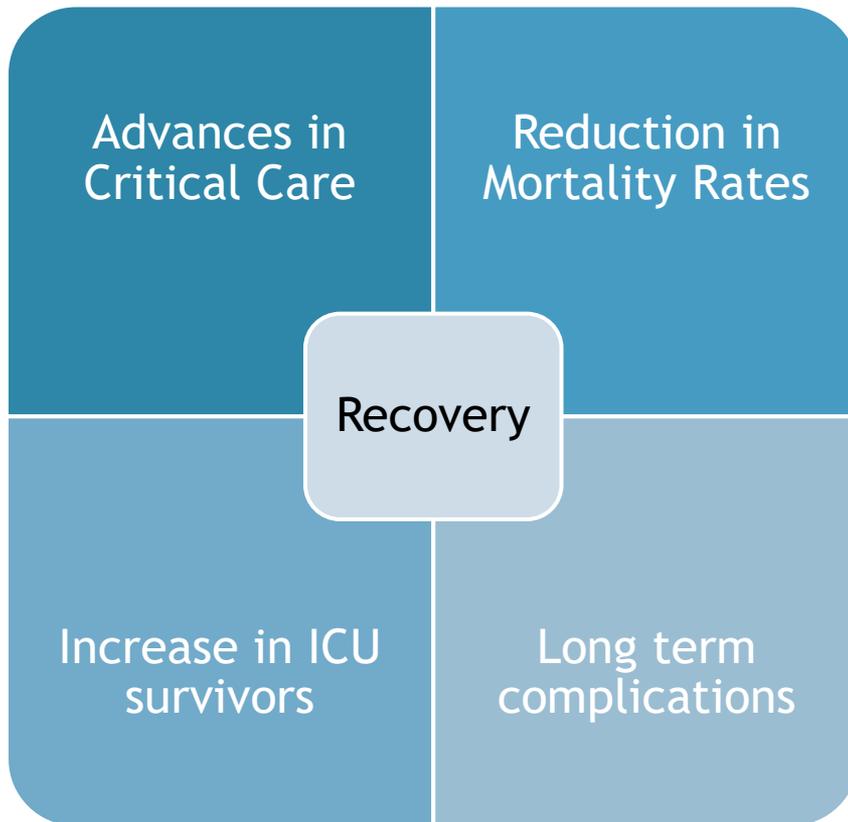
The 'ASTEPPDOWN' campaign provides easy prompts for preparing a patient for the ward environment

Contact James Higson (Advanced Critical Care Practitioner at LTHT) for more information - james.higson@nhs.net



- A** **ACCESS** - What access is needed
- Art / CVC / Cannula / Midline / PICC?
- S** **SURROUNDINGS** - If possible move away from level 3 patients, sleep aid such as eye masks/ear plugs. CAM ICU Score
- T** **TRANSFER** - Involve Patient Flow / Outreach if complex discharge - what is needed to facilitate transfer
- E** **EXERCISE** - Physiotherapy assessment, Sit up, Get up and mobilise if possible
- P** **PRESCRIPTION** - Regular medications, decribe critical care medication
- D** **DOCUMENTATION** - Discharge Summary, Ward Documentation, RESPECT Tool, PPM outreach form, transfer form
- O** **OBSERVATION** - NEWS observations - rationalise to personalised need
- W** **WIRES** - Remove monitoring, remember area patient will be discharged to, will they be on continuous monitoring
- N** **NORMALITY** - Normal clothes / PJs, Normal diet if able

Rehabilitation journey after ICU



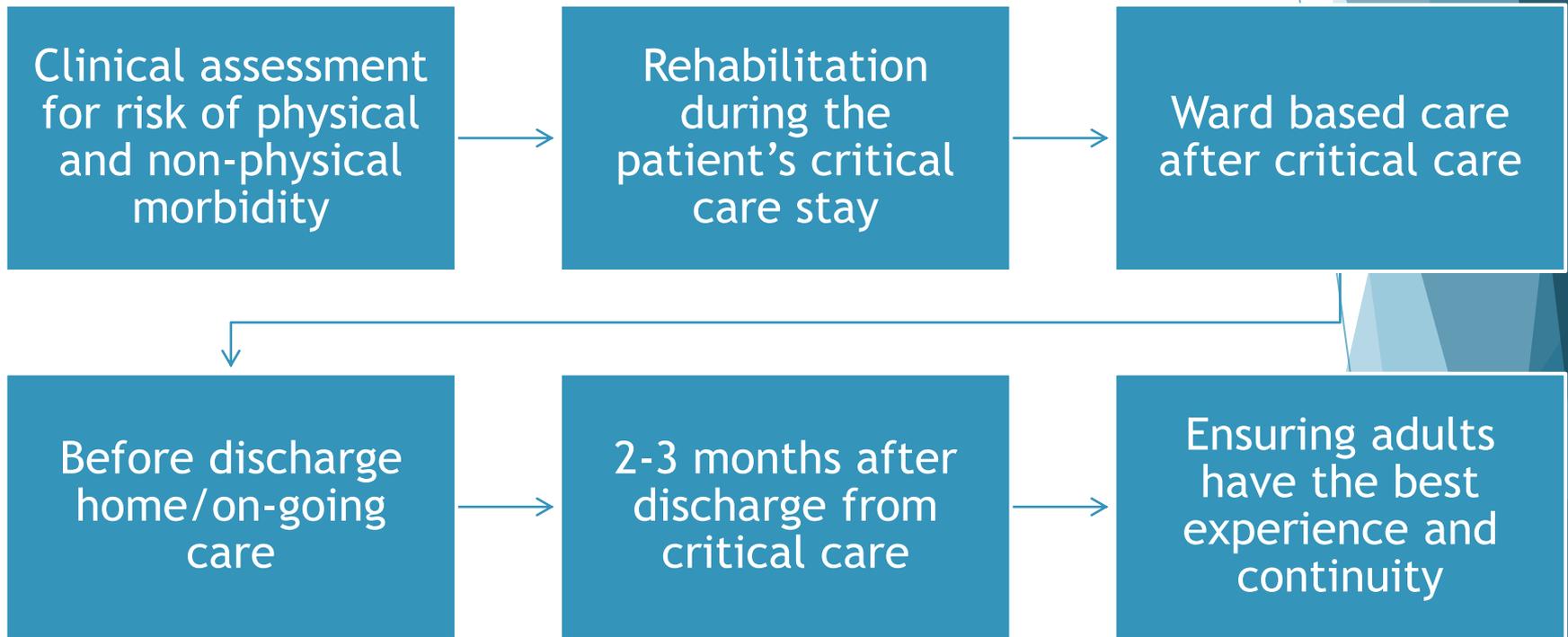
- ▶ General perception among patients, families and many healthcare professionals that patients undergo a rapid convalescence and recover to their previous life, in terms of both quantity and quality
- ▶ However, significant numbers of patients surviving critical illness have important continuing physical, psychological and cognitive problems
- ▶ Patient pathway following ICU is very varied

NICE CG83 - Rehabilitation after critical illness in adults

- Best practice guideline for supporting rehabilitation after critical illness
- Patient centred pathway with goal lead recovery following ICU
- Key Principles
 - ▶ Continuity throughout phases of rehab with thorough handover at each stage
 - ▶ Goal setting is patient centred and SMART (specific, measurable, attainable, realistic, time-bound)
 - ▶ All relevant members of MDT involved

<https://www.nice.org.uk/guidance/cg83>

CG83 Rehabilitation after critical illness overview



Follow up after ICU

- ▶ Patients should be assessed for the risk of physical and non-physical morbidity while on ICU, prior to ward step-down, during ward-based care and before discharge home
- ▶ At risk patients should have:
 - a comprehensive clinical assessment to identify their current rehabilitation needs
 - short-term and medium-term rehabilitation goals, based on the clinical assessment (family and/or carer should also be involved)
 - rehabilitation as early as clinically possible
 - an individualised and structured rehabilitation programme with all relevant members of the MDT involved
 - information about their rehabilitation pathway and what to expect at each stage
 - discharge arrangements if on-going rehabilitation needs are identified
- Critical care rehabilitation/follow up team or critical care outreach can support patients on the wards
- Patients who were admitted to critical care for more than 4 days should be followed up at 2-3 months following discharge from ICU
 - Functional assessment of health and social care needs by a healthcare professional familiar with the patient's critical care and rehabilitation journey
 - Referral to appropriate services if required
 - Enables patients to talk about their recovery and any on-going problems, as well as ask questions about their ICU stay

Check your understanding

1. Patients find the transition from the ICU environment to the ward environment easy
 - ▶ True
 - ▶ False

2. Follow up at 2-3 months post ICU discharge is recommended for patients who were admitted for 4 or more days
 - ▶ True
 - ▶ False

Answers

1. False - Step down to the ward is often an anxiety-inducing time for patients due to the change in environment, different staffing ratios and lack of constant monitoring
2. True - Patients should receive a functional assessment at 2-3 months post-ICU discharge to identify any on-going problems and ensure referral for further support if necessary