

# CRITICAL CARE

National Competency Framework for  
Registered Nurses in Adult Critical Care

# TRAUMA

Specialty Competencies



**NATIONAL MAJOR TRAUMA NURSING GROUP (NMTNG)**

## SPECIALTY STEP COMPETENCIES

## CRITICAL CARE TRAUMA COMPETENCIES

### Foreword

These competencies are intended to be used in addition to the Critical Care Network's (CC3N) Step Competencies for nurses working in a critical care environment that cares for and manages trauma patients. The CC3N Step One Competencies should be completed first as a pre-requisite with the specialist Trauma Competencies following these either before or after CC3N Step Two and Step Three competencies according to unit requirements.

These Trauma Competencies are intended to be a complete package for this specialty. They include all of the topics and themes identified by Whiting and Cole (2016) in their work on developing a trauma care syllabus for intensive care nurses in the United Kingdom.

These competencies are intended for use by all critical care facilities that receive trauma patients whether from a Trauma Unit or Major Trauma Centre.

There will be variance between different critical care facilities managing trauma patients and therefore each individual facility should identify those competencies that are relevant (and thus potentially achievable) with those competencies identified as not relevant being marked 'Not Applicable'.

### Reference:

Whiting, D, Cole E. Developing a trauma care syllabus for intensive care nurses in the United Kingdom: A Delphi study. *Intensive and Critical Care Nursing*. (2016), <http://dx.doi.org/10.1016/j.iccn.2016.03.006>

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## Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Unit Manager and should be completed before embarking on this competency development programme. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

### LEARNER RESPONSIBILITIES

As a Learner, I intend to:

- Take responsibility for my own development
- Successfully complete a period of induction/preceptorship as locally agreed
- Form a productive working relationship with mentors and assessors
- Listen to colleagues, mentors and assessor's advice and utilise coaching opportunities
- Use constructive criticism positively to inform my learning
- Meet with my Lead Assessor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete these competencies in the recommended 12 month time frame
- Use this competency development programme to inform my annual appraisal and development needs
- Report lack of supervision or support directly to unit manager at the first opportunity

Signature..... Date.....

### LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor, I intend to:

- Meet the standards of regulatory bodies (NMC 2008)
- Demonstrate ongoing professional development/competence within critical care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to individual nurses learning and development
- Plan a series of learning experiences that will meet the individual's defined learning needs
- Prioritise work to accommodate support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Signature..... Date.....

### CRITICAL CARE LEAD NURSE/MANAGER

As a critical care service provider, I intend to:

- Facilitate a minimum of 40% of learners' clinical practice hours with their mentor/assessor and/or Practice Educator or delegated appropriate other
- Provide and/or support clinical placements to facilitate the learner's development and achievement of the core/essential competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses' competence

Signature..... Date.....

<b>T1. Patient Assessment</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>Rationale for a systems based approach to patient assessment: e.g. &lt;C&gt;ABCDE</li> <li>Primary, Secondary and Tertiary Surveys</li> <li>The relevance of the Mechanism of Injury (Mol) when assessing patients e.g. Gun Shot Wounds (GSW), blast, stabbing, Road Traffic Collision (RTC).</li> <li>The relevance of patient diversity and demographics for those who have been injured, e.g. the older patient, obese patient, pregnant patient, the patient with learning disabilities, and those with comorbidities</li> <li>The concept of Missed Injuries and identify the most commonly missed injuries</li> <li>Injury Scoring Tools e.g. Abbreviated Injury Scale (AIS) &amp; Injury Severity Score (ISS)</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Assist with Primary, Secondary and Tertiary surveys demonstrating a systematic and thorough approach and ensuring documentation is contemporaneous and complete</li> </ul>		

<b>T2. Chest Injury (Respiratory System)</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>The anatomy and physiology of the respiratory system as related to chest trauma</li> <li>Potentially life threatening thoracic injuries; how each would present and the principle concepts in their management:               <ol style="list-style-type: none"> <li>Airway obstruction</li> <li>Massive haemothorax</li> <li>Open chest wound</li> <li>Flail chest</li> <li>Tension pneumothorax</li> </ol> </li> <li>The concept of Blast Lung</li> <li>Facial fractures and the challenges these present when managing respiratory support</li> <li>Airway management, potential for aspiration and increased risk of Ventilator Acquired Pneumonia (VAP) in trauma patients</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Care and management of the patient with lung contusions, optimising lung protective strategies</li> <li>Care and management of a patient with rib fractures including the challenges of pain management</li> </ul>		

<b>T3. Cardiothoracic Trauma (Cardiovascular System)</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	<b>Achieved Date/Sign</b>	<b>Agreed Action Plan Date/Sign</b>
<ul style="list-style-type: none"> <li>• The anatomy and physiology of the cardiovascular system as related to cardiovascular trauma</li> <li>• Potentially life threatening cardiac injuries; how each would present and the principle concepts in their management:               <ul style="list-style-type: none"> <li>A) Cardiac tamponade</li> <li>B) Myocardial contusions</li> <li>C) Aortic dissection</li> </ul> </li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>• Care and management of the patient following clamshell thoracotomy/thoracostomies</li> <li>• Care and management of the patient following surgery for vascular trauma including checking pulses and using the Doppler</li> <li>• Care and management of the patient who is bleeding e.g. tourniquets, 'femstop', haemostatic dressings</li> </ul>		

<b>T4. Traumatic Brain Injury (Neurological System)</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	<b>Achieved Date/Sign</b>	<b>Agreed Action Plan Date/Sign</b>
<ul style="list-style-type: none"> <li>• The anatomy and physiology of the brain as related to Traumatic Brain Injury (TBI). To include:               <ul style="list-style-type: none"> <li>A) Extradural haematoma</li> <li>B) Subdural haematoma</li> <li>C) Traumatic subarachnoid haemorrhage</li> <li>D) Intracerebral haematoma</li> <li>E) Cerebral contusions</li> <li>F) Diffuse brain injury</li> <li>G) Diffuse axonal injury</li> <li>H) Concussion</li> <li>I) Cerebral herniation</li> <li>J) Brain stem death</li> </ul> </li> <li>• The anatomy and physiology of the brain as related to Primary and Secondary brain injury</li> <li>• Monroe Kellie Hypothesis</li> <li>• The concept of Intracranial Hypertension and its management in conjunction with the Brain Trauma Foundation concepts and principles</li> <li>• Rationale and evidence base for pharmacological choices for the TBI patient regarding: analgesia, sedation, muscle relaxants, anti-epileptics and hyperosmolar solutions</li> <li>• Rationale for neurological assessment for: the awake patient, the sedated patient, and the sedated and paralysed patient</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>• Care and management of the patient with Intra Cranial Pressure (ICP) monitoring and be able to demonstrate sound rationale for troubleshooting potential clinical scenarios</li> <li>• Care and management of the patient with an Extra Ventricular Drain (EVD) and be able to demonstrate sound rationale for troubleshooting potential clinical scenarios</li> <li>• Care and management of the patient with TBI including:               <ul style="list-style-type: none"> <li>A) Carbon Dioxide (pCO<sub>2</sub>)</li> <li>B) Oxygen (pO<sub>2</sub>)</li> <li>C) Glucose control</li> <li>D) Endotracheal Tube Ties (ETT)</li> <li>E) Clustering care</li> <li>F) Mean Arterial Pressure (MAP)</li> <li>G) Temperature</li> <li>H) Sodium (Na<sup>+</sup>) targets</li> </ul> </li> </ul>		

<b>T5. Abdominal Injury</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>The anatomy and physiology of the abdomen as related to abdominal trauma.</li> <li>Potentially life threatening abdominal injuries; how each would present and the principle concepts in their management: ruptured/torn spleen, ruptured/torn liver, diaphragmatic rupture, and 'Blast Abdomen'</li> <li>The impact of blunt and penetrating force to the abdominal organs</li> <li>The concepts involved in Intra-abdominal hypertension and abdominal compartment syndrome and the potential complications</li> <li>The different mechanisms for abdominal wall closure following abdominal decompression</li> <li>The escalation process and point of contact if complications</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Accurately measure Intra-abdominal pressures</li> <li>Care and management of the patient following abdominal trauma</li> </ul>		

<b>T6a. Musculoskeletal Injuries and Compartment Syndrome</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>The anatomy and physiology of the musculoskeletal system as related to trauma</li> <li>The impact of trauma relating to the musculoskeletal system</li> <li>The concept of rhabdomyolysis in relation to musculoskeletal trauma including the relevant patient monitoring for complications</li> <li>Different types of fractures and mechanisms for their management</li> <li>The concepts involved in Compartment Syndrome including the relevant patient monitoring (neurovascular observations)</li> <li>The concepts involved in Fat Embolism Syndrome</li> <li>Pelvic Injuries, their presentation and potential complications</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Care and management of the patient with skin and/or skeletal traction</li> <li>Care and management of the patient with external fixation including pin site care and documentation</li> <li>Care, management and removal of a pelvic binder (application and skin care)</li> <li>Care and management of the patient with Plaster of Paris (POP)</li> <li>Care and management of the patient with splints, e.g. Thomas Splints, Kendrick Splints</li> <li>Care and management of the patient with fasciotomies</li> </ul>		

<b>T6b. Spinal Injuries</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>Anatomy and physiology of the spine in relation to trauma</li> <li>Spinal and neurogenic shock and identify potential complications</li> <li>The concepts involved in the American Spinal Injury Association (ASIA) score</li> <li>Potential complications of spinal injury and immobility</li> <li>Local spinal cord management guidelines and how to access specialist spinal nurse support</li> <li>Spinal centre referral process</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Awareness of assessment, selection, sizing and placing/fitting of neck collars (demonstrate this in practice if supported by local policy)</li> <li>Care and management of the patient with a collar and neck/spinal immobilisation including awareness of safety issues e.g. not securing this to a trolley or bed, and skin care</li> <li>Assisted movement (log rolling) of a patient with a suspected or actual spinal injury</li> <li>Management of a patient with a suspected or actual spinal injury in regard to bowel management in accordance with neurogenic bowel management guidelines</li> <li>Observation for complications such as autonomic dysreflexia, and take appropriate steps to avoid this</li> <li>Timely spinal clearance (as per Trust Policy) and act as patient advocate in preventing delayed spinal clearance</li> <li>Accurately complete documentation regarding spinal clearance</li> </ul>		

<b>T7. Burns and Smoke Inhalation</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>Anatomy and physiology as related to burns (e.g. depth of burns)</li> <li>Anatomy and physiology as related to smoke inhalation</li> <li>Different types of burns/mechanism of injury</li> <li>Potential complications associated with burns</li> <li>Principles involved in fluid administration for the patient with burns e.g. Parkland Formula</li> <li>Mechanisms involved in smoke inhalation and carbon monoxide poisoning; their potential complications and management</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Accurate assessment and calculation of percentage of burns and document these on relevant charts</li> <li>Care and management of complex wounds caused by burns including the management of blisters, debridement strategies and burns/plastics network referrals</li> </ul>		

<b>T8. Major Haemorrhage and Fluid Therapy</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>Physiology as related to haemorrhage, hypovolaemia, fluids and electrolytes related to trauma</li> <li>The concept of major haemorrhage</li> <li>The concepts involved in hypovolaemic shock due to haemorrhage</li> <li>Rationale for the administration of blood, Fresh Frozen Plasma (FFP) and clotting products to the haemorrhaging patient</li> <li>Potential complications associated with massive blood transfusion</li> <li>Impact of hypocalcaemia, hypothermia and acidosis on patient's ability to clot</li> <li>Strategies to prevent coagulopathies</li> <li>Targeted fluid therapy and rationale for avoidance of over-infusing trauma patients</li> <li>Choice of fluids for trauma patients</li> <li>Rationale for Intraosseous (IO) access and delivery of fluids</li> <li>Rationale for Interventional Radiology (IR) for patients who are bleeding</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Administration of blood and blood products in accordance with Trust Policy</li> <li>Administration of antifibrinolytic drugs in accordance with Trust Policy</li> <li>Monitoring of coagulopathic patients including laboratory and point of care testing such as temperature, Calcium (Ca<sup>2+</sup>) and blood pH</li> <li>Use of viscoelastic monitoring to guide therapies e.g. Thromboelastography (TEG)</li> <li>Care and management for the patient with IO access (including removal)</li> </ul>		
<b>T9. Damage Control Surgery</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>Definition and rationale for Damage Control Surgery (DCS)</li> <li>Complications of DCS i.e. the 'Lethal Triad' of coagulopathy, acidosis and hypothermia</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>Care and management for the patient following DCS</li> </ul>		
<b>T10. Multi Organ Dysfunction Syndrome (MODS) in relation to Trauma</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	Achieved Date/Sign	Agreed Action Plan Date/Sign
<ul style="list-style-type: none"> <li>Anatomy and physiology as related to MODS in relation to trauma</li> <li>The concepts relating to hypovolaemic shock</li> <li>The concepts relating to septic shock</li> <li>The concepts relating to spinal shock</li> <li>The concepts relating to neurogenic shock</li> <li>The concepts of cardiogenic shock in relation to the trauma patient</li> <li>The concepts of Acute Respiratory Distress Syndrome (ARDS), Acute Lung Injury (ALI) and Transfusion Related Acute Lung Injury (TRALI) in relation to the polytrauma patient</li> <li>The concept of rhabdomyolysis and Acute Kidney Injury (AKI) in relation to the polytrauma patient</li> <li>The concepts of coagulopathy and Disseminated Intravascular Coagulopathy (DIC) in relation to the polytrauma patient</li> </ul>		

<b>T11. General Trauma Nursing Care and Management</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	<b>Achieved Date/Sign</b>	<b>Agreed Action Plan Date/Sign</b>
<ul style="list-style-type: none"> <li>• Pain management strategies such as;               <ul style="list-style-type: none"> <li>A) Regional nerve blocks</li> <li>B) Thoracic epidurals</li> <li>C) PCAs</li> <li>D) Entonox</li> <li>E) Topical analgesia</li> </ul> </li> <li>• Concepts relating to neuropathic pain</li> <li>• The link between inadequate pain management and Post Traumatic Stress Disorder (PTSD)</li> <li>• Principles of trauma wound management including:               <ul style="list-style-type: none"> <li>A) de -gloving injuries</li> <li>B) pin sites</li> <li>C) haematoma management</li> <li>D) muscle flaps</li> </ul> </li> <li>• Nutritional assessment and challenges for the trauma patient – minimising muscle wasting</li> <li>• Principles of the psychological impact of trauma including possible near death experience, body image changes, PTSD on the patient</li> <li>• Principles of the psychological impact of trauma on families</li> <li>• Resources available for family support following trauma</li> <li>• Concepts relating to End of Life (EoL) for the trauma patient e.g. Advanced Directives, Brain Stem Death and Organ Donation</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>• Systematic and appropriate pain assessment for the trauma patient e.g. using Critical Care Pain Observation Tool (CPOT) and accurate documentation of findings</li> <li>• Care and management of negative pressure wound management systems</li> <li>• Assessment of nutritional requirements (in conjunction with a dietitian) ensuring timely delivery of nutritional support</li> </ul>		
<b>T12. Organisational and Managerial Concepts</b>		
<b>You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):</b>	<b>Achieved Date/Sign</b>	<b>Agreed Action Plan Date/Sign</b>
<ul style="list-style-type: none"> <li>• Impact of land transport on trauma patients</li> <li>• Impact of air transport on trauma patients</li> <li>• Concepts involved in preparing the intensive care unit to receive patients involved in a Major Incident</li> <li>• Potential impact of environmental hazards such as radioactive or chemical contamination on patient management</li> <li>• Concepts involved in trauma rehabilitation – referral to MDTs, patient support groups etc</li> <li>• Legal and forensic aspects to management of trauma patients e.g. Police, Safeguarding, Health &amp; Safety Executive Liaison</li> </ul>		
<b>You must be able to undertake in a safe and professional manner:</b>		
<ul style="list-style-type: none"> <li>• Preparation of the trauma patient for transfer to CT Scan, MRI, Angiography, and the Operating Theatre</li> <li>• Preparation of the trauma patient for inter-hospital transfer e.g. Trauma Unit to Major Trauma Centre</li> <li>• Preparation of the trauma patient for repatriation</li> <li>• Locate the Trust Major Incident Policy and identify the role of the local trust/hospital and ward/department in regard to this</li> </ul>		

# Assessment & Development Plan Records

## Trauma Competencies Tracker Sheet

NAME: - \_\_\_\_\_

The following table allows the tracking of the Trauma Competencies and should be completed by Mentors, Lead Assessors or Practice Educators (or equivalent) as the individual achieves each competency statement.

TRAUMA COMPETENCIES	Date Achieved	Mentor/Assessor Signature
<b>T1. Patient Assessment</b>		
<b>T2. Chest Injury</b>		
<b>T3. Cardiothoracic Trauma</b>		
<b>T4. Traumatic Brain Injury</b>		
<b>T5. Abdominal Surgery</b>		
<b>T6a. Musculoskeletal Injuries and Compartment Syndrome</b>		
<b>T6b. Spinal Injuries</b>		
<b>T7. Burns and Smoke Inhalation</b>		
<b>T8. Major Haemorrhage and Fluid Therapy</b>		
<b>T9. Damage Control Surgery</b>		
<b>T10. Multi Organ Dysfunction Syndrome (MODS) in relation to Trauma</b>		
<b>T11. General Trauma Nursing Care and Management</b>		
<b>T12. Organisational and Managerial Concepts</b>		

N.B there will be variance between different Critical Care facilities managing Trauma patients and therefore each individual facility should identify those competencies that are relevant - those competencies that are identified as not relevant can be marked "Not applicable".

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# Initial Assessment & Development Plan

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Date: \_\_\_\_\_

\_\_\_\_\_

This meeting between Learner and Lead Assessor should take place on commencement of these competencies. It is to identify the needs of the nurse and those competencies that should be attained within the first 3 months of commencing the competency development programme.

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## CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

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## COMPETENCIES TO BE ACHIEVED

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## SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

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Learners Signature: .....

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Lead Assessors / Practice Educators Signature: .....

\_\_\_\_\_

NEXT AGREED MEETING DATE:

\_\_\_\_\_

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## Ongoing Assessment & Development Plan

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Date: \_\_\_\_\_

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This meeting between Learner and Lead Assessor is to identify the progress made by the nurse in achieving competence in practice against those competencies identified in the initial/previous meetings. It is here further objectives will be set. Ongoing assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed

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### REVIEW OF COMPETENCIES ACHIEVED

ON TARGET: YES / NO

IF NOT, WHICH COMPETENCIES HAVE YET TO BE MET

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### REASONS FOR NOT ACHIEVING

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### SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

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### KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

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Learners Signature: .....

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Lead Assessors / Practice Educators Signature: .....

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NEXT AGREED MEETING DATE:

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# Final Competency Assessment

Date: \_\_\_\_\_

This meeting is to identify that all the competencies have been achieved and that the nurse is considered a safe, competent practitioner.

## COMPETENCY STATEMENT

The nurse has been assessed against the competencies within this document and measured against the definition of competence below by critical care colleagues, mentors and assessors and is considered a competent, safe practitioner within the critical care environment:

**“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions”.**

As part of quality assurance, the nurse is expected to maintain a portfolio of practice as part of NMC regulations to support ongoing competence and declare any training development needs to their line manager.

Competency will be reviewed annually as part of staff personal development plans. Where necessary, objectives will be set to further develop any emerging competency required to work safely within the critical care environment.

## LEAD ASSESSOR COMMENTS

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## LEARNER COMMENTS

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Learners Signature: .....

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Lead Assessors / Practice Educators Signature: .....

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NEXT AGREED MEETING DATE:

\_\_\_\_\_

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# Annual Competency Review

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Date: \_\_\_\_\_

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This record is a statement between the nurse who has completed their Trauma competencies successfully and their Assessor/Practice Educator and/or Appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe, competent critical care practitioner.

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OVERALL COMPETENCY MAINTAINED: YES/NO

IF NOT, WHAT COMPETENCIES REQUIRE FURTHER DEVELOPMENT

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SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

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FURTHER COMMENTS

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Learners Signature: .....

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Lead Assessors / Practice Educators Signature: .....

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NEXT AGREED MEETING DATE:

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## Abbreviations

AIS	Abbreviated Injury Scale
AKI	Acute Kidney Injury
ALI	Acute Lung Injury
ARDS	Acute Respiratory Distress Syndrome
ASIA	American Spinal Injury Association
CCPOT	Critical Care Pain Observation Tool
DCS	Damage Control Surgery
DIC	Disseminated Intravascular Coagulopathy
EoL	End of Life
EVD	Extra Ventricular Drain
FFP	Fresh Frozen Plasma
ICP	Intracranial Pressure
IO	Intraosseous
IR	Interventional Radiology
ISS	Injury Severity Score
MODS	Multi Organ Dysfunction Syndrome
MoI	Mechanism of Injury
PoP	Plaster of Paris
PTSD	Post Traumatic Stress Disorder
TBI	Traumatic Brain Injury
TEG	Thromboelastography
TRALI	Transfusion Related Acute Lung Injury
VAP	Ventilator Acquired Pneumonia

## Learning Resources

### Bibliography

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### Websites

<http://www.nmtng.co.uk> - National Major Trauma Nursing Group, United Kingdom.

<http://www.trauma.org> – Global education, information and communication resource.

<https://braintrauma.org/guidelines/guidelines-for-the-management-of-severe-tbi-4th-ed#> - Brain Trauma Foundation, evidence based guidelines.

<https://www.nice.org.uk/guidance/ng40>

<http://asia-spinalinjury.org/learning/> - Spinal Injuries education resource.

<http://www.elearnsoci.org/> - Spinal Injuries education resource.

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