

Trialling a Patient Assessment Checklist for Critically Ill surgical Patients

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Background

1. Checklists have become valuable new tools in making surgery safer by providing structure to thinking processes in high-pressure situations.
2. Surgical trainees in Africa are usually “at the coalface” in managing surgical emergencies;
 - Often have to deal with multiple very ill patients at the same time with rapid assessment and decision making.
 - Can find it difficult to keep track of everyone’s clinical status , or where patient is in diagnostic and therapeutic process.

Aim of CC course

1. To teach structured thinking under pressure.
2. To teach ABC→T (“Keep air going in-and-out and blood going round-and-round”).
3. To give a systematic approach to critical illness conditions that a junior doctor are most often called for.

What CC emergencies are trainees called for?

- Cardiac arrest or impending arrest
- Hypoxic patient/Breathlessness
- Hypotensive patient/Tachycardia
- The patient has collapsed
- Oliguria
- Pyrexia
- Confusion
- Pain relief
- The patient is dying
- To explain what is going on

Aim of the Project

To provide a simple checklist
to be used in surgical critically ill patients
to guide rapid but systematic
patient assessment,
decision making,
treatment
and communication.

Methods 1

Checklist was developed from

- Principles taught in COSECSA CC course/MSE
- Other CC course principles
 - Early Trauma and Critical Care (©RCSEd)
 - Future Surgeons Critical Care (©RCSEd)
 - Advanced Trauma Life Support (© ACS)
 - Care of the Critically Ill Surgical Patient (©RCSEng)

Assessment Checklist A:

- Did I complete primary survey (ABCDE)?
- Have I completed resuscitation?
 - O₂?
 - IV fluids?
- Did I complete secondary assessment?
 - History (Notes; Reports)?
 - Thorough examination?
 - Chart review (Vital signs/MEWS; Fluid balance; Drugs)
 - Results?
 - Anyone I still wanted to speak to?

Assessment Checklist B:

Is my patient...

STABLE?

UNSTABLE?

Am I unsure?

Is the problem...

Diagnostic

Therapeutic

Both

Do I need to intervene...

Diagnostic?

Therapeutic?

Ask for help?

Meanwhile, am I supporting ABC-T optimally?

Methods 2

- To trial the Patient Assessment Checklist in 3 centres: Ndola, Lusaka and Lilongwe.
- To ask Feedback on value of the checklist:
 1. Did the checklist help to assess pt in a structured way?
 2. Did the checklist help with decision making?
 3. Did the checklist help with handover/asking for help?
 4. In which category of critical illness was the patient?
- To ask for Qualitative Feedback on specific patients through writing short vignettes.

Quantitative Results (from Ndola)

1. Did the checklist help to assess pt in a structured way? 13 Yes/14
2. Did the checklist help with decision making? 13 Yes/14
3. Did the checklist help with handover/asking for help? 12 Yes/14
4. In what category of critical illness did you place the patient?
 - Hypoxia/breathlessness 3
 - Hypotension 4
 - Sepsis 3
 - Confusion 5
 - Pain 4
 - Dying patient 5

(A few had two categories marked e.g. Hypoxia + Confusion; Hypotension + Sepsis; Confusion + Pain)

Qualitative Results (Vignettes)

- *The checklist provided a step wise fashion for assessing ill patients, making sure no vital information was erroneously omitted.*
- *Checklist helped me to put my thoughts in a systematic and orderly manner. It also reminded me of things I could have overlooked ...*
- *(It) helped me to avoid missing obvious reversible causes that needed attention, in this case hypotension, and my immediate action was to start IV fluid resuscitation.*
- *I realised I had to speak to my senior and also the relatives. I would have panicked and just called the senior and forget the relatives.*
- *Guidance was provided on each and every step considered critical in assessment of the patient. Decisions were made promptly and the right drug/therapy instituted accordingly.*

Conclusion

The patient assessment checklist facilitates critically ill patient management through providing structure to clinical assessment, rapid decision making and treatment, communication and handover.