Have you been a patient in intensive care or a carer for someone who is critically ill? Would you like to help clinicians to provide the best possible care for patients?

The Agency for Clinical Innovation’s (ACI) 27 clinical networks provide a framework for clinicians and consumers to meet across regional and service boundaries, with a mandate to drive improvements in care through innovation in clinical practice. The ACI welcomes consumers to its networks and supports a range of activities to capture community viewpoints in the development and delivery of its models of care. Consumers include patients, carers and representatives of non-government organisations that provide services to the NSW community.

The ACI Intensive Care Coordination and Monitoring Unit (ICCMU) would like to invite interested healthcare consumers to consult and comment on a range of clinical practice guidelines that are currently under development. These guidelines are used throughout the state to guide best practice in caring for critically ill adults.

Ideally applicants would have had personal experience (whether as a patient or carer) with intensive care services or could be members of a related consumer health organisation.

Successful applicants would provide valuable feedback to ensure that these guidelines are patient and family focused while ensuring best practice in care during this difficult time.

The main consumer responsibilities include:
- Review of one to two guidelines according to availability. Note that support will be provided, as required, to assist participants’ understanding of any technical aspects. Guidelines will be sent to participants via email, or if preferred printed and mailed. Feedback can be delivered in either written or electronic form.
- This consultation will occur in two stages; stage 1 in February-March and stage 2 in April-May. A three-week timeframe will be given.
- An information sheet is provided.
- This consultation does not involve meetings
- Appointments will initially be for twelve months with the possibility of renewal.

The current guidelines being updated & reviewed are
- Care of the Arterial Line
- Care of Central Venous Access Devices
- Suctioning of the tracheal tube
- Oral care and eye care
- Stabilisation of a tracheal tube

New Guidelines being developed are
- Pressure Injury Prevention
- Patient Mobility
- Temperature Measurement in the critically ill
- Non-Invasive Positive Pressure Ventilation

Applications close Friday 15 March 2013.

For more information about the ACI is available at [www.aci.health.nsw.gov.au](http://www.aci.health.nsw.gov.au)

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Information sheet for consumers

To assist NSW intensive care units (ICU) in the delivery of care ACI-ICCMU develops clinical practice guidelines. Guidelines are designed to support the decision-making processes in patient care. The content of a guideline is based on a systematic review of research, expertise of clinicians and consultation with patients and families. Five guidelines are being updated and four new guidelines are under-development. These guidelines are for ADULT patients only. The 2007 versions of guidelines are available at http://intensivecare.hsnet.nsw.gov.au/state-wide-guidelines.

The following information is provided to give some beginning understanding of the clinical practices that are covered in the guidelines. The project team are available for further discussion (contact details are at the end).

Care of the Arterial Catheter
An arterial catheter is a fine plastic tube, which is inserted into a patients’ artery. This tube is allows continuous monitoring of blood pressure and collection of arterial blood samples without the need for a needle stick. This guideline will cover the care of the arterial catheter following insertion. Further information can be found at the Community web pages of the ICCMU website - http://intensivecare.hsnet.nsw.gov.au/arterial-line-insertion

Care of Central Venous Access Devices
A central line is a long fine catheter with an opening (sometimes multiple openings) at each end used to deliver fluids and drugs. The central line is inserted through the skin into a large vein that feeds into a larger vein sitting above the heart, so that the tip of the catheter sits close to the heart. There are several veins that are suitable for access, and the line may be inserted above or below the collarbone, on the side of the neck, in the groin or at the front of the elbow. This guideline will cover the care of central venous access devices (also known as a central line) following insertion. Further information can be found at the Community web pages of the ICCMU website http://intensivecare.hsnet.nsw.gov.au/central-venous-lines

Stabilisation of the endotracheal tube & Suctioning of a endotracheal tube
An endotracheal or breathing tube is a plastic tube used when a person requires assistance with breathing. Once the endotracheal tube is in place, it has to be secured so it is not dislodged. The guideline on stabilisation of an endotracheal tube deals with this aspect of caring for critically ill patients.

Often when a patient has an endotracheal tube it needs to be cleared of secretions – this is called suctioning. Clinicians insert a suction catheter and apply suction as they withdraw the tube to clear the secretions. Suctioning of a tracheal tube deals with this aspect of patient care. Further information can be found at the Community web pages of the ICCMU website on the following links:
Oral Care & Eye Care

When patients are critically ill they are usually unable to take care of their own hygiene. Two hygiene-related guidelines being updated: oral and eye care. Oral care involves cleaning the mouth including teeth brushing, the use of oral anti-septics and applying moisturiser to the lips. Oral care is important so the mouth remains healthy and may assist in preventing more serious complications such as pneumonia. Eye care is important because critically ill patients do not blink frequently or close their eyes properly. Eye care involves cleaning of the eye and practices aimed at keeping the eyes closed and application of medication to moisten the eye.

Prevention of a Pressure Injury

A pressure injury refers to an ulcer or sore that develops due to pressure against an area of skin over a prolonged period of time. Many factors increase the risk of pressure injury for critically ill patients. While the most common method of preventing a pressure injury is to regularly move patients this is not always possible when patients are critically ill and unstable. This guideline will provide clinicians with a range of options aimed at preventing pressure injury. Further information can be found at the Community web pages of the ICCMU website: http://intensivecare.hsnet.nsw.gov.au/pressure-area-care

Patient Mobility

When a patient is critically ill they can quickly develop muscle weakness because they are not moving. This muscle weakness may delay their recovery. Research is beginning to show that if the process of physical rehabilitation or mobilisation begins early patients’ may recover quicker from their illness. Mobilisation includes a range of practices from sitting out of bed to walking while still connected to a ventilator. This guideline will provide guidance so that patients are mobilised safely and effectively.

Care of the patient undergoing non-invasive positive pressure ventilation

Patients with acute breathing problems may receive assistance using non-invasive positive pressure ventilation (NiPPV). NiPPV is a way of delivering breathing support using a mask rather than a breathing tube (endotracheal tube). The patient experiencing this therapy may be located in a Intensive Care Unit, a High Dependency Unit, or a specialised respiratory ward. This guideline will cover the care of the receiving non-invasive positive pressure ventilation. Further information can be found at the Community web pages of the ICCMU website - http://intensivecare.hsnet.nsw.gov.au/non-invasive-ventilation-niv

Measurement of a temperature

When patients are critically ill accurate measurement of temperature is important to ensure timely diagnosis of infections and other complications. There are number of different methods for measuring temperature. This guideline has reviewed the literature to determine the most accurate method/s for critically ill adults.

Project Team
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