



PROJECT CALM-PATH

Addressing **Stress** in Oncological **Critical Care**

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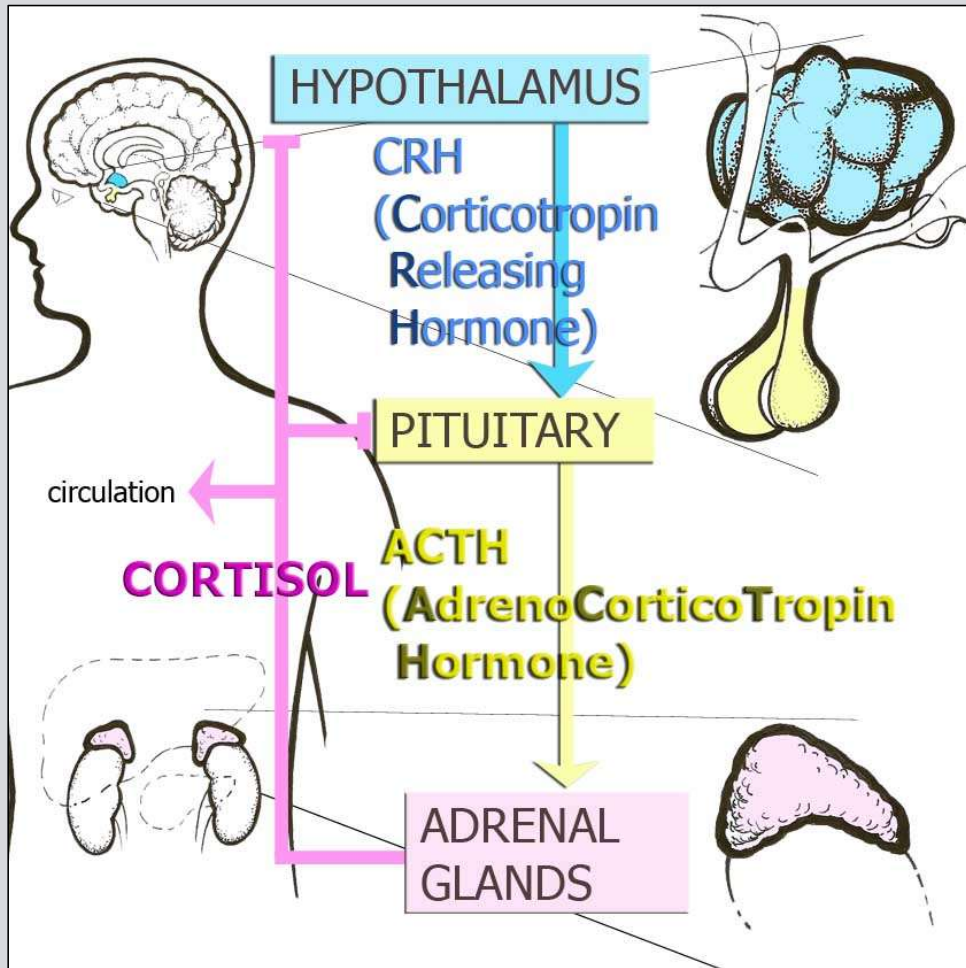
AIMS & OBJECTIVES

- PTSD as a contemporary ICU issue
- Evidence-based solutions
- Solutions tailored to OCCU
- Rationale & Implementation for CALMS and PATH
- Results & auditing
- Evaluation & development

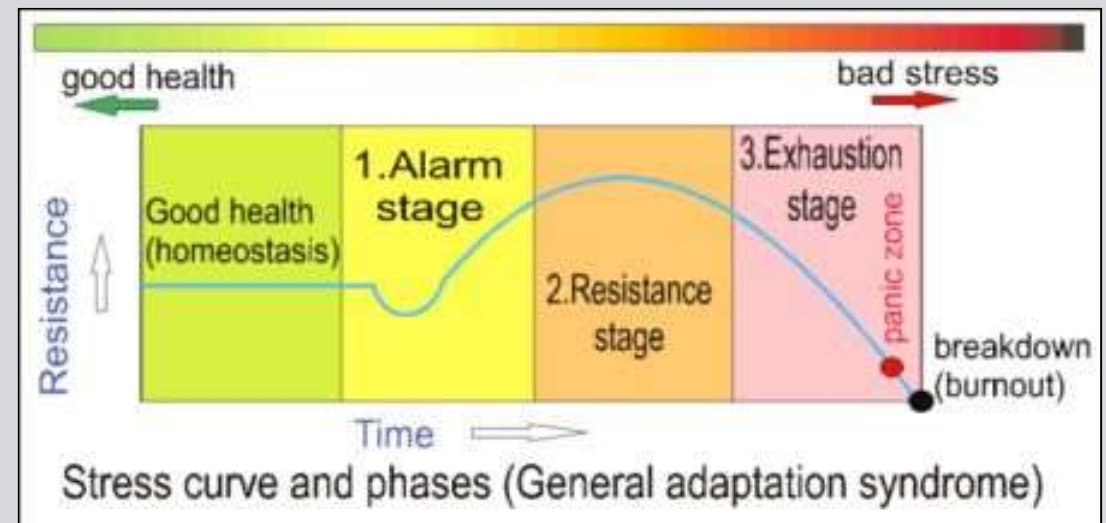
PTSD



**A NORMAL RESPONSE TO
ABNORMAL EVENTS (TIMMS, 2015)**



ACUTE & PROLONGED STRESS RESPONSES



**BROKEN
SLEEP**

**INVASIVE
DEVICES**

**CONSTANT
NOISE &
STIMULI**

**PHYSICAL
RESTRAINT**



**TIGHT
MASKS**

**LACK OF
PRIVACY**

**LACK OF
NATURAL
LIGHT**

**HALLUCINOGENS &
SEDATION**

**ALTERED
LEVELS OF
CONSCIOUSNESS**



'Nurses at breaking point as number off work with **stress** soars' (Kirk, 2015)

60% of **nurses** considered **leaving** the NHS, 83% attribute this to **stress** (RCN, 2013)

'Overworked nurses leaving in despair' (Whitehead, 2015)

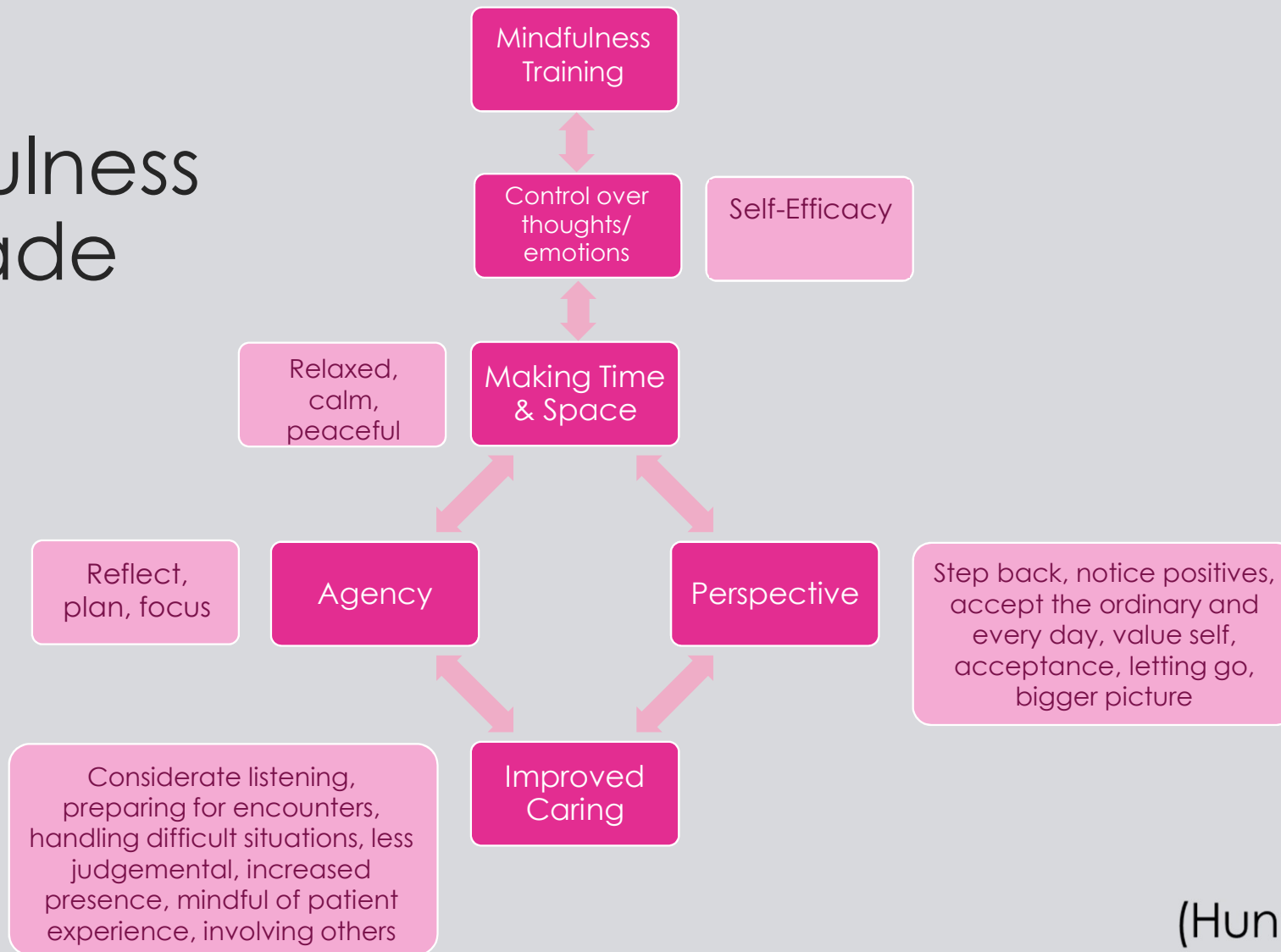
NHS intensive care 'at its limits' because of staff shortages (Campbell, 2017)

FIGHT, FLIGHT OR BURN-OUT?

THE EVIDENCE

- Acute stress in ICU > PTSD (Davydow et al, 2013; Wade et al., 2011)
- ICU psychologists: effective but expensive!
- Symptom reduction (21% vs 57%) at 12m (Peris et al., 2011)
- Easy to learn, implement & practice
- Learning culture essential
- Empowering staff & patients through self-care

The Mindfulness Cascade



(Hunter, 2016)



KEEP CALM
& CARRY ON



Our
Secret
Weapon

IMPLEMENTATION

- Expert teaching & guidance
- Link nurse to improve training & implementation
(Forrester et al., 2018)
- ICU peer support & self-care (Mealer et al., 2014; Lee et al., 2015; Steinberg et al., 2017)
- Training during induction to OCCU – high turnover & stress of new nurses (HEE, 2014)
- Bedside tools and range of techniques

Therapeutic Nursing Interventions

Therapeutic Nursing Interventions based on Project CALM

Please indicate which Therapeutic Nursing Interventions have been utilised

Grounding techniques

Low Tone in Voice

Kind Eyes Soft Gaze Approach

Progressive Muscle Relaxation

Breaths to calm

Moist Mouth

Eye Focus

Which of the above have been beneficial and why?



Core Calm Techniques

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CALMS Interventions

SUPER NURSE!

***AND THE
MYSTERIOUS
ATTEMPT AT
IMPOSSIBLE
STANDARDS***



***HOLY
HEALTHCARE
SUPERNURSE!
WATCH OUT FOR
THAT NAGGING
SENSE OF
FAILURE AND
DESPONDENCE...***



PATH

To Refer or Not to Refer?

PATH *Feelings prompt Sheet*

Tense, panicky
Frightened

Hopeless

Sad

Disorientated, Hallucinations or
Intrusive Thoughts

Physically
uncomfortable

**Difficulty
Sleeping**

**Lack of
Control**

Need more
information

Difficulty
Communicating

**Worrying
about Cancer**

PATH *Feelings prompt Sheet*

Well
Rested

**In
Control**

Safe

Comfortable

Well
Informed

Content

Hopeful

Relieved

Able to
Communicate
Freely

Positive

PSYCHOLOGICAL ASSESSMENT TOOL FOR HOLISTIC WELLBEING

- Adapted from validated IPAT tool (Wade et al., 2014)
- Oncology Specific
- Short & simple
- Auditable
- Reducing unnecessary referrals
- Improving nurse confidence



CALMS
for everyone!

PATH Tool

PATH Tool - Psycho-oncology Assessment Tool for Health and Wellbeing, in association with CALM

PATH Assessment & CALM Interventions

Does the patient have a critical care passport? Yes No

Passport completion

Step 1 - Indication

Does the patient have any of the following contraindications to completing the PATH assessment?

<input type="checkbox"/> CAM ICU +ve
<input type="checkbox"/> Sedated +/- Ventilation
<input type="checkbox"/> Reduced GCS (<13)
<input type="checkbox"/> None of the above

Step 2 - Assessment

Please select the feelings disclosed or experienced by the patient whilst in OCCU.

<input type="checkbox"/> Tense/panicky/frightened	<input type="checkbox"/> Relieved
<input type="checkbox"/> Sad	<input type="checkbox"/> Content
<input type="checkbox"/> Disorientated/Hallucinations	<input type="checkbox"/> Safe
<input type="checkbox"/> Hopeless	<input type="checkbox"/> Hopeful
<input type="checkbox"/> Lack of control	<input type="checkbox"/> In control
<input type="checkbox"/> Difficulty Sleeping	<input type="checkbox"/> Well rested
<input type="checkbox"/> Worrying about the cancer	<input type="checkbox"/> Positive
<input type="checkbox"/> Difficulty communicating	<input type="checkbox"/> Able to communicate freely
<input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Comfortable
<input type="checkbox"/> In need of more information	<input type="checkbox"/> Well informed

Path Feelings Score.

Score 1 point for each of the feelings selected. (Only score from column 1)

Step 3 - Acute Stress Score & Action Required

0 - 4 = Low Risk All patients scoring >0 to receive nurse-led CALM intervention (see CALM Tab) and Complementary Therapy referral

5 - 10 = High Risk Patients scoring <5 to receive nurse-led CALM intervention (see CALM Tab), Complementary Therapy referral AND Psych-Oncology.

Refer to Complementary Therapy (with consent)

Please tick when complete

Refer to Psycho-oncology (with consent)

Please tick when complete

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PATH Assessment Tool



Our Survey Said...

"Good to recognise something we do already"

"Helped my patient feel in control"

"Useful technique for drain insertion"

#Breaths to Calm

OR BUST!



CALMS IS FOR LIFE,
NOT JUST FOR BACCN.

TO CONCLUDE

- Reducing Acute Stress in ICU
- Culture of self-care & empowerment
- Nurse-led, simple, effective and acceptable
- Parity of esteem for psychological support
- Opportunity to practice techniques
- Auditable and constructive feedback
- Supportive environment & partners



If no-one
has any
questions?

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