The 32nd Annual BACCN Conference 2017

British Association of Critical Care Nurses

Use of Pain Agitation Delirium (PAD) assessment tools to assess PAD in a General Intensive Care Unit

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4-September-2017

PAIN
AGITATION
DELIRIUM

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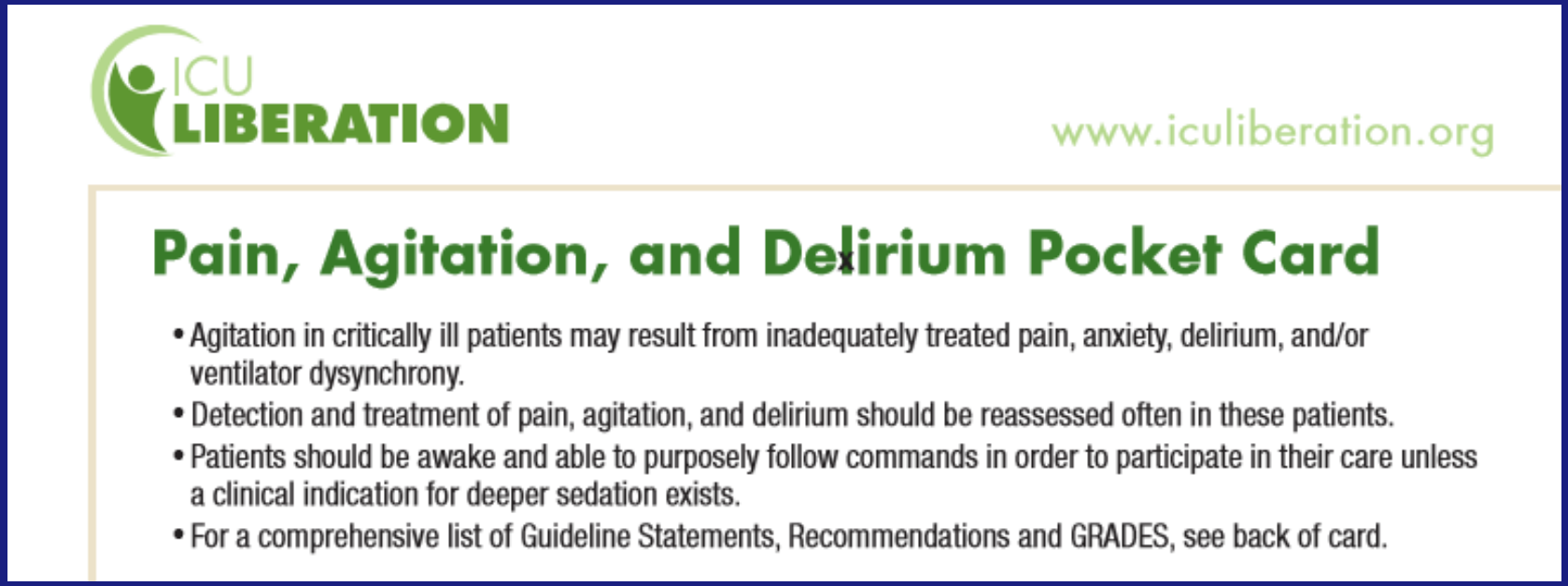

- Pocket card with the summary of Clinical Practice Guidelines for the Management of PAD in Adult Patients in the Intensive Care Unit

Barr J et al 2013

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BACKGROUND

- Team project on CPOT
- Documentation Audit
- CAM-ICU Project 2014

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critical care chart

Patient Profile

Name			
ID No.		D o B	Age
Date	Days Stay	Height	Weight
Grade of Intubation	ET Cut (cm)	ET Tied (cm)	Ventilator
ETT / Tracheostomy Size		Day Since Tracheostomy	

Consultant 1

Consultant 2

Night

Day

Night

Cardiovascular

	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
HR																								
MAP																								
S																								
D																								
CI																								
Resp																								
Lact																								
BE																								
BS																								
Hb																								
Events																								
Rhythm																								
Temp 1																								
Temp 2																								
PASP																								
PADP																								
PAMP																								
SVO_2%																								
CVP/RA																								
CO																								
DO.I																								
PCWP																								
SV																								
Ftc																								

Infusion Dosage/Rate

01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14

Input

01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, Other, Oral, NG/PEG

Total Input

Balance

Total Output

Urine Out
Haemofiltration Fluid Loss
NG Drainage/Aspirate
Vomit
Drain
Drain
Drain
Drain
Bowel

Air Entry
Mode
Respiratory Rate Set/Actual
Tidal Volume Set/Actual
Minute Volume
Set Airway Pressure
Peak Pressure
PS / PEEP
IPAP / EPAP (CPAP)
I / E Ratio
FiO_2/O_2 Litres Min
SpO_2
Suction

Ward Round aims & parameters

Initials

Clinical Infection

Initials

Nursing/Medical Progress Notes

Time		Signature

Arterial Blood Gases

Time
Mode
FiO_2
PEEP
PH
$PaCO_2$
PaO_2
HCO_3
Cl
BXE
SaO_2
Hb
Lactate
Calcium
Na/K

Haemofiltration

PAD	DAY	NIGHT
Please tick boxes if yes	☐	☐
Sedation Hold	☐	
SBT	☐	☐
CPOT "4	☐	☐
Abbey	☐	☐
Trust	☐	☐
RASS "4	☐	☐
CAM – ICU	☐	☐
RASS≥-3	☐	☐
1 Acute onset	☐	☐
2 Inattention	☐	☐
3 RASS not zero	☐	☐
4 Disorganised thinking	☐	☐
CAM-ICU Positive (delirium present)	☐	☐
CAM-ICU Negative (no delirium present)	☐	☐
Unable to assess	☐	☐

VENTILATION TARGETS

Ideal body weight:

Tidal volume:

Target pH/PaCO2:

Target PaO2/SaO2:

	Site	Size	Insertion Date
ET / Tracheotomy			
Arterial cannula			
Central Venous Line			
Peripheral Cannula			
P A Catheter			
Vas Catheter			
Urinary Catheter			
OG / NG Tube			

	AM	AM
PH		
SG		
Glucose		
Ketones		
Protein		
Blood		
Bilirubin		
Urobilinogen		
Leucocytes		

Alarm Limits

	Early	Late
O_2		
MV		
Trig /AWP		
SaO_2		
HR		
BP		
Checks		
Zero		
ET Cuff Pressure		
PA Lgt		

CAM-ICU Project (2014)

1) CAM-ICU Sticker

Please tick boxes if yes	DAY	NIGHT
RASS between -3 to +4	☐	☐
1 Acute onset	☐	☐
2 Inattention	☐	☐
3 RASS not zero	☐	☐
4 Disorganised thinking	☐	☐
CAM-ICU Positive (delirium present)	☐	☐
CAM-ICU Negative (no delirium)	☐	☐
Unable to assess (Why?)	☐	☐

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CAM-ICU Project (2014)

2) RASS

Richmond Agitation-Sedation Scale (RASS)

Richmond Agitation-Sedation Scale (RASS)			
Score	**Term**	**Description**	
+4	Combative	Overly combative, violent, immediate danger to staff	
+3	Very agitated	Pulls or removes tubes or catheters, aggressive	
+2	Agitated	Frequent non-purposeful movements, fights ventilator	
+1	Restless	Anxious, but movements not aggressive or vigorous	
0	Alert and calm		
-1	Drowsy	Not fully alert, but sustained awakening (eye opening, eye contact to voice (>10 sec)	Verbal stimulation
-2	Light sedation	Briefly awakens with eye contact to voice (< 10 sec)	
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)	
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation	Physical stimulation
-5	Unarousable	No response to voice or physical stimulation	

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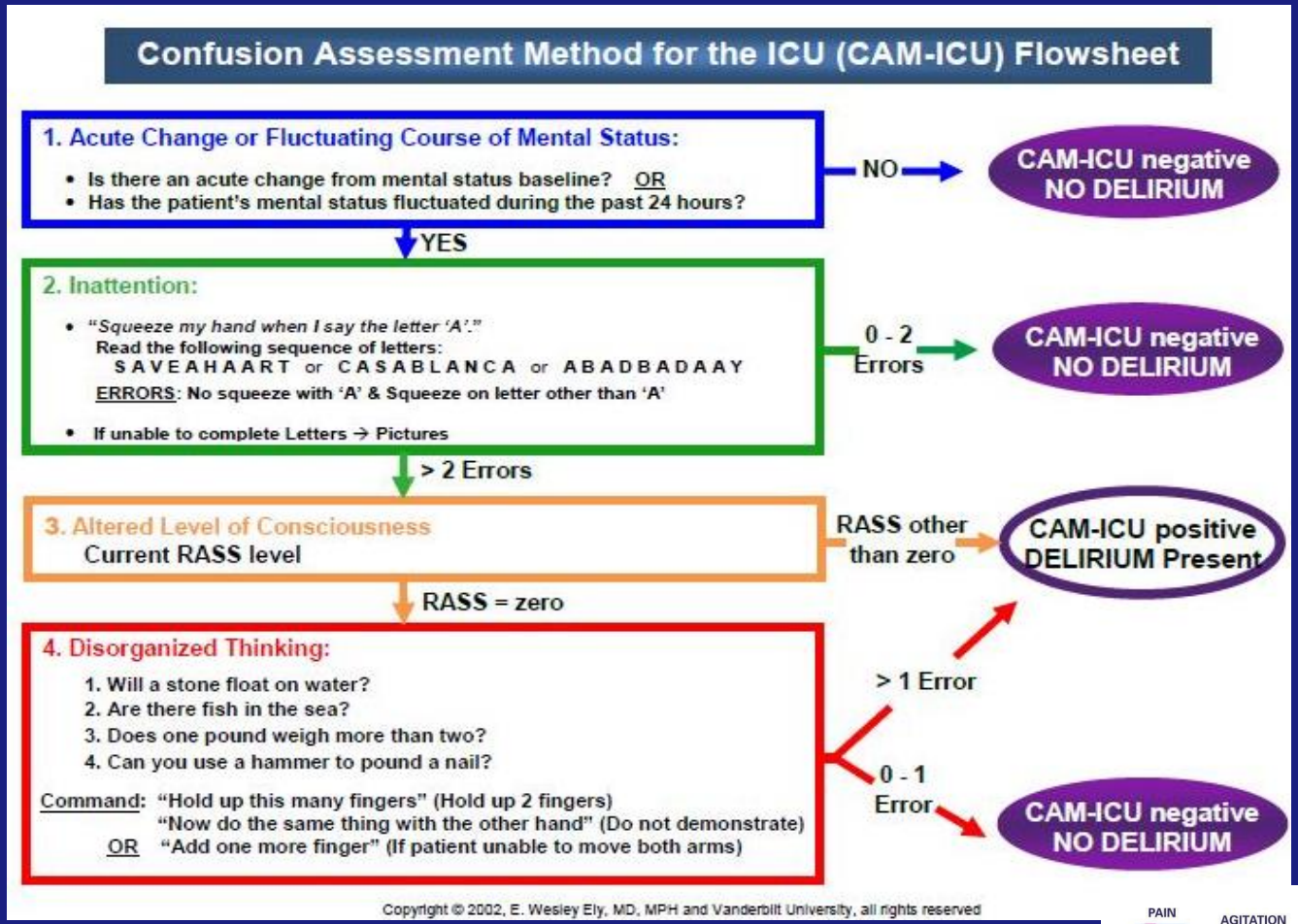
CAM-ICU Project (2014)

3) CAM-ICU Flow Sheet



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METHODOLOGY

1. Pre-education documentation audit
2. Bedside teaching on the assessment tools
3. Guidelines added to the Unit Foulder

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METHODOLOGY

4. PAD Sticker

PAD		
Please tick boxes if yes	DAY	NIGHT
Sedation Hold	☐	☐
SBT	☐	
CPOT °4 **Abbey** **Trust**	☐ ☐ ☐	☐ ☐ ☐
RASS °4	☐	☐
CAM – ICU	☐	☐
RASS≥-3	☐	☐
1 Acute onset	☐	☐
2 Inattention	☐	☐
3 RASS not zero	☐	☐
4 Disorganised thinking	☐	☐
CAM-ICU Positive ***(delirium present)***	☐	☐
CAM-ICU Negative ***(no delirium present)***	☐	☐
Unable to assess	☐	☐
E.M – ASL/SOOB/MOB/MOTERMED/WII	☐	☐

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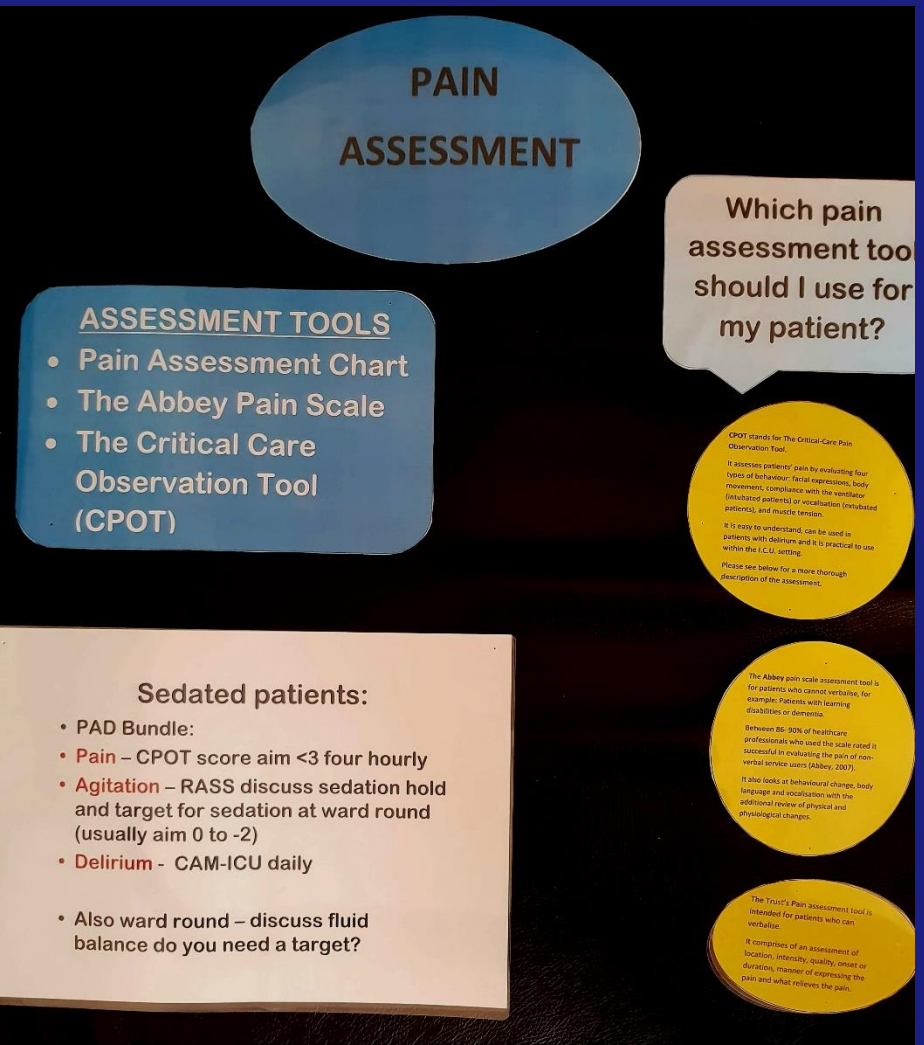
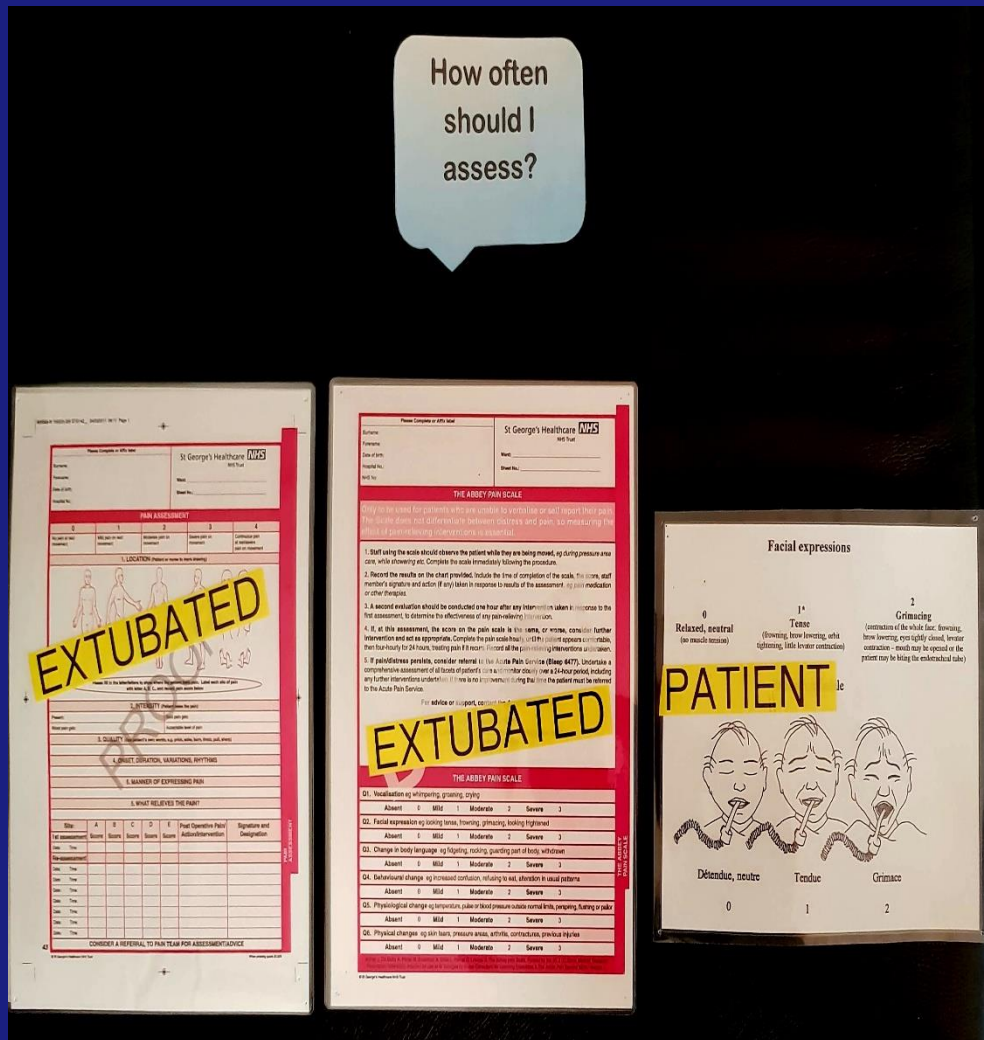
METHODOLOGY

5. Information Board;





METHODOLOGY

6. CPOT Flowchart

INDICATOR	SCORE		DESCRIPTION
Facial expression	Relaxed, neutral	0	No muscle tension observed
	Tense	1	Presence of frowning, brow lowering, orbit tightening and levator contraction or any other change (e.g., opening eyes or tearing during nociceptive procedures)
	Grimacing	2	All previous facial movements plus eyelid tightly closed (the patient may present with mouth open or biting the endotracheal tube)
Body movements	Absence of movements or normal position	0	Does not move at all (doesn't necessarily mean absence of pain) or normal position (movements not aimed toward the pain site or not made for the purpose of protection)
	Protection	1	Slow, cautious movements, touching or rubbing the pain site, seeking attention through movements
	Restlessness/Agitation	2	Pulling tube, attempting to sit up, moving limbs/thrashing, not following commands, striking at staff, trying to climb out of bed
Compliance with the ventilator (intubated patients) *or* Vocalization (nonintubated patients)	Tolerating ventilator or movement	0	Alarms not activated, easy ventilation
	Coughing but tolerating	1	Coughing, alarms may be activated but stop spontaneously
	Fighting ventilator	2	Asynchrony: blocking ventilation, alarms frequently activated
	Talking in normal tone or no sound	0	Talking in normal tone or no sound
	Sighing, moaning	1	Sighing, moaning
	Crying out, sobbing	2	Crying out, sobbing
Muscle tension	Relaxed	0	No resistance to passive movements
	Tense, rigid	1	Resistance to passive movements
	Very tense or rigid	2	Strong resistance to passive movements, incapacity to complete them
TOTAL		___ / 8	

METHODOLOGY

7. Post education documentation audit

8. THE BIG 4

9. New Post education documentation audit

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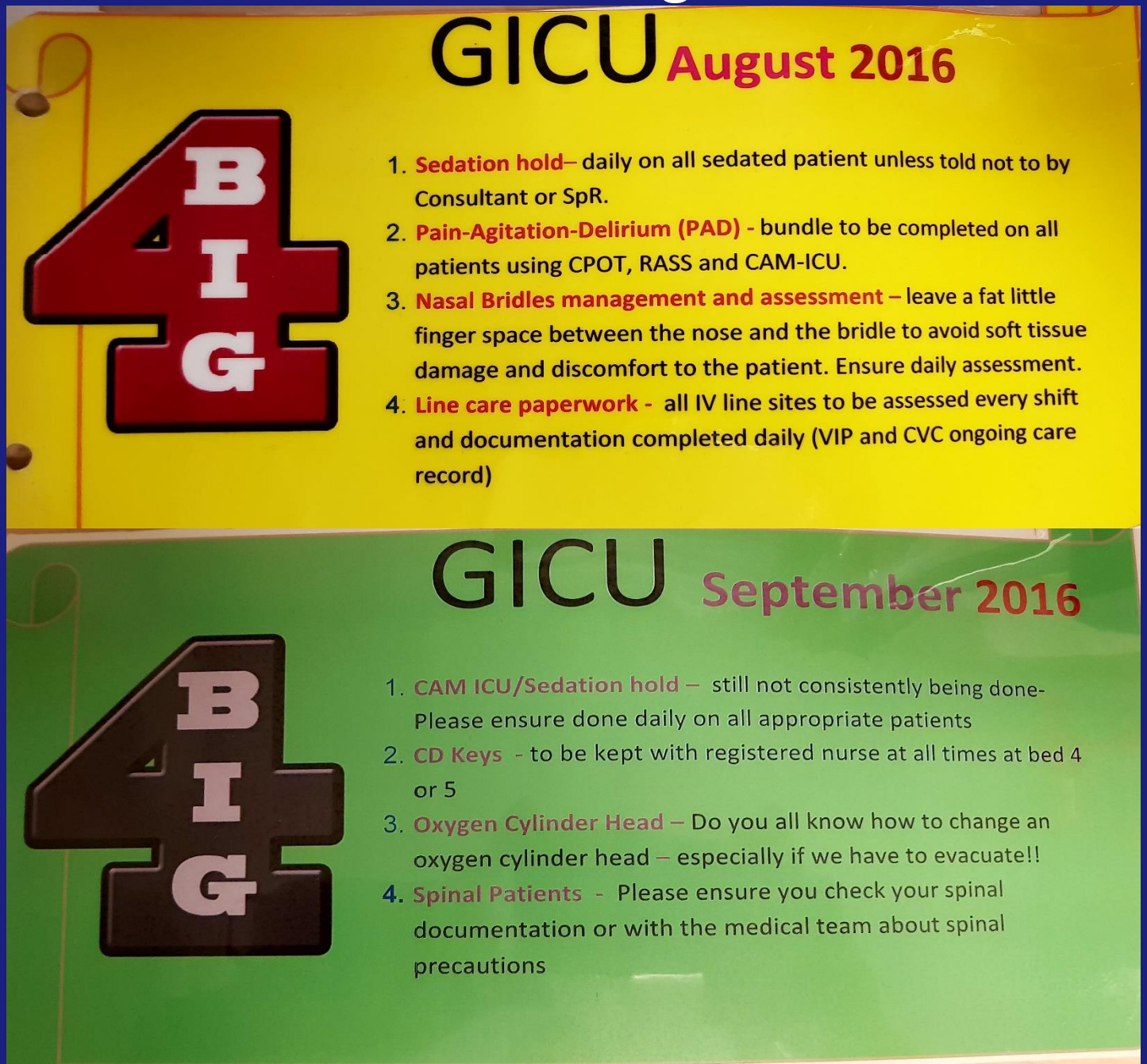
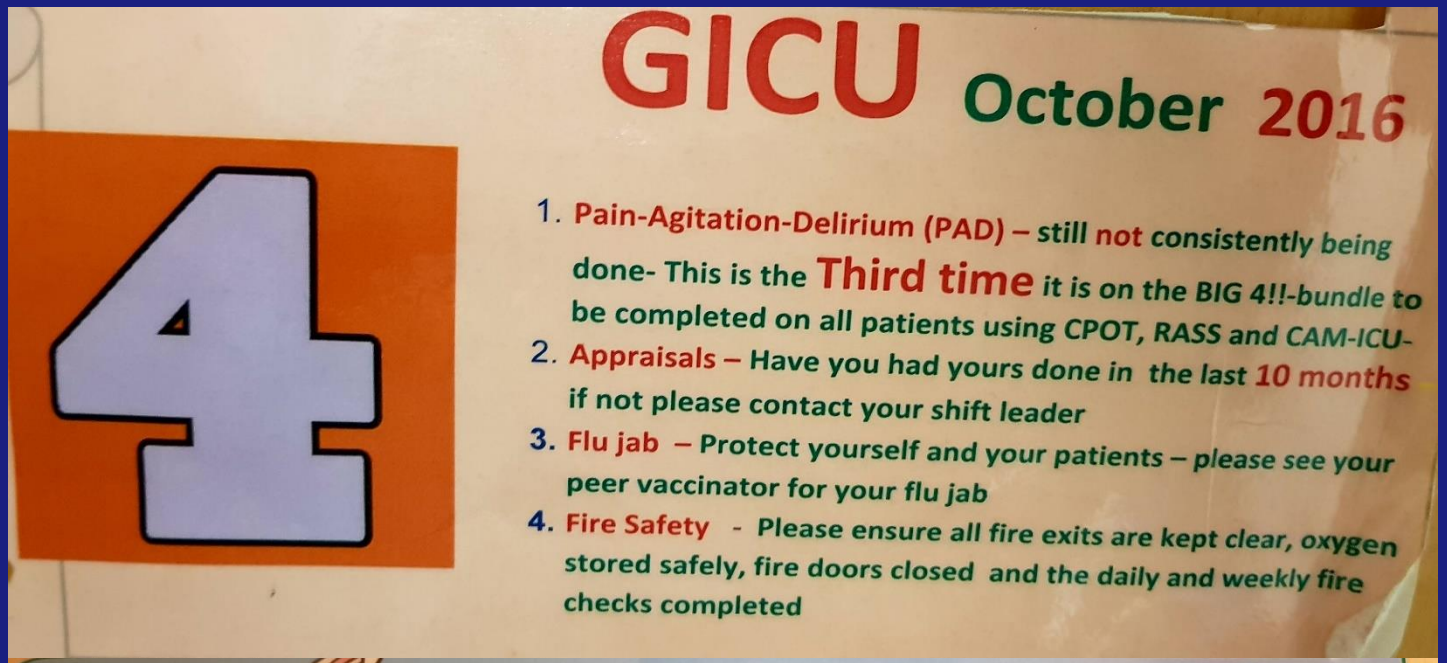
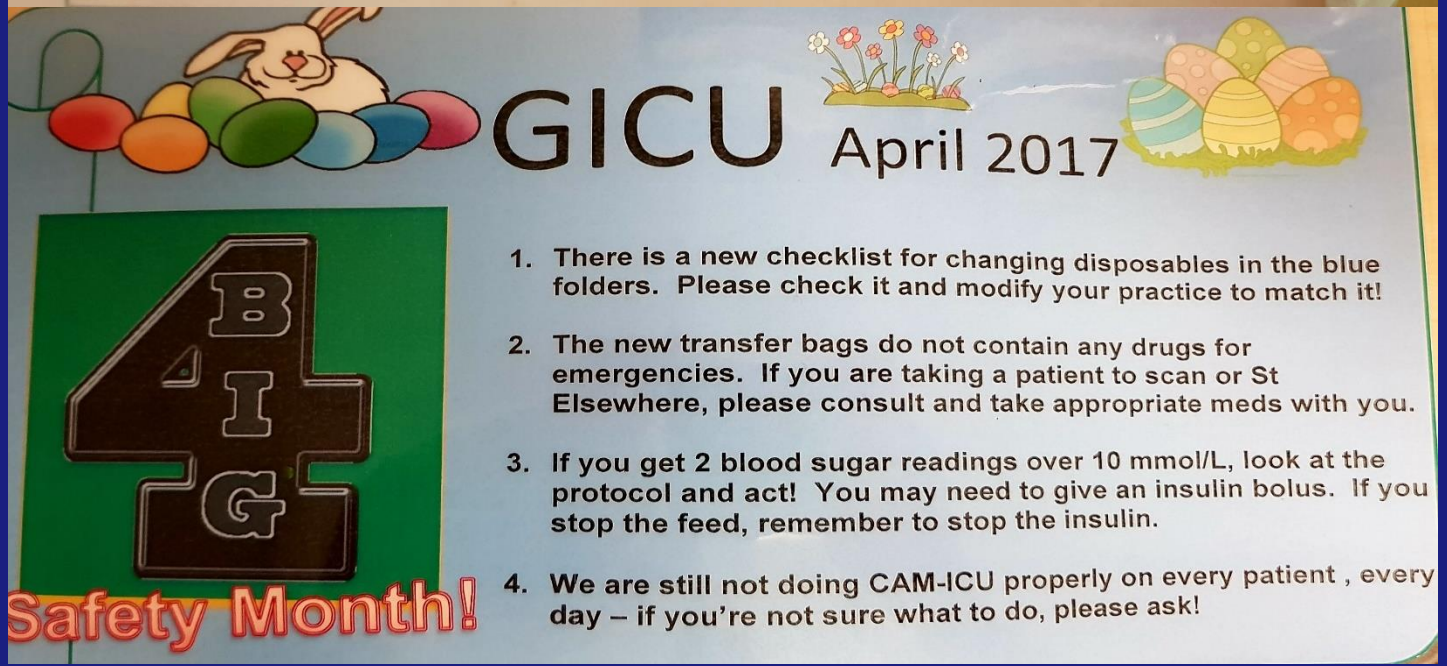
7 - The big 4

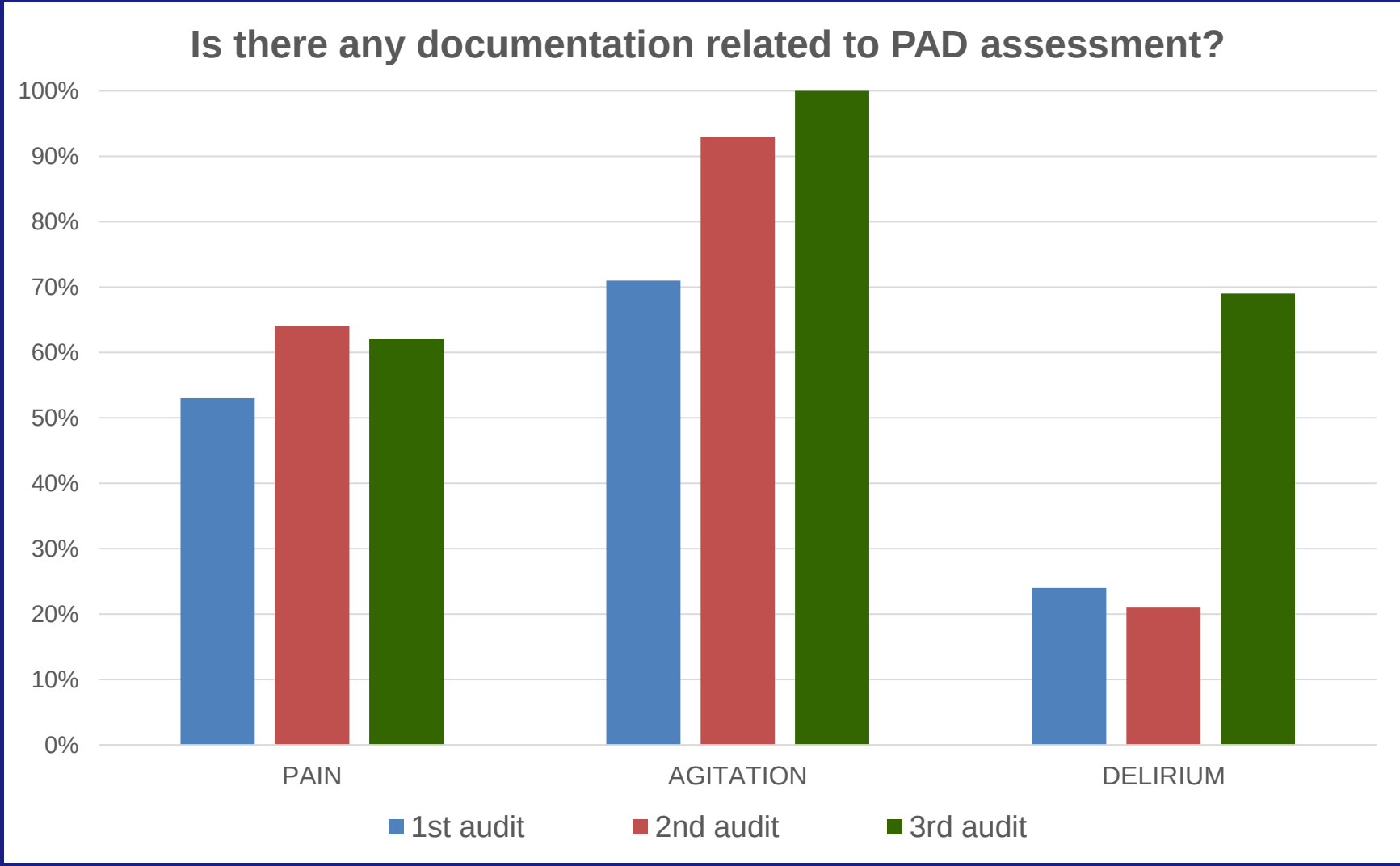

GICU August 2016
B I G
1. Sedation hold– daily on all sedated patient unless told not to by Consultant or SpR.
2. Pain-Agitation-Delirium (PAD) - bundle to be completed on all patients using CPOT, RASS and CAM-ICU.
3. Nasal Bridles management and assessment – leave a fat little finger space between the nose and the bridle to avoid soft tissue damage and discomfort to the patient. Ensure daily assessment.
4. Line care paperwork - all IV line sites to be assessed every shift and documentation completed daily (VIP and CVC ongoing care record)
GICU September 2016
B I G
1. CAM ICU/Sedation hold – still not consistently being done- Please ensure done daily on all appropriate patients
2. CD Keys - to be kept with registered nurse at all times at bed 4 or 5
3. Oxygen Cylinder Head – Do you all know how to change an oxygen cylinder head – especially if we have to evacuate!!
4. Spinal Patients - Please ensure you check your spinal documentation or with the medical team about spinal precautions

7 - The big 4


GICU October 2016
1. Pain-Agitation-Delirium (PAD) – still not consistently being done- This is the Third time it is on the BIG 4!!-bundle to be completed on all patients using CPOT, RASS and CAM-ICU-
2. Appraisals – Have you had yours done in the last 10 months if not please contact your shift leader
3. Flu jab – Protect yourself and your patients – please see your peer vaccinator for your flu jab
4. Fire Safety - Please ensure all fire exits are kept clear, oxygen stored safely, fire doors closed and the daily and weekly fire checks completed


GICU April 2017
BIG
Safety Month!
1. There is a new checklist for changing disposables in the blue folders. Please check it and modify your practice to match it!
2. The new transfer bags do not contain any drugs for emergencies. If you are taking a patient to scan or St Elsewhere, please consult and take appropriate meds with you.
3. If you get 2 blood sugar readings over 10 mmol/L, look at the protocol and act! You may need to give an insulin bolus. If you stop the feed, remember to stop the insulin.
4. We are still not doing CAM-ICU properly on every patient , every day – if you're not sure what to do, please ask!

KEY FINDINGS



ACHIEVEMENTS

- Record of PAD
- CPOT successfully implemented on GICU

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CHALLENGES

- High flow of new starters
- Stock of PAD stickers

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FUTURE PLANS

- Compliance Audits
- Further Teachings
- Join work with Medical staff

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SUMMARY

- Nurses Assessed agitation more often than Pain and Delirium
- Documentation of Pain Improved after PAD stickers applied
- Documentation of Delirium improved after inclusion in the BIG 4

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ANY QUESTIONS?

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CONTACT DETAILS

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REFERENCES

1. Barr J, Gilles, LF, Puntillo K, et al. Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit. Crit Care Med. 2013; 41:263-306;

2. Society of Critical Care Medicine, ‘Guidelines’, http://www.iculiberation.org/Guidelines/Pages/default.aspx (accessed 2 August 2017).

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