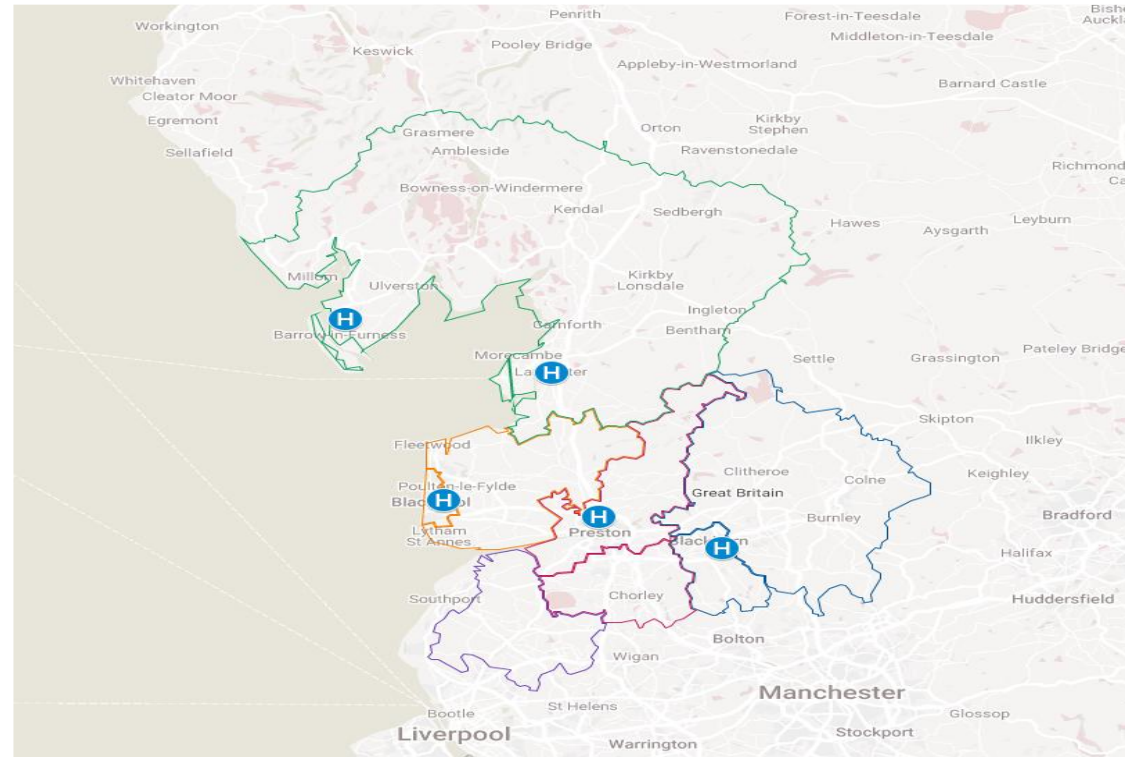




A Multidisciplinary Approach to Lancashire and South
Cumbria Critical Care Specialised Services Clinical
Network Improvement Programme

Lancashire & South Cumbria

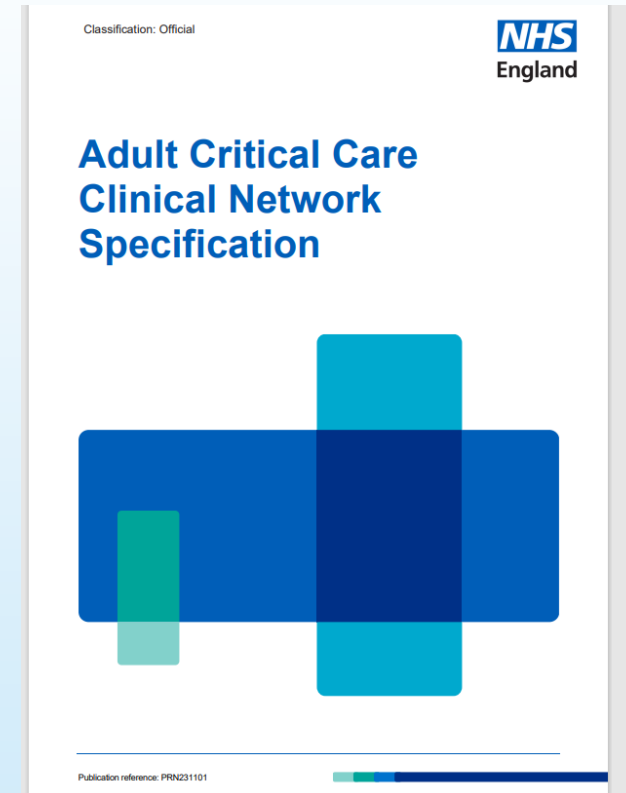


4 acute trusts
6 critical care units
100 commissioned L2/3 beds + 14 additional funded beds
Escalated beds – L1, L2 & L3
Enhanced Care beds – L1
Critical Care Outreach teams

Specialities:
Neuro, Hepatobiliary, Renal, Burns, Cancer,
Cardiac Surgery, Cardiothoracic Surgery, Major
Trauma, Head & Neck, Vascular
No commissioned Paediatric L2 capacity within
L&SC

Our Aim

- ▶ The *Adult Critical Care Clinical Network Specification* (NHSE, 2023) outlines several areas which each Adult Critical Care (ACC) Specialised Services Clinical Network (SSCN) holds responsibility to support. The overarching aim of ACC SSCNs is to improve access, patient experience and clinical outcomes for Critical Care patients, ensuring services meet evolving demands and national standards (FICM & ICS, 2022).
- ▶ Lancashire & South Cumbria (L&SC) CC SSCN identified the need to broaden the representation within their network team to ensure it more accurately reflected the full multidisciplinary workforce within ACC.

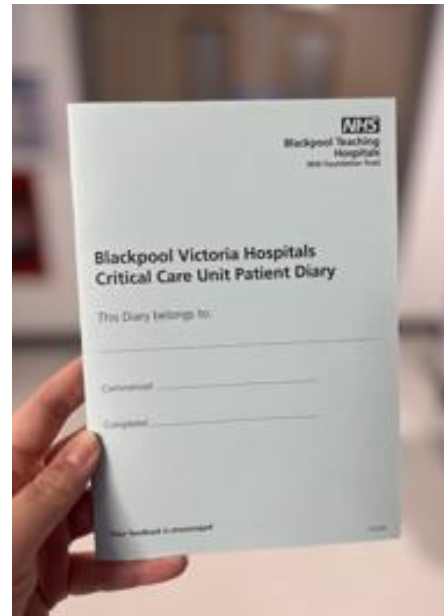


Our Team



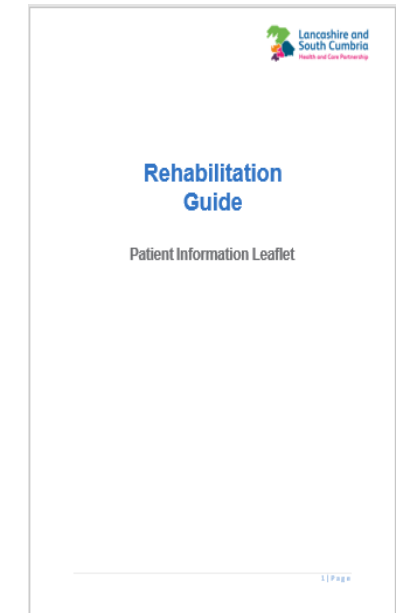
AHP/Rehabilitation Developments

- Network groups
- Guidelines/SOPs
- Assessment templates
- Patient information
- Patient feedback
- Education
- Data/KPIs/Audit
- Development Frameworks
- Peer Reviews



The form is titled 'A little bit about me...' in a green header. It contains several sections for patient information:

- I like to be called: First language:
- My hobbies and interests:
- My likes and dislikes:
- My favourite TV programme: My favourite music:
- My home (I live with): Glasses: ☐ Hearing aids: ☐ Dentures: ☐
- My job: Faith:
- Sleep routine:
- Other information about me:



Rehabilitation Study Day

L&SC Critical Care Network Rehabilitation Study day covering roles of the MDT, humanisation of care and the importance of rehab within Critical Care.

25th September 2025 9am – 4pm.

Royal Preston Hospital

This open to all Registered Nurses and Healthcare assistants with 12 months experience.

To book a place please email:
Emma.Draper@lthtr.nhs.uk



AHP Critical Care Capability Framework

Critical Care Monograph Project Driver Diagram

Standardisation of medication and procurement of same

Harmonise IV drug administration and compliance with ICS guidance

Develop intra-hospital forum within L&SC/Regional pharmacist/leads

Understand current practice against ICS guidance

Establish baseline of current local practices throughout L&SC

Reduce IV volume of fluid input into critically ill patients

Establish high volume infusions/current practice

Collaborate with ICS & Medusa regarding development of critical care guidance

Define staff development needs regarding change in practice

Improve Cost effectiveness of drug use

Collaborate with procurement regarding high cost medications and consumables

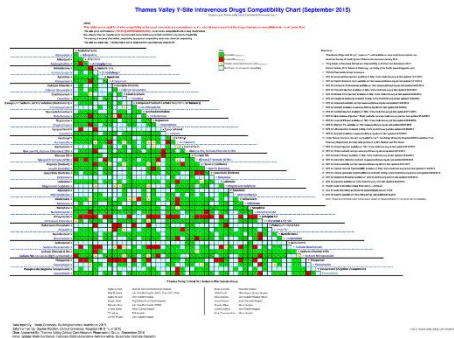
Education regarding bolus vs infusion vs NG

Protocols for medication administration and prescribing

- Standardised Adult monographs
- Create paediatric monographs for possible RSV surge
- Audit compliance against ICS guidance
- Collaboration with P.Ed on learning opportunities
- Scope national expansion nationally

- Audit fluid balance accuracy
- Audit volume given of particular medications (IV bolus/infusion volume)
- Ped input and education regarding rationale behind lower volumes and fluid status
- Collaboration with clinical leads/prescribers regarding possible changes in practice and awareness of medication fluid volumes
- Collaboration with ICS and medusa, reduce volume ranges.

- Collaboration with Ped regarding developing Medication education for staff and prescribers
 - Audit IV/infusion rates
 - Audit spend
- Survey staff satisfaction



Minimum Infusion Volumes

For fluid restricted critically ill patients

Fourth Edition

December 2012

Critical Care Group

Intensive Care Society

www.ukcpa.org

V 4.4

LANCASHIRE AND SOUTH CUMBRIA CRITICAL CARE INTRAVENOUS DRUG MONOGRAPHS

Drug preparation and administration guide

BNF
The first choice for concise medicines information

89

March – September 2025

BNF.org

Medusa
Injectable Medicines Guide

This box is used to add text specific to your Trust's organisation. Information included will appear at the top of EVERY monograph and can be 'tailored' locally. For example:
- The Trust's organisational logo
- Link to Trust's organisational injectable medicines administration policy / aseptic technique guidelines / resuscitation guidelines
This box is used to add additional text specific to the use of this medicine in your Trust's organisation. It appears on the monograph front page ONLY. For example:
- Highlight differences between local practice for administration of a medicine and information in the national monograph.
- A link to a document on the Trust website to information about this medicine can go here

Intravenous

Adrenaline/epinephrine

Commercially available preparations of adrenaline 1 in 1,000 (1mg in 1mL) are currently not licensed for administration via the IV route

PRESENTATION OF MEDICINE:
Preparation used for administration by IV injection (See adrenaline 1 in 10,000 (100micrograms in 1mL).
Preparation used to prepare an infusion of adrenaline (See adrenaline 1 in 1,000 (1mg in 1mL) to prepare an infusion if ready prepared infusions are unavailable

Using a syringe keep adrenaline preparations in outer carton to protect from light.

UKCPA Critical Care Group Intensive Care Society

Standard Medication Concentrations for Continuous Infusions in Adult Critical Care

The Intensive Care Society supports the adoption of standard concentrations and endorses the recommendations of a multi-professional group who have published a list of concentrations with wide acceptance by critical care for this purpose (1, 2, 3).

Standardising concentrations represents a significant step towards improving both patient safety and efficient use of resource within critical care. It also facilitates the production of a national injectable guide to provide the end user with the information necessary to safely administer such medications (4).

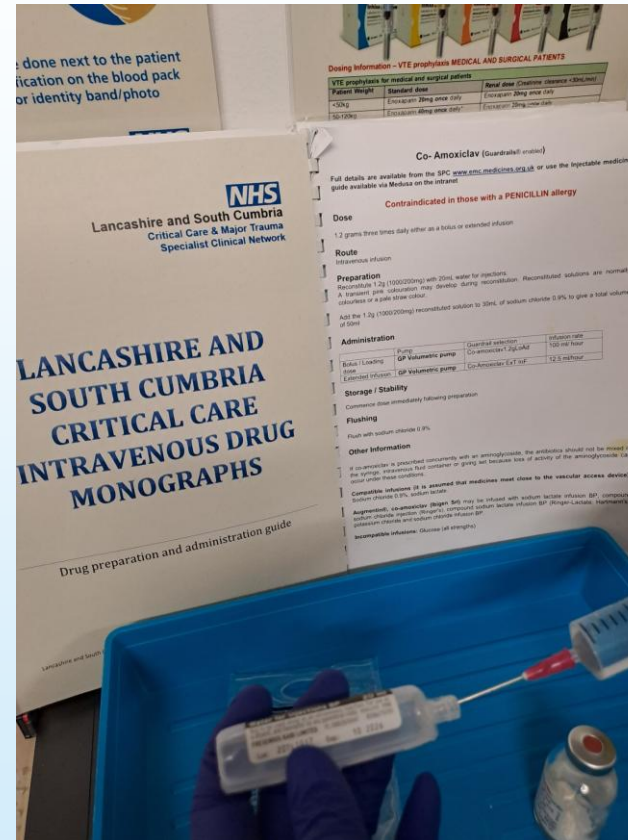
The adoption of these is recommended, not mandated. It is anticipated that pharmaceutical manufacturers will begin to prepare ready to use and ready to administer products based on this list.

Medication	Concentration	Example Infusion Composition	Central or Peripheral
Morphine	1mg/mL	50mg in 50mL	C / P
	2mg/mL	100mg in 50mL	C / P
Fentanyl	50micrograms/mL	2.5mg in 50mL	C / P
Alfentanil	500micrograms/mL	25mg in 50mL	C / P
Remifentanyl	50micrograms/mL	2mg in 40mL	C / P
	100micrograms/mL	5mg in 50mL	C / P
Midazolam	1mg/mL	50mg in 50mL	C / P
	2mg/mL	100mg in 50mL	C / P
Clonidine	15micrograms/mL	750micrograms in 50mL	C / P
Dexmedetomidine	4micrograms/mL	200micrograms in 50mL	C / P
	8micrograms/mL	400micrograms in 50mL	C / P
Adrenaline	4mg in 50mL	4mg in 50mL	C / P
	8mg in 100mL	8mg in 100mL	C / P
	16mg in 100mL	16mg in 100mL	C
	320micrograms/mL	32mg in 100mL	C
Noradrenaline	16micrograms/mL	4mg in 250mL	C / P
	80micrograms/mL	4mg in 50mL	C
	160micrograms/mL	8mg in 100mL	C
	320micrograms/mL	8mg in 50mL	C
Vasopressin (teripressin)	16mg in 100mL	16mg in 100mL	C
	32mg in 100mL	32mg in 100mL	C
Vasopressin (teripressin)	0.4units/mL	20units in 50mL	C / P
Dobutamine	5mg/mL	250mg in 50mL	C
		500mg in 100mL	C

25 Published monographs available online

Other Outputs

- LSC Vancomycin Guideline
- BLING III Project
- HSJ Shortlisted 2025



NHS
Lancashire and South Cumbria
Critical Care & Major Trauma
Specialist Clinical Network

LANCASHIRE AND SOUTH CUMBRIA CRITICAL CARE INTRAVENOUS DRUG MONOGRAPHS

Drug preparation and administration guide

Lancashire and South Cumbria Critical Care Pharmacists | July 2024 | Version 7

Page 1

Lead Educator's role to service improvement.

National Competency Framework for
Registered Nurses
in Adult Critical Care

Step 1

Step 1 Competencies



National Competency Framework for
Registered Nurses
in Adult Critical Care

Step 2

Step 2 Competencies



National Competency Framework for
Registered Nurses
in Adult Critical Care

Step 3

Step 3 Competencies



Peer reviews highlighted gaps in step competency completion

Secondment role was created to facilitate Network level education to support step competency framework.

Initially education was for Registered Nurses with a focus on step competencies.

Study days were planned based on gaps in education around step and bolt on CC3N competencies.

Study days

- Rehabilitation Study day
- Neuro Study day
- Gastrointestinal disease study day
- HCSW competency study day – based on our Network HCSW competencies
- CCOT study day
- Step 4 senior leadership study day
- Online webinars
- Critical Care education Team's channel

Progress so far.....

Over 12 months.....

- 18 face to face study days at different sites across LSC.
- 12 online webinars – fully accessible to all teams.
- Total amount of attendees – 583 people
- Increase in RN steps proficiency completion.
- After 7 HSCW study days - 81% HCSWs attendance
- 79% completion of Network HCSW CC proficiencies.
- All education is available to all MDT members to support individual educational frameworks.
- All Critical Care unit's in LSC are now successfully onboarded to the digitised step competency platform

What have I gained from this experience

- Don't be frightened to step out of your comfort zone
- Take a risk when opportunities arise
- Developed my leadership skills
- Improved my confidence
- Built professional relationships in wider areas across the Network within MDT.
- Taken different approaches with educational strategies.
- CCNERF representation
- BACCN committee member



MDT impact on Service delivery improvements....

- Improved relationships within our teams – forums/study days.
- Raised awareness of the Critical Care Network and its responsibilities for all staffing levels.
- More focus on step proficiencies and other educational pathways, and completion within our wider MDT teams.
- Creation of a digital quarterly Newsletter to share progress updates and highlight key achievements.
- Quality Improvement projects completed and shared as a Network team.
- Shared learning.

ANY
QUESTIONS

