NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Critical Care Outreach Team

(CCORT)

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The Service

- Experienced Critical Care Sisters and Charge Nurses
- 1 x Specialist Physiotherapist
- 7 days a week / 24-hour service

Our Role

- Follow Core elements in line with National Outreach Forum (NORF)/ Guidelines for the Provision of Intensive Care Services (GPICS).
- Facilitate the timely admission to and discharge from critical care .
- To prevent readmission to critical care.
- Follow up of pt's discharged to from critical care to wards.
- Referrals from MDT.
- Education and Training - Sharing of Critical Care skills with ward staff.
- Deterioration recognition & escalation.
- Support, follow up and training of tracheostomy patient's until decannulation or discharge to rehab.

Early Warning Score

- Recognition of the deteriorating patient.
- To identify acute deterioration and identify the correct clinical response
- NEWS 2 incorporates a dedicated score for pts with hypercapnia or pts at risk of developing hypercapnic failure.
- Applied to all adult observations.
- Electronic recording gives a protocol for escalation plan. This will require a senior medical/ surgical review and implementation of management plan to prevent further deterioration.

(Score of 3 in any one category will give same protocol message as a 5)

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Response

- CCORT will provide support, advice and critical care skills working alongside medical and nursing teams.
- Decision to admit patient to a critical care bed involve both the parent team consultant and the consultant in critical care following ITU Registrar/Consultant review of the patient.
- Certain patients may need a direct Consultant to Consultant discussion, such as those with multiple co-morbidities.

Martha's Rule
Core Components

- **Rule 1**

- **All Patients** will be **asked**, **at least daily,** about **how they are feeling**, **and if they are getting better or worse**, and this information will be acted on in a structured way.

- **Rule 2**

- All **staff** will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to (or require additional support).

- **Rule 3**

- The **staff escalation route** will **also always be available to patients themselves, their families and carers** and advertised across the hospital

Martha's Rule
Core Components

Rule 1

- **All Patients** will be **asked**, **at least daily,** about **how they are feeling**, **and if they are getting better or worse**, and this information will be acted on in a structured way.



2-5
Continue to monitor

6-7
Consider increase observation frequency
Inform Nurse in charge
Inform medical team caring for patient

8-10
Repeat Observation
Inform Nurse in charge
Inform medical team caring for patient

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Martha's Rule
Core Components

Rule 2

- All **staff** will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to (**or require additional support).**

Critical Care Outreach:

- Bleep **2909**
- **Medanet Alerts**

Martha's Rule
Core Components

Rule 3

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Any questions?

