**RISK ASSESSMENT**

Taking Recovering ICU Level 2/3 Patients Outside and/or into Courtyard 13

*This risk assessment accompanies ICU Guidelines for taking Level 2 patients on Intensive Care outside into Courtyard 13 as part of their rehabilitation treatment plan. Please complete prior to taking patients outside and when fully complete please file in the patients notes*

1. **Assessor Details**

|  |  |
| --- | --- |
| **Date** | **PATIENT DETAILS**  **Please affix patient sticker** |
| **Name of person completing risk assessment** |
| **Job Description** |
| **Signature** |

1. **Indication and Goals –** *Patient condition, please fill in / circle as applicable*

|  |
| --- |
| **Diagnosis –** *in brief* |
| **PMH** |
| **Indication for going outside:**  **MDT Meeting Y N Date**  **Proposed Plan, in brief:**  **Discussed with patient Y N** |

1. **Patient Condition –** *Assessment prior to leaving unit – please circle / complete*

|  |  |  |  |
| --- | --- | --- | --- |
| **Respiratory** | **Airway**  **Breathing** | **SV Trache**  **Face Mask Nasal Cannulae**  **Respiratory Rate**  **FiO2**  **Saturations** | *Pt with a trache must have a tracheoostomy box, suction and an Ambu Bag and mask device with them at all times.*  *A portable saturation monitor must be taken to monitor all patients on oxygen* |
| **Circulation** | **HR**  **Stable Rhythm?** | **Y N** | *Pts with an unstable HR / rhythm or BP must not go outside.*  *Patients receiving inotropes must not go outside.*  *Please ensure lines are secure.* |
| **BP** | **/ mmHg**  **Inotropes Y N**  **Arterial Line Y N**  **CVC Y N**  **Cannulae 1 2 3** |
| **Neurology** | **Pain** | **Y N**  **Site Score**  **Analgesia Y N**  **Last given @**  **Sedation Y N**  **Orientated Y N** | *Caution in patients with a pain score of 5/10 or over*  *Sedated patients must not go outside.* |
| **Nutrition / Hydration** | **Blood sugar**  **Sliding Scale**  **Insulin**  **IV Fluids**  **Oral**  **Enteral Feed** | **Normal? Y N**  **Y N**  **Y N**  **Y N**  **Y N** | *SS insulin must continue*  *IVI may be stopped, briefly.*  *Must by NBM whilst outside*  *Enteral feed should be continued.* |

1. **Patient Condition (continued) –** *Assessment prior to leaving unit – please circle / complete*

|  |  |  |  |
| --- | --- | --- | --- |
| **Nutrition / Hydration** | **Blood sugar**  **Sliding Scale**  **Insulin**  **IV Fluids**  **Oral**  **Enteral Feed** | **Normal? Y N**  **Y N**  **Y N**  **Y N**  **Y N** | *SS insulin must continue*  *IVI may be stopped, briefly.*  *Must by NBM whilst outside*  *Enteral feed should be continued.* |
| **Elimination** | **Catheter**  **Flexiseal** | **Y N**  **Y N** | *Must be secure* |
| **Mobility** | **Ambulant**  **Chairbound**  **Bedbound** |  | *Ambulant and chairbound patients only; and must be taken outside in the unit Invacare wheelchair.*  *Bedbound patients should not be taken outside.* |

1. **Patient Specifics**

|  |  |
| --- | --- |
| **Time and Date** | **How long (mins)?** |
| **Does the patient have capacity to consent to go outside? Y N** | **Relatives informed? Y N**  **Would like to be involved? Y N** |
| **Nurse(s) Required 1 2 3**  **Name(s): 1) Lead**  **2)**  **3)** | **Doctor Y N**  **Name:** |
| **Physio Y N**  **Name:** | **Others:** |
| **Equipment required: (***all patients)*  **Courtyard 13 box** – containing:  Ambu Bag and mask  Guedel airway (patient size specific)  Portable saturation monitor  Small oxygen cylinder  Portable suction | **Patient specific equipment required:** *(Please list)* |

1. **Emergency Procedure**

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| --- | --- |
| If the patient shows signs of distress or begins to look unwell the panic alarm must be activated immediately to summon help.  Nominated staff must attend immediately – individuals who are identified and named on this assessment must be made aware when the patient is outside.  If the patient is severely unwell an emergency call (2222) must be made. | |
| **Nurse in Charge** | **Name** |
| **Unit Doctor** | **Name** |
| **One Other** | **Name** |

1. **Approval –** *by ICU Shift Co-Ordinator and Senior Clinician*

|  |  |  |  |
| --- | --- | --- | --- |
| *Signed* | *Print* | *Role* | *Date* |
| *Signed* | *Print* | *Role* | *Date* |

1. **Evaluation –** *afterwards*

|  |  |
| --- | --- |
| **Did the procedure go to plan?** | **Y N** |
| **Comments?**  **Please identify any unforeseen difficulties or potential difficulties to inform future risk assessments.** |  |
| **Signed:**  **Print:** | **Date:** |