

Appendix 2

Acute care competences from Foundation Years 1 and 2

1 Promptly assesses the acutely ill or collapsed patient:

- Assesses conscious level, responsiveness
- Ensures airway is supported and cleared
- Observes respiratory pattern and rate, identifies inadequate ventilation
- Assesses pulse rate, rhythm, volume
- Measures blood pressure using automated methods or sphygmomanometer
- Completes initial assessment within 2–3 minutes
- Identifies and attempts to correct circulatory failure appropriately
- Identifies oliguria, checks for common causes, intervenes appropriately
- Administers oxygen safely, monitors efficacy
- Attempts to ensure a clear airway
- Calls for help early.

2 Identifies and responds to acutely abnormal physiology:

- Interprets abnormal vital signs correctly in context
- Anticipates and prevents deterioration in vital signs
- Recognises patients at risk including those with chronic and co-morbid disease
- Investigates causes of abnormal vital signs
- Makes a clinical assessment of adequacy of cardiac output and oxygen delivery
- Capable of leading multidisciplinary team
- Helps others stay calm
- Considers and ensures relatives (if present) are being supported.

3 Where appropriate, delivers a fluid challenge safely to an acutely ill patient:

- Selects an appropriate fluid for intravenous resuscitation
- Sets up fluid administration giving-set correctly
- Administers fluid bolus(es), observes response, ensures continued administration with monitoring of effect to desired end points
- Identifies hypokalaemia and chooses a safe and effective method of potassium supplementation with monitoring of response

- Reviews impact of fluid administration on organ system function
- Considers additional electrolyte replacement requirements
- Considers the restraints of volume in young people, based on weight.

4 Reassesses ill patients appropriately after initiation of treatment:

- Implements a system of regular checking of unstable patients
- Calls for help if patient does not respond to initial measures
- Makes patient safety a priority
- Provides clear guidance to colleagues about monitoring
- Supports nursing staff in designing and implementing monitoring or calling criteria
- Ensures communications to relatives, if not present, are carried out by someone competent to advise on progress.

5 Requests senior or more experienced help when appropriate:

- Analyses clinical problems, considers possible causes and solutions
- Calls for help or advice appropriately
- Demonstrates understanding of the team approach to care of the acutely ill
- Prioritises problems
- Puts the patient first
- Demonstrates to seniors appropriate judgement in handling acute medical situations.

6 Undertakes a secondary survey to establish differential diagnosis:

- Demonstrates recognitions of the importance of iterative review
- Demonstrates competent history-taking and clinical examination in acute clinical situations
- Arranges appropriate basic laboratory tests, interprets results
- Recognises that the acute illness may be an acute exacerbation of a chronic disease
- Identifies co-morbid diseases
- Undertakes further focused history-taking in difficult circumstances and/or when patient unable to cooperate
- Rapidly identifies clinical signs, links them to the history to form a differential diagnosis
- Plans appropriate investigations to confirm or refute a diagnosis and considers alternative diagnostic scenarios as they emerge
- Recognises the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness.

7 Obtains an arterial blood gas sample safely, interprets results correctly:

- Takes an arterial sample in an adult safely using a heparinised syringe
- Describes common causes of abnormal values
- Interprets results in context
- Documents results clearly in the case record
- Takes appropriate initial action to correct abnormalities in acid-base balance and blood gas results
- Communicates significant acid-base disturbances to others in the team

- Directs corrective measures appropriately.

8 Manages patients with impaired consciousness including convulsions:

- Appreciates urgency of the situation
- Administers oxygen, protects airway in unconscious patient
- Places unconscious patient in recovery position
- Calls for help if fitting does not respond to immediate measures
- Follows local protocols reliably
- Seeks and corrects abnormalities of physiological signs, particularly hypoxaemia, hypotension, hypoglycaemia and electrolyte disturbances
- Questions and discusses scientific content of protocols in use
- Warns patients about the legal implications regarding fitness to drive.

9 Safely and effectively uses common analgesic drugs:

- Evaluates the patient in pain
- Makes patient comfort a priority
- Prescribes opioid and non-opioid analgesic drugs safely
- Re-evaluates the efficacy of analgesia in a timely manner
- Monitors patients for common side effects of analgesic drugs
- Safely uses anti-emetic drugs to treat or prevent nausea and vomiting
- Aware of the risk of addiction to pain-relieving medication
- Considers the effect of hepatic and renal dysfunction on analgesic pharmacology
- Assesses the effect of prescribed analgesia in a timely manner
- Considers that analgesia may temporarily mask the severity of illness.

10 Understands and applies the principles of managing a patient following self-harm:

- Undertakes a focused history, including psychosocial causes requiring social services or police intervention
- Knows how to access Toxbase and does so when necessary
- Recognises the need for involvement of mental health or more experienced personnel
- Demonstrates tolerance and understanding
- Performs a mental state assessment
- Demonstrates an awareness of child protection concerns where appropriate
- Protects and supports colleagues where appropriate
- Anticipates necessary steps to minimise risks to patient
- Initiates referral to mental health services where appropriate.

11 Understands and applies the principles of management of a patient with an acute confusional state or psychosis:

- Recognises diagnostic features of psychosis and acute confusional states
- Summons experienced help promptly
- Discusses safe administration of anti-psychotic drugs including the risks of sedation
- Knows the provisions of the Mental Health Act and can apply them appropriately

- Protects patient, self and colleagues from harm
- Safely administers anti-psychotic drugs
- Considers underlying causes of acute confusional state or psychosis.

12 Ensures safe continuing care of patients on handover between shifts, on call staff or with ‘hospital at night’ team by meticulous attention to detail and reflection on performance:

- Accurately summarises the main points of patients’ diagnoses, active problems and management plans
- Provides clear information to colleagues
- Attends handovers punctually and accepts directions and allocation of tasks from seniors
- Focuses on teamwork and reflects on the team performance
- Supports colleagues in forward planning at handover
- Can and sometimes does organise handover, briefing and task allocation
- Anticipates potential problems for next shift and takes pre-emptive action.

13 Considers appropriateness of interventions according to patients’ wishes, severity of illness and chronic or co-morbid diseases:

- Efficiently extracts information from history and examination that would influence treatment decisions
- Seeks information from relatives if appropriate
- Discusses factors influencing the use of do not attempt resuscitation (DNAR) decisions
- Has balanced view of benefits and harms of medical treatment
- Identifies patients for whom resuscitation or advanced care might be inappropriate and takes advice from senior colleagues
- Demonstrates sensitivity in the planning of complex ethical decisions
- Negotiates management plan with patient
- Respects patients’ wishes when dealing with relatives.

14 Has completed appropriate level of resuscitation training:

- Successfully trained to the standard of Advanced Life Support (ALS).

15 Discusses DNAR orders/advance directives appropriately:

- Understands the criteria for issuing orders, and the level of experience required to issue them
- Can discuss with colleagues, including nurses, and observes or participates in discussions with relatives
- Facilitates the regular review of DNAR decisions and understands actions required if decision is challenged
- Discusses the DNAR criteria and their legal framework with colleagues, including nurses, and relatives
- Encourages regular review of the order and takes appropriate action if challenged
- Is aware of any conflict that may exist between patients and their relatives, and of cultural and other factors that might be at work
- Describes the impact of chronic or co-morbid disease on patient outcomes.

16 Requests and deals with common investigations appropriately:

- Requests common investigations appropriately for patients' needs
- Discusses risks, possible outcomes and later results with patientsⁱⁱ appropriately to level of expertise
- Recognises normal and abnormal results
- Prioritises importance of results and asks for help appropriately
- Ensures results are available in a timely fashion
- Supports F1 trainees or students in making appropriate requests for, interpretation of, and action on normal and abnormal results, for common investigations
- Understands local systems and asks for help appropriately from the relevant individuals.

ⁱⁱ carers, relatives, supporters or advocates

Appendix 3

‘Dangerous’ diagnoses

There are certain conditions that demand urgent action when the merest suspicion of them crosses a doctor’s mind. Problems occur where a doctor has correctly suspected such a diagnosis, recorded the fact, but then not acted on the possibility.

Diagnoses that fall into this category include:

- myocardial infarction
- pulmonary embolus
- subarachnoid haemorrhage
- appendicitis
- limb ischaemia
- intestinal obstruction or perforation
- meningitis
- aneurysms
- ectopic pregnancy
- acute psychosis/mania
- visual problems that could lead to blindness including retinal detachment and haemorrhage as well as systemic disease such as temporal arteritis, which if not recognised has serious complications.

If you suspect a potentially life-threatening diagnosis in a primary care setting, then *act as if the diagnosis were certain* and send the patient rapidly to his or her nearest secondary care centre. You may well get it wrong and appear to be over-cautious, but this is a call it’s often impossible to make without the benefit of investigations and close observation.

Source: Medical Protection Society⁹