WARWICK
MEDICAL SCHOOL

Decision-making for ICU admissions
Trust training

Decision-making "table-top" simulation case.

Notes for trainers

Distribute the decision support form (or combined form) to group members. Explain that you will present a case to them having been referred by the acute medical team.

General situation:

The hospital is full, with some patients waiting in the emergency department for a bed. There are no ICU beds immediately available: One bed may become available later if a ward bed can be found for a patient ready to be discharged. The ward the patient is currently on is well staffed by experienced staff (not agency staff); Critical care outreach is available 24 hours a day.

Referral from acute medical team

Information from clinical notes and electronic records

Referral from GP: 81 year old man ?pneumonia. Admitted yesterday, now on an acute medical ward.

Presenting complaint: Referred after a home visit from his GP as breathless and was coughing productive of brownish sputum. He was feeling hot and cold. Poor appetite.

Past medical history: Osteo-arthritis, Hypertension, THR 3 months ago: bleeding intra-op, pain also a problem. Prolonged rehab, pain team referrals (now on regular opiates). Discharged from rehab 3 weeks ago. He has also seen community dietician as has lost a lot of weight since his operation.

Social history: A retired manager and company director, but prior to that had been in the army. (He was in fact one of the few surviving British veterans of the Korean War). He lives with his wife, who suffers from Parkinson's disease.
Since discharge he has been paying for 2 visits per day of help to look after him and his wife. Exercise tolerance is currently just around ground floor of house.

Medication on admission: bendroflumethiazide, simvastation, Ramipril, Ensure, Paracetamol, MST, Oramorph (NKDA)

Examination: He appears very thin. His BMI is about 18 (183cm tall, 61.5kg). He appears cold and shut-down, slightly clammy to touch. Heart sounds are normal, JVP not raised. There are crepitations at the left base on auscultation of his chest. He is coughing up brownish phlegm. His abdomen is soft and non-tender with no organomegaly or masses.

WARWICK
MEDICAL SCHOOL

Initial investigations: CRP: 122, WCC: 18.0, Hb: 122, plt: 450. Na: 122, K: 3.5, BUN: 14, Creatinine: 208 (these numbers had been 5 and 81 respectively when he was discharged some weeks earlier). Other blood results are in normal limits.
Chest X-ray shows patchy consolidation at the left base.

Diagnosis (recorded by medical registrar): "CAP + AKI"
Rx: iv fluids and antibiotics (co-amoxiclav and clarithromycin), salbutamol nebs

Physiology on admission:
Temperature: 38.0
GCS: 15/15
SpO2 94%   FiO2: 0.28   RR: 22
HR: 10   BP: 105/60

Current physiology
Temperature: 38.0
GCS: 14/15 (a bit confused)
SpO2 92%   FiO2: 0.6   RR: 27
HR: 105   BP: 90/55
u.o: 20ml/hr (4500ml iv crystalloid in last 12 hours)

ABG: pH: 7.31, PaO2: 8.0, PaCO2: 3.9, lactate: 4.1, BE: -6.0

Information from patient: (limited due to breathlessness and some confusion)
"Don't like the bloody food here"
"I just want to get better and go home"
"Who's at home with my wife?"

Information from family (son):
His wife is increasingly disabled with Parkinson's and memory problems. He has 2 children, one of whom lives and works in the USA, his other son lives in Leamington. During the last year he has taken on a lot of care duties for her.
He has been in very good health all his life and found this last month or so difficult; He has "lost a lot of weight". He is still very sharp. He could complete 9 holes of golf using a cart prior to THR, and that was just because his hip hurt.
He "can be difficult".
"I think he just wants to go home, he hates being in hospital. If he needs more treatment so he can go home he'll be fine with that."

(On being pressed: "But he really doesn't like being messed around with. He has hated being this dependent, and if he got worse he'd be miserable")

Developed in conjunction with University Hospitals Coventry and Warwickshire NHS Trust © Copyright 2017 University of Warwick