

Critical Care Patient diaries, Follow Up Clinics and support group			
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Type of document	Standard Operating Procedure		
Target audience	Critical Care and Acute Care teams		
Document purpose	To outline the process of completing patient diaries, facilitating patient and family support post Critical Care.		
Approving meeting	Choose an item.		
Implementation date	Monday, 05 November 2018	Review date	31 October 2026
WHH Documents to be read in conjunction with			
Document change history			
Version	1.0		
What is different?			
Appendices/electronic forms			
What is the impact of change?			
Training requirements	Awareness of new SOP within above teams		
Keywords			

1. Process to be followed

1. Patient Diaries: Patient diary to be commenced on all level three patients on day of admission or the day a patient becomes level three. Ensure that relatives receive a relatives information sheet. These are kept with the blank patient diary. Relatives should be invited to write entries in the diary. Diary to be kept in the red risk folder at the bedside.

2. Write in the diaries daily. If patients are long term, write entries at least on alternate days, even to say that there is not much change. Refer to the patient diary resource folders (one at each bedspace) if you are unsure what to write.

3. Continue diaries post extubation until day of discharge (Patients do not remember this time). Include the day of discharge or death.

4. Write entries clearly in everyday language, not medical terms and sign each entry.
Additional entry pages can be found with the blank patient diaries.

5. When a patient is discharged to the ward, diary is to be placed in the nursing office where it will be locked securely until the patient attends a Critical Care Follow Up appointment, three to four months after discharge from Critical Care. If the patient dies, the diary is to be placed in the nursing office where it will be locked securely until the family feels ready to collect it by appointment.

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6. Photographs may be taken to be included in patient diaries. These must be taken by medical photographer only (Ext: 5679 or bleep 057). An addressograph must be placed on the reverse and a comment such as “first day out of bed”. These must be locked in the nursing office separate from the diary. Photographs can only be used with the written permission of the patient and cannot be given to family members.



Critical Care Follow Up appointment: One Follow up Clinic per month. Venue booked by Service Improvement Lead. SIL responsible for sending out appointments by post three to four months after discharge from Critical Care (this is proved to be the best time to identify those showing signs of PTSD).



Notes obtained by ITU ward clerk. Diaries bound and prepared by SIL.



Attending staff consist of Critical Care Sister/SIL and a member of Acute Care Team when workload allows. Other members of MDT are available for advice if needed.



Information given to attendees: “After Intensive care, Support for patients and family pack.

Warrington Critical Care Support Group leaflet.

Talking therapies leaflets (SIL can also refer to this service).

Contact phone number to access further support from Critical Care.



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Diary acceptance form to be signed by the patient who is accepting responsibility for their own patient diary. For patients who have died, next of kin can be offered the diary and will sign an acceptance form. One copy of acceptance form to be given to the patient or next of kin, second copy filed and locked in nursing office.



Follow up proforma (notes of discussion and actions taken) to be completed by person leading the appointment (SIL). One copy filed in patient notes. One copy emailed to Critical Care staff as feedback and to promote learning. (with consent of the patient). A photocopy of the patient diary to be filed in patient notes. Referral to Talking Matters Warrington completed if required and a copy of referral filed in patient notes.



Critical Care support Group: Patient Support Groups are vital for providing continuing support for patients and relatives. Facilitated by Service Improvement Lead and Acute Care Team member. The group will receive professional and peer support and be underpinned by Intensive Care trained professionals at all times.



Funding bid submitted annually to Warrington Hospital charity by SIL.



Designed as drop in evenings every two months. Venue: Village Hotel, Warrington (Research shows that an offsite venue which promotes comfort, safety and relaxation is essential).



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Support group leaflets designed by SIL and produced in conjunction with communications team.
Distributed to level three patients on discharge to ward and at follow up appointment.



Advertising in conjunction with communications team includes posters and leaflets in visitors waiting area, hospital website, social media and Clinical Commissioning Group.



Attendance record and attendee feedback obtained. Feedback emailed to staff and used to improve service.



Stop

2. Purpose & Scope

A brief statement of the purpose of the standard operating procedure which many include a basic explanation if not apparent on its face.

To who or what does the SOP apply?

3. Training Needs Analysis

Staff Role	Training Requirement	Frequency	Training Delivery Method
ITU nursing staff	Awareness of SOP	Once	Dissemination of patient diaries, Follow Up Clinic and support group SOP.
Acute Care Team			
ITU medical staff			

Equality Impact Assessment (EIA)		
Initial assessment	Yes/No	Comments
<ul style="list-style-type: none"> • Race • Ethnic origins (including gypsies and travellers) • Nationality • Gender • Culture • Religion or belief • Sexual orientation including lesbian, gay and bisexual people • Age • Disability - learning disabilities, physical disability, sensory impairment and mental health problems 	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
Is the impact of the document likely to be negative? <ul style="list-style-type: none"> • If so can the impact be avoided? • What alternatives are there to achieving the document without the impact? • Can we reduce the impact by taking different action? 	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

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If you have identified a potential discriminatory impact of this procedural document, please refer it to the Human Resource Department together with any suggestions as to the action required to avoid /reduce this impact. For advice in respect of answering the above questions, please contact the Human Resource Department.

Was a full impact assessment required?	no	
What is the level of impact?		