



This can also be used as a structured practice aid when working in critical care areas

## BRIEF EPISODE SUMMARY

(e.g. 35 year-old male with respiratory failure from COVID-19)

	AREAS TO DISCUSS	LEARNER NOTES / COMMENTS	LEARNING POINTS / TUTOR COMMENTS
F	<p><b>Feed</b> – Route, TPN, consider Pabrinex if re-feeding, target rate, aspirates (prokinetics and route of administration of drugs), feed breaks for drugs</p> <p><b>Fluids</b> – maintenance &amp; fluid balance, urine output (&lt;0.5 ml/kg/hr = AKI), IV infusions r/v</p> <p><b>Filter/AKI</b> – medication doses/frequencies, anticoagulation, additional SC heparin – if APTR &gt; 2 continue and reduce heparin via filter</p>		
	<p><b>Lines</b> – peripheral or central – consider drug compatibility &amp; concentration of infusion</p> <p><b>Laboratory tests, electrolytes and haematology</b> – drug related causes of abnormalities</p>		
A	<p><b>Aperients</b> – to all if fed</p> <p><b>Allergies</b></p> <p><b>Antimicrobial Stewardship</b> –indications, appropriateness, review dates</p> <p><b>Adjustments of dosing</b> – renal/hepatic function/interactions/age/weight/clinical condition</p> <p><b>Analgesia</b> – monitor pain control and form of analgesia</p>		
	<p><b>Thromboprophylaxis</b> – dose adjustments if required e.g. renal, extremes of weight</p> <p><b>Therapeutic Drug Monitoring</b> – e.g. aminoglycosides, vancomycin</p>		
H	<p><b>Hydrocortisone</b> – 50mg QID when &gt;0.2mcg/kg/min noradrenaline despite optimal fluid resuscitation (low evidence)</p> <p><b>Hepatic Function</b></p> <p><b>History</b> – medication history and reconciliation; consider continued need and risk of withdrawal (SSRIs and benzodiazepines, alcohol and illicit drugs)</p>		
	<p>Ulcer prophylaxis</p>		
U			

<b>G</b>	<p><b>Glycaemic control</b> - aim &lt;10mmol/L Care if feed stopped and patient on insulin. Ensure 10% glucose started if required. Identify causes in fluctuations; consider steroids, propofol, atypical antipsychotics</p>		
<b>S</b>	<p><b>Sedation/Agitation/Delirium</b> – consider daily sedation holds, contributing factors (sleep hygiene, noise etc.), consider CAM ICU5 assessment <b>Seizure</b> treatment/prophylaxis <b>Supply</b> – is drug stock? Ensure adequate supply <b>Side effects, interactions</b> – consider adverse effects, drug-drug, drug-patient and drug-laboratory interactions <b>Stop unnecessary duplications</b> <b>Stop dates</b> – anti-infective agents, steroids, prophylactic anti-epileptics</p>		

ANYTHING ESPECIALLY GOOD	SUGGESTIONS FOR DEVELOPMENT	AGREED ACTIONS FOR DEVELOPMENT
Tutor:		Date:

1 King's Critical Care Unit. Critical Care Units FLAT HUGS for pharmacists. July 2019.