

## ICU Nurse Staffing Structure and Ratios: suggestions for the “pod” structure

During surge, nursing care can be delivered in a ‘Pod’ structure, The ICU Nurse ‘leads’ the Pod, and identifies the skill set of any team members who may be:

- Registered Support Clinicians (RSC) or
- Non-Registered Support Staff (NRSS)

They then allocate, and supervise where required, tasks according to this.

For clarification of the RSC and NRSS roles and expected competencies please see the London Transformation and Learning Collaborative (LTLC) site [tinyurl.com/ltlc2020](https://tinyurl.com/ltlc2020) On this website you will also find details of skills “Passports” for each of these roles, outlining the minimum additional critical care skills these staff members should ideally have prior to redeployment.

### Suggested Shift Process:

#### **Start of the shift**

ICU Nurse, RSC and patient facing NRSS introduce themselves, agree priorities and the ICU nurse will allocate tasks for the Pod.

The daily shift planner and skills framework will assist with this.

If in isolation rooms this can be done by telephone or via MS Teams.

#### **Post ward round**

Pod nursing team meet and review if there are any changes in priorities.

#### **After Lunch breaks**

Team meet - is the Pod team on track? Have the priorities changed?

#### **End of Shift**

Team meet, identify any care to be handed over.

#### **Break Relief**

Coordinate with the Nurse in Charge.

Suggested break patterns should be agreed.

#### **Escalation of Concerns**

Concerns about patients or staff should be escalated early to the nurse in charge.

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## Suggested Pod Task allocation

This part of the document aims to assist the surge ‘Pod’ staffing structure by suggesting how tasks might be allocated in this model.

This is a guide and assumes that the RSC and NRSS have the baseline skills detailed in their skills “passports”. Redeployed staff may also have or acquire additional skills.

<b>Critical Care Nurse</b>	<b>Registered Support Clinician (RSC)</b>	<b>Non-Registered Support Staff (NRSS)</b>
<b>Safety Checks</b>		
Ventilator setting and alarms Monitor setting Calibration of transducers Drug infusions and lines Identify emergency drug access	Name and allergy band Suction, oxygen, Ambu bag waters circuit Humidifier Drug prescriptions and times Nutrition prescription and confirmation of n/g tube position	Name and allergy band Suction, oxygen, and breathing Bedside safety – pumps, machines charging Next of Kin Contact Stock bedspace
<b>Medications</b>		
Administer inotropes Administer sedation Administer continuous heparin infusion	Administer standard IV’s (peripheral and central) Administer oral drugs Administer nasogastric drugs Administer PR drugs VIP score	
<b>Observations and Assessment (assess and record)</b>		
Airway Ventilation Auscultation Cardiac output Delirium assessment GCS CRRT	Vital signs RASS Gag reflex Pedal pulse Pupil assessment Nausea assessment Pain assessment Stool assessment	Patient care Patient position Check when bowels opened Nausea assessment Temperature
<b>Sampling</b>		
ABG, <i>interpret and respond</i> Bloods, <i>interpret and respond</i> NBAL	Sample central and arterial lines CSU Sputum Swabs Urine dipstick Fecal sample Blood sugar level, <i>interpret and respond</i>	Process ABG CSU Sputum Swabs Fecal sample Blood sugar level, <i>alert RSC or CCRN of result</i> (if trained in the use of the relevant equipment)

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<b>Critical Care Nurse</b>	<b>Registered Support Clinician (RSC)</b>	<b>Non-Registered Support Staff (NRSS)</b>
<b>Ventilation</b>		
Adjust and record ventilation	Adjust FiO <sub>2</sub> Suctioning Tracheostomy care	Assist ICU nurse with ETT and tracheostomy care
<b>Nutrition</b>		
Abdominal pressure monitoring	Sample BSL Adjust variable rate insulin Administer nasogastric feed Care and management of nasogastric tube	Assist with feeding Sample BSL Bowel assessment Stool assessment
<b>Fluid and renal</b>		
CVVHDF	Urinalysis Record fluid balance (input /output)	
<b>Specialist equipment</b>		
ICP EVD Pacing IABP Spinal drains Chest drains	Care of surgical drains Sequential stocking device	
<b>Personal Care</b>		
Lead on log roll Lead on mobilization of patients with airways	Personal care Oral Care Pressure area care Wound care Assist with mobilization Dressings	Personal care Oral Care Pressure area care Wound care Assist with mobilization Assist with dressings
<b>Risk assessment</b>		
	Document all risk assessment (daily and weekly) Moving and handling Falls as indicated Bed rails as indicated	
<b>Maintaining Safe Environment</b>		
Emergency ventilation equipment available	Bed space set up Ensure adequate stock levels Damp dusting Donning area Doffing area	Ensure adequate stock levels Damp dusting Donning area Doffing area

Critical Care Nurse	Registered Support Clinician (RSC)	Non-Registered Support Staff (NRSS)
<b>Psychological care of the family and patient</b>		
Provide comfort and reassurance and engage with patient. Facilitate remote contact with families Support a therapeutic environment, minimizing noise and promoting sleep.	Provide comfort and reassurance and engage with patient. Facilitate remote contact with families Support a therapeutic environment, minimizing noise and promoting sleep.	Provide comfort and reassurance and engage with patient. Facilitate remote contact with families Support a therapeutic environment, minimizing noise and promoting sleep.
<b>Recovery and rehabilitation</b>		
Liaise with MDT regarding rehabilitation Plan and assess rehabilitation and recovery activities	Deliver rehabilitation and recovery activities under guidance of ICU nurse or relevant professional	Engage patient and provide reorientation and support. Assist with delivery of rehabilitation
<b>Infection Prevention Control</b>		
Ensure connections secure prior to re-positioning/interventions	4 hourly damp dust all hard surfaces equipment mattress	4 hourly damp dust all hard surfaces equipment mattress
<b>Waste Disposal</b>		
	Dispose of waste according to trust policy	Dispose of waste according to trust policy