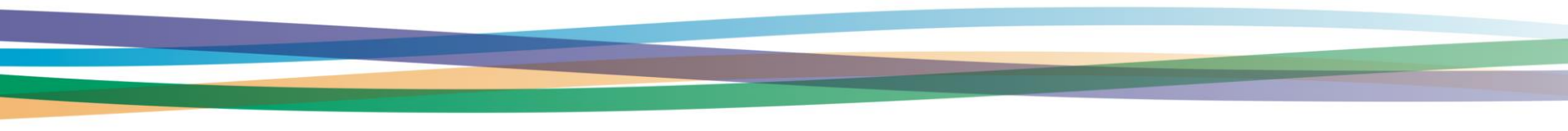


Management of a Septic patient in Newark Urgent Care Centre

Michael Thomson

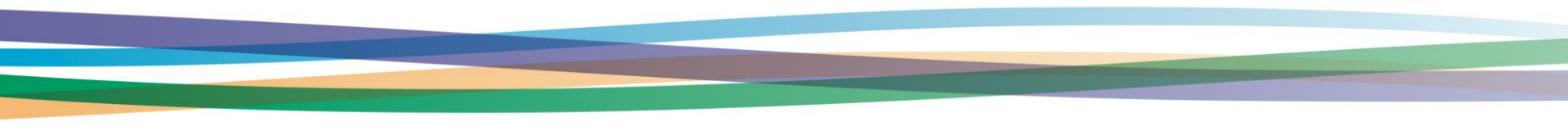
Charge Nurse

UCC Newark



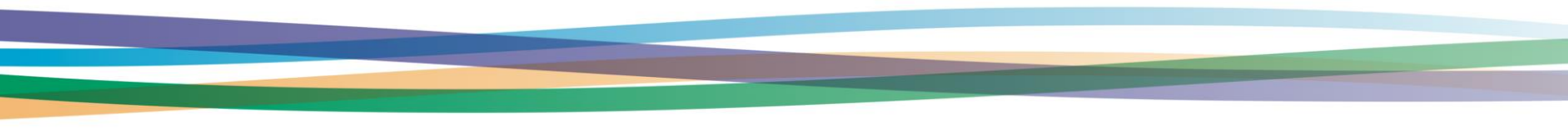
Not just steri-strips...

- This brief presentation is a case study of a child attending the Urgent Care Centre Newark.
- I hope to emphasise the work and progress that has been made around a number of key areas in the Department and Trust.



Initial Attendance

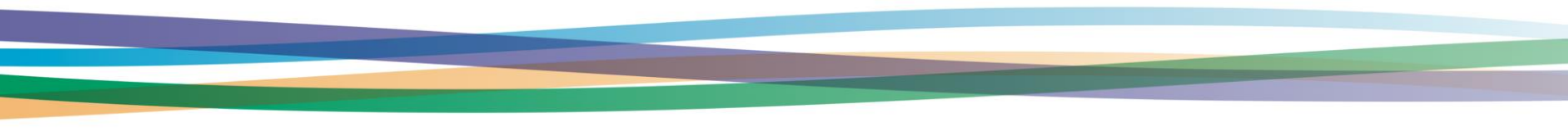
- Patient 15years and 4 months old.
- Presented to department
- GP had 'referred' to UCC for Blood Test.



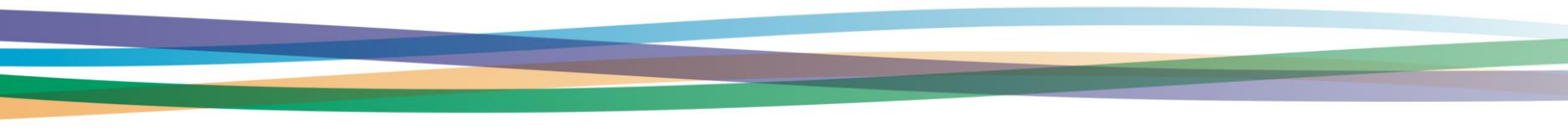
Background

- Had been referred by GP to Childrens Services July 2016
- Did not attend appointments.
- Had travelled home with his father. Returned to UK as 'not insured' for required treatment.
- Diagnosis of Blood Cancer.

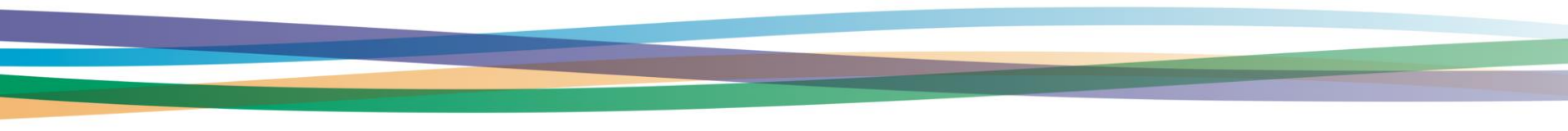
(System 1 Record)



Background

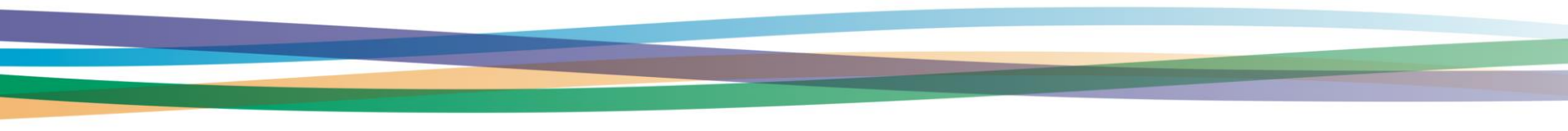
- Patient had Chemotherapy Treatment 4 days earlier.
 - 24 hour history of chesty cough, painful throat and raised temperature.
 - Seen by GP.
 - GP documented low suspicion for Sepsis however requesting 'blood tests'.
- 

What did we do?

- UCC Medical and Nursing Staff discussed and worked with GP.
 - Risk factors yes.
 - All felt patient may not need an ED attendance, potential long waits and travelling.
- 

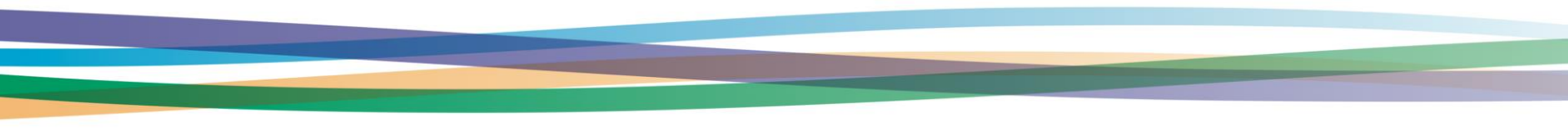
What we did well

- Seen within 2 minutes of registration.



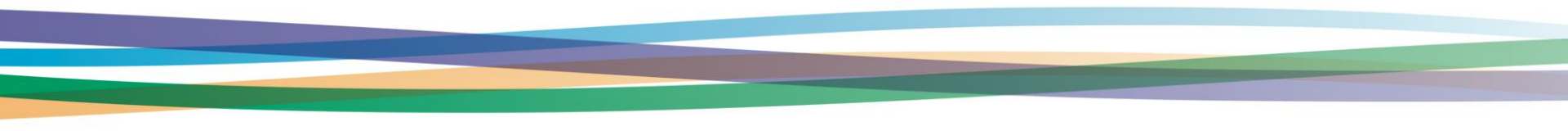
What we did well

- Shared Documentation



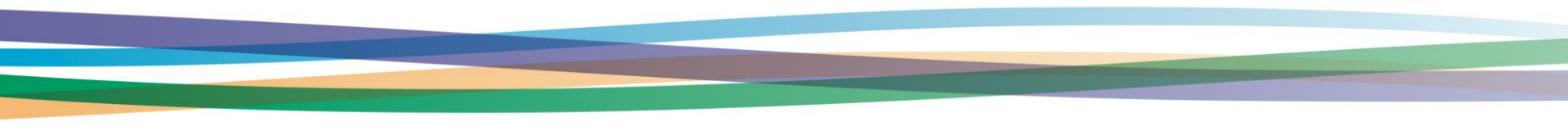
What we did well

- Risks identified



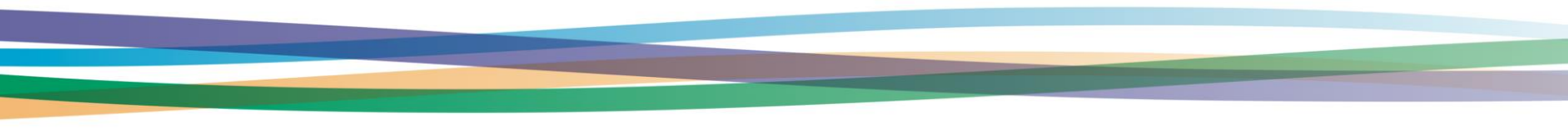
What we did well

- Rapid intervention



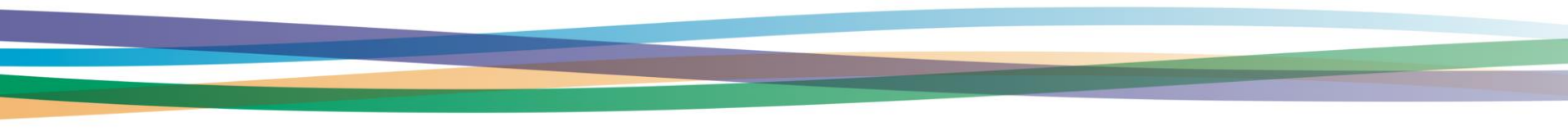
What we did well

- Swift Investigations (POCT X-RAY)



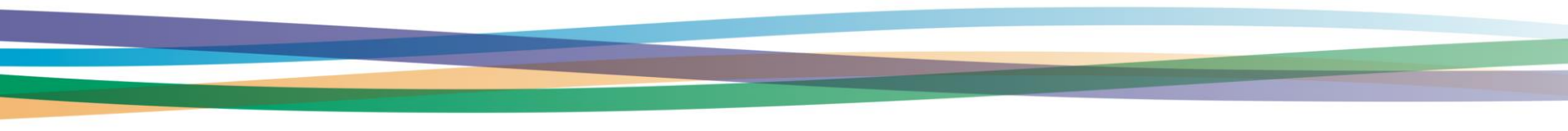
What we did well

- Consent and Safeguarding

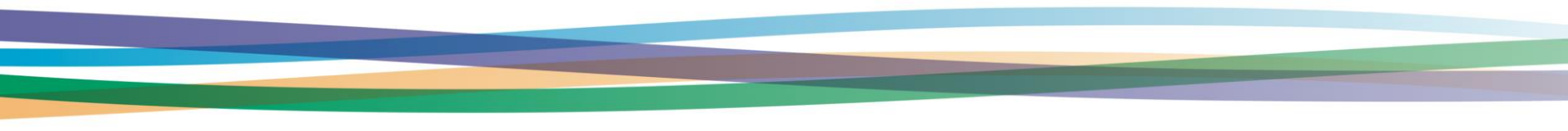


What we did well

- Appropriately skilled staff

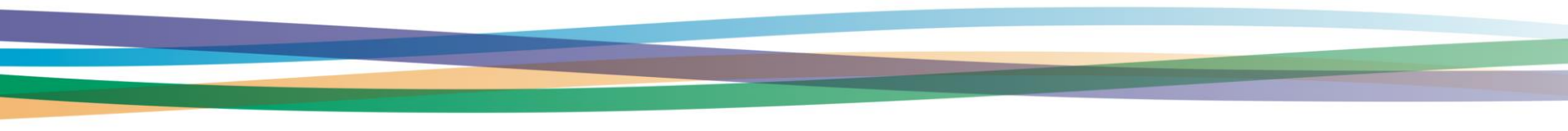


Then what?

- Patient remained stable.
 - Swift and smooth liaison between services.
 - Continued monitoring.
- 

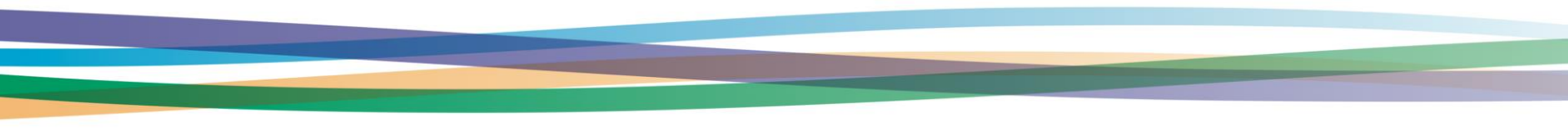
Transfer

- Patient and father spoken to by UCC Dr and aware of admission. Asked if any further questions they would like to ask.
- Patient spoken to by nursing team regarding admission and ensured they were adequately prepared, including the simple things... phone chargers, change for coffee machines, getting back etc etc

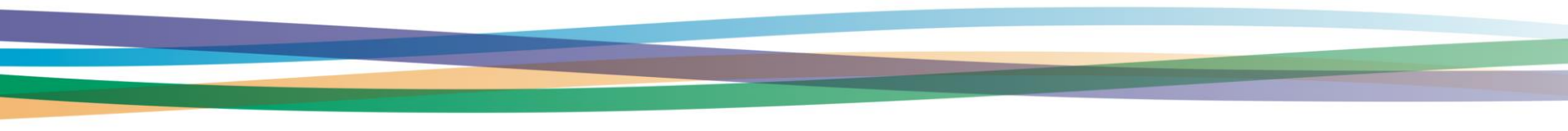


Transfer


- EMAS protocol for Transfer.
- Work still to be done on transfers out.



What went well?

- Rapid recognition
 - Rapid treatment
 - Shared working together
 - Systems, Pathways, Processes work.
- 

What we have learned

- Departmental feedback
 - Grand Round
 - Today's Presentation
 - Working better with EMAS
- 

Any questions?

- It not just steristrips..... 😊

