

## F1 SURVIVAL GUIDE

<b>Specialty</b>	Intensive Care
<b>Location/s</b>	ICU (purple zone level 2) or HDU (green zone level 2) 9-bed ICU with extra 5 beds for post-op patients & 10-bed HDU. There are two F1s per rotation, and one will go to ICU and one to HDU for one month, then rotate, for better continuity of care.
<b>Team</b>	The team includes doctors of all levels, nurses, ACCPs (advanced critical care practitioners), dieticians, physios, and CSWs. One consultant covers ICU, and one covers HDU each week with changeover on Friday. Quite a high turnover of SHOs and registrars as many people are rotating through during anaesthetics or IMT training. Very big & friendly team & always well-staffed!

<b>Different Roles / Type of uniform</b>	Nurses – blue ACCPs – teal scrubs CSWs – grey Dieticians and physios - white
<b>In charge / How to identify</b>	Consultants of the week will be present at handover (08:00) every morning and are usually available on the unit all day. There is usually a different nurse-in-charge every day who will join the ward round.
<b>Computer Systems</b> - <b>Across the Trust / General</b>	EPR – rarely used in Critical Care, but if you see a referral this must be documented on EPR. Often useful to check patient histories & clerking notes once they have come to ICU/ HDU.  iLab: for biochemistry, serology, and microbiology results  PACS: For radiology scans.  DartOCM: To order investigations – scans, bloods, cultures, swabs etc. CT scans and MRIs must be vetted by the on-call radiologist. Portable CXRs are needed almost every day to check NG and line placements (call XR North wing to confirm the request after booking).  Solus: Echo reports  KCH portal: If neurosurgery, HPB, cardiology, haematology and major trauma advice is required from King's, they must be referred via this portal ( <a href="https://www.kch.nhs.uk/gps/refer-a-patient/inter-hospital-acute-referrals">https://www.kch.nhs.uk/gps/refer-a-patient/inter-hospital-acute-referrals</a> ). Kings will update using this. You can request a login using your NHS email.

<b>Computer Systems</b> - <b>Specific to department</b>	<p>Metavision in ICU and HDU (works better than EPR): used for daily documentation, viewing obs, blood gas and blood results, prescribing etc. Visiting teams usually document using a generic login. Basically all of the hospital systems combined into one.</p> <p>After prescribing a medication, always make sure you click the 'sign' button under the 'medication timeline' tab, otherwise the prescription will not go through.</p>
<b>Induction</b>	<p>Basic induction on the structure of critical care on the first day with an introduction on how to use Metavision.</p>
<b>Ward rounds</b>	<p>There are 2 ward rounds a day- the AM handover starts at 8am exactly in the ICU seminar room so don't be late!! The night team will present all the patients in detail including any clinical updates.</p> <p>Each consultant has a different preference for how ward round is done, but usually juniors will examine the patients and write down blood results &amp; updates in the notes, then the team goes round with the consultant and makes a plan for the day.</p> <p>The PM ward round is usually around 4pm, and we check that all the jobs from the morning have been done and make a plan for the night team.</p>
<b>Departmental Teaching</b>	<p>Every Wednesday at 13:30, everyone is encouraged to sign up to deliver a teaching session and you can put this in your portfolio.</p>
<b>Shift patterns</b> - <b>Rota</b> - <b>Breaks</b>	<p>F1s are supernumerary so Monday-Friday 08:00 – 17:00 with every other Friday off. All weekends and bank holidays off too.</p>
<b>The typical day / What to expect</b>	<p>08:00 – Handover to discuss all ICU and HDU patients. The night team also hands over any patients in the hospital who have been referred to critical care.</p> <p>Around 09:00 – AM ward round; examine patients using an A-E or systems approach, then document the problems list, examination findings (including things like ventilator settings, fluid balance, any lines/ drains/ tubes/ catheters), latest bloods and scan results, current medications, and plan in the daily notes.</p> <p>The consultant will then see the patient with the team and add anything if needed. There are jobs list templates on the unit which will make your life much easier! Ward round length depends on the consultant but most of them are efficient so usually done by 11:00.</p> <p>Post ward round, prioritise and complete all the jobs – the team is usually quite big so easy to do. Definitely</p>

	<p>volunteer to learn any procedures such as arterial or central lines and LPs.</p> <p>Jobs usually include line insertions, blood cultures, referring to inreach teams, booking and reviewing scans etc. Also if a new patient comes in, they must be fully clerked and examined.</p> <p>Every day, the consultant microbiologist will come to ICU/ HDU for a micro ward round (to go through the patients, discuss cultures, and make any changes to antibiotics if required).</p> <p>16:00 – PM ward round; usually very quick.</p>
<b>Referrals</b>	<p>The reg will carry bleep 494 and take referrals. It is useful (and interesting) for your learning to go with them to review referrals, especially if not much is going on or not many jobs on the unit. After seeing a new referral, it must be documented on EPR and discussed with the consultant, who will advise if the patient needs to come to critical care.</p>
<b>Audits</b>	<p>Always lots of audits going on; speak to Anita Bowman or any of the consultants to discuss starting or joining an audit.</p>
<b>Top Tips</b>	<p>ICU can be very specialised with complex cases so no one will expect you to know everything immediately. Ventilators and haemofiltration can be tricky to get your head around, but seniors are usually happy to go through the basics with you.</p> <p>Most people are keen to teach and let you get hands-on experience, so ask lots of questions and volunteer to practise procedures such as line insertions, lumbar punctures, and bedside Echocardiograms as much as you can. If there are any skills you are interested in practising, just ask and someone will help you.</p> <p>All of the nurses and ACCPs are very knowledgeable and experienced so basically just do whatever they say.</p> <p>Critical care can be emotionally challenging at times, seek support from your colleagues and clinical supervisor if you feel you need it.</p>
<b>Conclusion</b>	<p>ICU is a great placement with lots of opportunities for developing clinical and procedural skills. There is lots of learning and by the end you will become confident in managing very unwell patients. You also have quite a lot of free time, so this is a good time to work on portfolio/ revise/ attend courses etc.</p>