



Welcome Message From

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This month, I've met numerous leaders in the intensive care community and ACCCN National Board members. Despite challenges, there's inspiring innovation, planning, and investment ahead. ACCCN is placing increased emphasis on social media and regular educational content, including useful clinical materials by Kylie Thompson in "Critical Care Brush Ups," "Clinical Highlights," and "Journal Highlights." Australian Critical Care Journal's strength grows, evident in the recent 2022 Impact Factor release. Also, congratulations to Andrea Marshall and the editorial team and brace yourselves for upcoming "bumper issues." As winter approaches, clinical workers face increased activity and challenges. Take care of yourself and use ACCCN resources for professional education. Excited to meet you at planned educational events.

Clinical Spotlight

Each month we will focus on refreshing our knowledge and skills around a relevant clinical concept at the time. If you have suggestions for topics for us to focus on, we encourage you to **contact us via this form**.

These ideas could be anything that you or your colleagues have come across in your clinical practice which you would like us to help you review and refresh your knowledge on. Making suggestions helps keep this newsletter and its segments relevant and useful for you!

Submit Topic Suggestions Here



June Topic: Blood – Giving Life Safely!

Did you roll up your sleeve during National Blood Donor Week this month and donate some life-saving blood? In that time how many patients did you give blood too as part of caring for them?

Our critically ill patients sometimes need blood products as part of their treatment and a clear understanding of how we can safely administer them is key to optimising the use of this highly valuable and extremely limited resource. Let's explore these concepts more to ensure we are providing best-practice care for our patients who are receiving blood product transfusions.





Blood Tests Prior to a Transfusion

A 'group and screen' and crossmatch are all necessary to reduce the possibility of any reaction to the multiple antigens that exist in our blood. Besides the 'blood type' antigen ABO there are numerous other antigens that people have or develop (due to pregnancy etc.) that can cause a reaction.

The term 'group and screen' refers to the 2-stage process performed prior to a crossmatch. The 'group' is established by splitting the blood sample into RBC and plasma and testing both against known ABO and RhD antibodies, revealing the patient's ABO and RhD blood group. The step known as the 'screen' is when the patient's plasma is mixed with RBCs with known antigen types. If there is a reaction, then this indicates that the patient has specific antibodies present, and matching must also take this into account to avoid a reaction.

Once the group and screen are completed the crossmatch can be performed in two ways. If there were no antibodies present, an electronic crossmatch can be done to identify specific donor blood which is compatible. If antibodies were detected, plasma from the patient is mixed and incubated with RBCs from the donated blood to test for any incompatibilities. This is done for each requested pack of blood products.

Checking Practices for Administration

The essential element of this 3-step checking process is that two qualified health professionals (INDEPENDENTLY) check (UNINTERRUPTED) the patient, the pack labels, and the prescription, comparing each of these elements to each other.

- **Patient and Pack Labels:** Compare the patient's identification band with the details on the compatibility label with at least 3 identifiers – Full name, DOB, and MRN. Involving the patient or carer/guardian in this check is also encouraged, if possible. Also, compare the compatibility label (added to the pack once the crossmatch is completed) to the component label (applied around the time of donation and storage) with the matching of the donor identification number and the compatibility of the ABO blood group.
- **Patient and Prescription:** Compare all 3 patient identifiers on the identification band to the prescription order (again involving the patient or carer/guardian can add another element of safety to this check).
- **Prescription and Pack Labels:** Compare all 3 patient identifiers on the prescription and the compatibility label and ensure that the blood product type is the same as is prescribed.



Checking the blood product is also important in ensuring that it:

- Is within the expiry date and time
- Has no visible leaks at ports or seams
- Has no visible clots or evidence of haemolysis, discolouration etc.

Finally, make note of the volume for fluid balance records and for calculating the infusion rate as needed. It is key to safety that each individual blood product should not take more than 4hrs to be transfused.



Monitoring your Patient for Safety During Administration

Monitoring must start with a baseline for comparison so a set of observations (at least temperature, pulse, respirations, and BP) must be taken within 1hr of starting a transfusion. Once the transfusion is started, observe the patient closely for the first 15mins of each pack, then at least hourly for the duration of the transfusion, and 15 minutes after the completion of the transfusion. It is important to think of each pack as a new drug and while a patient may not react to the first unit given, the second unit may be from a different donor and therefore could induce a reaction.

This monitoring is key to the early detection of any complications and specifically an acute transfusion reaction which can be a life-threatening event. Two broad types of reaction could be seen, being either a transfusion-transmitted bacterial infection or an acute haemolytic transfusion reaction. Signs and symptoms to watch for include fever, dyspnoea, and development of a rash (urticaria).

Responding to an acute transfusion reaction is considered a medical emergency and must be systematic, including the following steps:

- 1** Stop the transfusion and activate your emergency response call system
- 2** Check vital signs and medically manage as appropriate
- 3** Maintain the IV access but DO NOT flush the blood administration line
- 4** Repeat the 3-step blood transfusion checking process
- 5** Notify medical staff and Transfusion Service Provider
- 6** Save the blood pack and IV line for further testing.

Once your patient is stabilised, the other steps are key to preventing this from happening again.

Written by Kylie Thompson (ACCCN National Nurse Educator)

“
Best practice is the key to ensuring that this precious resource is utilised safely - donate blood and give it to your patient safely!
”


**Australian Red Cross
 Lifeblood**

Want more?

The Australian Red Cross has numerous resources available on their website [Lifeblood | Be a life-saver today | Donate blood and more](#) and you can even book a blood donation appointment also!

ACCCN members can access a series of related webinars via Continulus – covering topics around blood transfusions, management of anaemia in critical care and other coagulation issues. Enjoy! Just follow the link on the ACCCN website to [login](#).

Australian Critical Care

Journal Highlights

The Australian Critical Care Journal is a wonderful wealth of current research and practice developments that we as members of the ACCCN have access to! So, to highlight this, I aim to focus on one article to summarise each month and encourage you to read it and many others yourself.

Our article this month is: Mett, A., Chamberlain, D., Gronkjaer, M., Brun Thorup, C., Conroy, T. (2023). Nonpharmacological interventions for agitation in the adult intensive care unit: a systematic review. Australian Critical Care, 36, 385-400. DOI:10.1016/j.aucc.2022.02.005

A systematic review is a good starting point for establishing what

is already known about a topic and in this instance, we focus on the nonpharmacological interventions for adult ICU patients with agitation. The focus is explicit here on establishing the use and evidence behind any specific interventions that may be considered as nurse-initiated. This may have the added benefit of avoiding significant reliance on physical restraints and drug therapies.

Interventions that have been researched to some extent included music and ambient nature sounds, foot reflexology, healing touch, and aromatherapy. Simple techniques that involve minimal or no training to implement. Though I would think that a variety of other interventions are being used in our nursing practice (and have positive outcomes) but are not researched. For example, and I am sure you can think of others such as:

- Therapeutic talk and re-orientation
- The presence of familiar objects (e.g. a favourite blanket), familiar people and/or photos
- Attention to specific ADLs like a hair wash
- Time outside if the facilities exist
- Appropriate use of light and dark time to create a good wake/sleep cycle
- Padded and/or low beds to reduce the risk of injury from agitated movement etc.

Also, I would consider that reducing a patient's agitation embraces a patient-centred approach and would involve some tailoring to that patient's particular preferences. What this article really does is highlight the need for good robust NURSING research around NURSING interventions so we can build a strong evidence-based practice. The flow-on effect of this is if we can strengthen the evidence around nursing interventions, we can reduce our reliance on more medical-focused management. Medical interventions such as drug therapies for agitation have certainly been more extensively studied but there is also an acknowledgement of the associated risks with this such as an increased length of stay. There is certainly scope for nursing interventions that may have fewer associated side effects.

The article leaves us with ideas and plans for future nursing research around interventions for our agitated patients. This would be exciting to explore and there is potentially a lot that ICUs could learn from other clinical areas such as aged care, psychiatry, and emergency. However, in the meantime, we all have a repertoire of things we try for our agitated patients to increase their safety and reduce their agitation. Is there any evidence behind what we do? Are some interventions better than others? Research is the key to answering these questions but please continue to use what you can to address your patients' needs and share your ideas with your colleagues.

Written by Kylie Thompson (ACCCN National Nurse Educator)

Reflection Questions:

- What interventions have you used in your practice to calm an agitated patient?
- How do you think family members of the patient feel, when their usually calm loved one is agitated and restless?
- What is causing the agitation in your patient (the disease process, fear, behavioural issue etc) and how does this effect the interventions you could employ?

To build from these ongoing journal highlights the ACCCN is looking to recreate a Journal Club. Please take a few minutes, by completing the survey, to give us your preferences and suggestions about how we can make this Journal Club a rewarding experience that you would like to be part of.



**The survey closes
Monday 3rd July**

Critical Care Brush-Ups

“Critical Care Brush Up” is your weekly dose of essential practice points to refresh your knowledge. It’s an opportunity for you to delve into the topic and contribute your thoughts and experiences through social media. Feel free to download the content using the link below, ensuring you have a handy reference for future use. Enjoy your brush up and have fun along the way!

How to Interpret a Chest X-Ray?

A ROSE For My Arterial Line?

My Art Line is Over Dampened



Advisory Panel Update

Since forming, the panel has been busy working on its ACCCN Board-approved projects for the new term of appointment. We are fortunate to have a mix of academic and clinical expertise on the team from critical care nurses located across Australia. The activities initiated within the panel will provide an opportunity for contributing toward education in the area of specialisation. The first project that the Education Advisory Panel are working on is the **redrafting of the ACCCN Position Statement on Critical Care Education** which will help inform curricula in postgraduate programs of study. We hope to have this document submitted to the Board of ACCCN in the **first half of 2024**.

The group meet every second month and responds to a variety of other activities as directed by the ACCCN Board. These include contributing advice to the ACCCN conference programs that require Education Advisory Panel input and responding to correspondence on education matters directed to the Board.

Each member is passionate about critical care education and looks forward to contributing to progressing initiatives during their term.

Melanie Greenwood (TAS) – Chair | Jacqueline Jauncey-Cooke (QLD) | Angelique Clarke (VIC) | Carol Grech (SA/NT) | Kat Hite (SA/NT) | Deb Massey (QLD) | Kaye Rolls (NSW/ACT) | Fraida Saghafi (NSW/ACT) | Amanda Serra (VIC)

Upcoming Events & Education



ACCCN Annual Education Meeting 2023

19th -20th October 2023

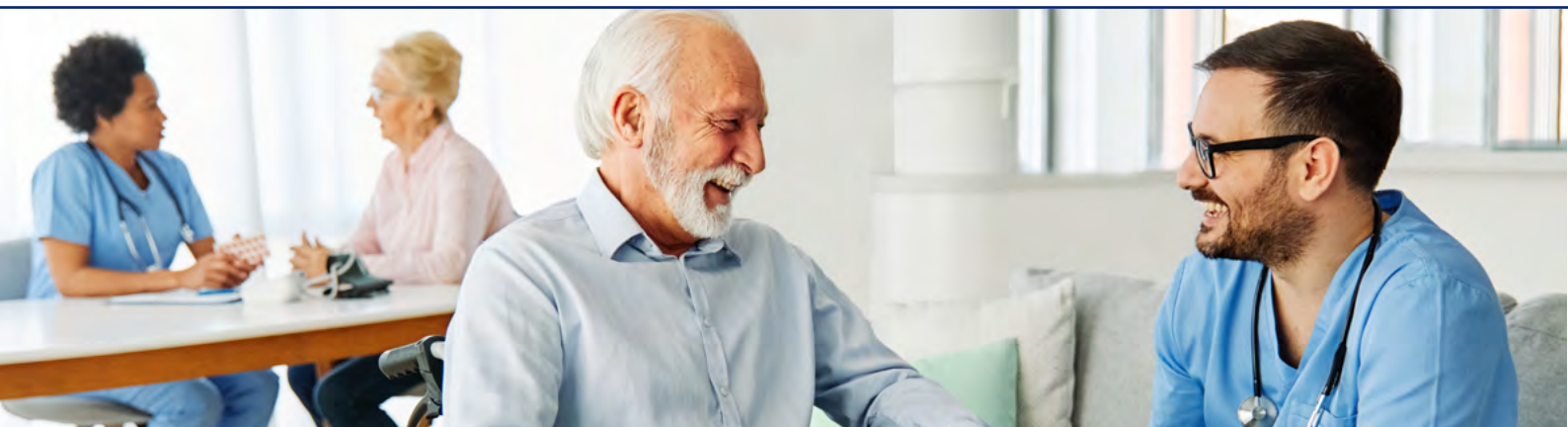
[Register Now](#)



ACCCN QLD Critical Care Seminar - Mgmt of the Complex Trauma Patient

Friday 1st December 2023

[Register Now](#)



ACCCN Advanced Life Support (ALS) Program

ACCCN Advanced Life Support (ALS) Program offers a comprehensive range of Instructor, Adult, and Paediatric ALS courses. They are suitable for all healthcare professionals (nursing, medical, defence force) to attend, but are specifically aimed at nurses and medical staff working in a critical care environment, or with critically ill patients. Standards used throughout the course reflect the Australian

Resuscitation Council Statements on Basic and Advanced Life Support; and current ANZCOR and ILCOR guidelines. Annual re-certification is recommended for the Adult and Paediatric programs. Biennial re-certification is recommended for the Instructor program.

Courses are run nationally →



Grants

Apply for the VIC Members' Professional Development Grant before Saturday, July 7, 2023.

This grant provides support for attending conferences, seminars, workshops, or educational events in critical care. Eligible expenses include travel, registration, and accommodation related to educational conferences, forums, short courses (excluding formal course fees), or critical care nursing meetings. To qualify, you must be a current financial member of ACCCN for at least 12 months, meet all application requirements, and submit the application by 11:59 pm on July 7, 2023.

Access the application form by logging into your ACCCN account.



Jobs & Careers



Gold Coast University Hospital: Clinical Nurse Clinical Facilitator – Emergency Department

Closing Date: 10/07/2023

The Gold Coast University Hospital (GCUH) Emergency Department (ED) sees approximately 120,000 presentations per annum. The department provides a 24-hour triage service for all level of presentations from high end trauma to minor injuries. The GCUH ED has a separate Children's ED and has a 20-bed adult and children's short stay unit. We aim to provide world class care to a diverse community through a holistic approach that encompasses shared decision making with consumers, family, and carers. This service is based in Southport.

[Apply Here](#)

Royal Hobart Hospital: Registered Nurse Department of Critical Care Medicine

Closing Date: 20/07/2023

The Royal Hobart Hospital is the tertiary referral hospital in Tasmania and the principal teaching hospital for the University of Tasmania School of Medicine. The hospital provides all general and specialty medical and surgical services as well as paediatrics, obstetrics and psychiatry. It is also the state's tertiary trauma centre.

[Apply Here](#)

Sydney Children's Hospital, Randwick: Registered Nurse Children's Intensive Care Unit

Closing Date: 31/08/2023

The Children's Intensive Care Unit (CICU) in Randwick are seeking enthusiastic and highly motivated Registered Nurses who have recent experience in a Critical care setting and/or a paediatric environment to join our team in our 17 bed Intensive Care Unit. We recognise previous learning and training and offer an individualised, tailored orientation program to all RN's who join the team. This is facilitated by a nursing education team working a 7-day roster as well as a full complement of Intensive Care specialist staff with the nursing grades of; CNS, CNE, NE, CNC, NUM as well as the wider multidisciplinary CICU Team.



Queensland Children's Hospital: Registered Nurse

Closing Date: 31/05/2024

Children's Health Queensland Hospital and Health Service (CHQ HHS) is a recognised leader in paediatric healthcare, teaching and research. With a dedicated team of more than 4,500 people, our point of difference is in the way we provide care to children, young people and their families every day. This is through our steadfast commitment to providing patient and family-centred care at every level of our service and our continuous drive for service and operational excellence.



Are you looking for research participant's?

The ACCCN encourages research participation and can promote your research project.

All ACCCN members currently involved in research projects relevant to critical care nursing are eligible to promote their project through the ACCCN website, newsletter and social channels.

For more information or to submit a Research Project [CLICK HERE](#).

Life Membership Nominations

ACCCN Life Membership Nominations are now open and will close 21 July 2023. Nominees must be distinguished by reason of notable contributions to the College AND critical care nursing.

Notable contributions to the College:

- Membership of the College for a period of at least 10 years
- A current financial member of the College
- Over the period of membership, demonstrate sustained, active participation in and contribution to the College through:
 - o The organisation of College events
 - o Contribution of time or expertise to College events
 - o Membership of a State committee, Advisory Board or National Board

Notable contributions to critical care nursing:

- Maybe in one or more of the following areas:
 - o Research
 - o Education (Industry or Higher Ed)
 - o Leadership
 - o Patient Care/Clinical Practice

To submit a nomination please complete the [Life Membership Nomination Form](#) and return it to admin@accn.com.au by 21 July 2023.

Refer a Friend Enjoy The Rewards



Receive 1-Month Free Membership for Each Friend You Refer

Help a friend enjoy the benefits of ACCCN membership and be rewarded when they join.

As an existing member you will receive an additional [1-month free membership](#) for each friend you refer when they mention your name in their application.

[Visit the Member Benefits page](#) to ensure you are making the most of your membership.

*Terms and conditions apply to this membership offer, [click here](#) for more information.