

A survivors' guide to working in the intensive care unit

Introduction

Foundation training seems to be here to stay and so doctors with significantly less experience than before will find themselves facing a training block on the intensive care unit (ICU). This is a daunting prospect for the uninitiated; the authors both left jobs as medical registrars to work on ICU, but despite these good foundations still found themselves near-paralysed with fear on their first mornings on the unit. The following tips are intended to help equip you and reduce your anxiety levels.

Be prepared

A little preparation before you begin your ICU block can go an awfully long way, both towards protecting your sanity and also endearing yourself to your consultants. The ICU uses lots of equipment and drugs which may be totally foreign to you when you start. Your colleagues will understand that you may not have encountered 'the kit' before and will not expect you to have an intimate knowledge of the workings of the cardiac output monitor. However, it will really boost your confidence and your overall enjoyment of your attachment if you have at least a basic understanding of how the most commonly used equipment functions. We would recommend:

Ventilation

A working knowledge of ventilation and the basic ventilation modes (continuous positive airway pressure ventilation, bilevel positive airway pressure ventilation, pressure support, pressure control, synchronized intermittent mandatory ventilation) will be helpful.

The best starting point for this is in a book called *Practical Intensive Care Medicine* (Corke, 2001) which is absolute

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gold dust. Written by a no-nonsense, straight-talking Australian it covers ventilation and many other topics, making them gloriously simple. For those who wish to delve a little deeper, three articles (Garfield, 2001; Wild and Alagesan, 2001; Edwards and Matthews, 2002) from *Continuing Education in Anaesthesia, Critical Care and Pain* are recommended. These are brilliant, short articles, available as a supplement with the *British Journal of Anaesthesia*, on line, or in a good anaesthetic department near you.

Inotropes

You should have a basic understanding of how the inotropes that your ICU uses work. It takes no time to read through the pharmacology of these drugs. Half your life on ICU will be spent making decisions about whether to give fluid or start noradrenaline and it will save you time and embarrassment if you actually understand how and why we do what we do. Again, *Practical Intensive Care Medicine* covers this very well.

Sedatives

A basic understanding of how the sedative agents your ICU uses work and why they are used in the first place will help. While this is not something that perhaps you will be expected to manage, it is part of the basic building blocks of your ICU experience to understand what the 'white stuff in the big syringe' does.

Be systematic

The ICU is the physiologist's playground. As such, each patient is thought of as the sum of his/her systems and particular attention is paid to those systems which are failing. A sick patient, either on the ward or the ICU, may have so many problems that the situation can seem overwhelming. It is therefore useful to address each system in turn, identify what is wrong with it, and intervene to improve this (obviously, treating the most serious first). This method works in all situations, and is equally important for you and your

patient – it helps you to keep calm, work methodically and make sure that nothing is missed. It doesn't matter which method you choose, e.g. ABCDE (airway, breathing, circulation, disability, exposure); or respiratory system, cardiovascular system, gastrointestinal system and CNS, but choose a system and stick to it.

Be thorough

Being an intensivist is not rocket science (although this, of course, is a well-guarded secret!). The secret of managing the critically ill lies in meticulous attention to detail, and on the ICU, detail means absolutely everything.

During your ICU job, you will have fewer patients to look after, and although each will have more complicated requirements than the average ward patient, you will be in the enviable position of actually being able to give each of your patients the time they deserve. It is important that a comprehensive problem list is generated for each patient every day and that these problems are tackled or consciously put 'on the back burner'. Complacency will certainly be frowned upon and being slightly obsessive may save you from that awful sinking feeling that comes from looking after a patient for several days, only to discover that you have missed something.

It is also worth stressing the importance of good documentation, especially at the time of admission. If the patient is intubated or sedated, the history you took from him/her shortly before intervention may be the only chance at a history you'll ever get, so make sure it is worth reading.

Be wise

On this attachment it certainly helps to know what you know, and even more importantly what you don't know. Your seniors will always be there for advice and support so don't be afraid to ask. Your consultants want to be kept informed of events, day and night, and will expect to guide your management. So don't panic, you are not alone.

Be humble

Listen to the nurses – they are an invaluable source of information and advice. Some of the most experienced, skilled and knowledgeable nurses in the hospital work in the ICU. While you may reckon you have a greater breadth of knowledge, you can bet your senior nurses will have a greater depth of knowledge about most things in the ICU, especially during your first few weeks. So ask them for help when you need it and don't pretend to know it all – you'll only look foolish in their experienced eyes.

Be enthusiastic

Your ICU block is likely to be your best opportunity for learning practical procedures such as central line insertion. Also you are unlikely ever to have such easy access to a consultant again, unless you pursue a career in anaesthetics, so use them and try to learn as much as you can from them. Anaesthetists are usually very happy to teach and to supervise practical

techniques as they are used to the 'apprenticeship' method of learning. However, the job can be busy and it is always less effort for a senior member of the team to do something him-/herself, rather than to teach you. If you are enthusiastic and proactive (not to mention happy to do your share of the 'drossy' jobs) senior colleagues will be more inclined to help you do the lines and more interesting jobs.

Conclusions

ICU is a fantastic block; you'll get the chance to manage the sickest of patients in the most controlled of environments, but by following these simple rules it hopefully

won't be too daunting. The learning opportunity, the ready availability of your consultant and the level of support you will experience is unrivaled, so throw yourself into it and you are sure to gain hugely from your months on ICU. **BJHM**

Conflict of interest: none.

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KEY POINTS

- A little preparation and background reading will go a very long way.
- Don't panic; you will be very well supported.
- Never be afraid to ask for help.
- Seize the opportunity to practise your practical skills.