

LOGBOOK

Nursing and Allied Health Professionals Trauma Competencies in the Emergency Department

Level 1

Candidate Name:	
Centre:	

Welcome

Welcome to your Level 1 logbook. By successfully completing this logbook you will fulfil the requirements for the Level 1 trauma qualification in the Peninsula Trauma Network.

This logbook is asynchronous, apart from the introduction and the final sign off it can be completed in any order.

Successful completion involves a combination of:

- Ensuring you host Trust mandatory training is completed
- Listening and reflecting on trauma educational podcasts
- Practicing and delivering some practical skills with your peers
- A final "sign off" with your mentor

Please ensure that you have downloaded the latest version of this logbook from www.theptn.co.uk to ensure that you have the latest and most up-to-date learning experience.

The pod and video casts can be accessed directly through www.theptn.co.uk, however it may be easier to access them through your regular provider (Spotify / Apple Podcasts etc). Some of the podcasts offer a "basics" version or a more detailed discussion: it is up to you which you choose, but the knowledge in the basics version is sufficient to gain this qualification.

Additional podcasts and educational resources that may be relevant to your speciality area can be found on www.theptn.co.uk.

About you:

Your mentor: Name: Professional background: Where I work: Contact details: Your experience: Please detail here your experience in the care of major trauma patients and any aspirations for this course:
Professional background: Where I work: Contact details: Your experience:
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Podcast: An introduction to trauma care

A brief look at the UK's trauma systems, how and when they were developed, why they were developed and how their structure is designed to provide the very best care we can for our trauma patients. Includes a description of the levels of trauma call activated within the emergency department.

Once you have listened to the podcast, please complete the following boxes.

The things I have learnt from this podcast are:

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Podcast: Preparing for the trauma call and the first 10mins

ATMIST call, trauma team activation and resus bay preparation; how the situation changes as we learn more about the patient and how they respond to our interventions.

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Podcast: Primary and secondary survey

A description of the primary survey, the importance of identifying injuries and treating them at the same time, particularly highlighting immediately life-threatening injuries. Overview of the role of the secondary survey.

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Podcast: Chest trauma

The PTN chest trauma pathway, the importance of early analgesia, intercostal drains and rib fixation; reminder that the vast majority of blunt chest wall injuries are frailty trauma as well!

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Podcast: Haemorrhage control

Recognising bleeding patients even with 'normal observations', how we control or stop bleeding and how we replace the blood they have lost.

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Podcast: Pelvic trauma

How mechanism of injury helps us understand fracture patterns, why we use pelvic binders, the risks and benefits of binders and when to remove or keep them on.

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Podcast: Traumatic brain injury

Types of injury and the range of severity; highlighting important elements in immediate management; expert tips on assessing GCS (Glasgow Coma Scale), why it needs to be accurate and why we communicate any changes to it.

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Podcast: Spinal injury

How we have changed historical practice of spinal immobilisation and how to take a patient-centred approach to spinal precautions; acute and ongoing management of spinal cord injuries.

The things I have learnt from this podcast are:	
The changes that I will make to my practice are:	
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Podcast: Open fractures

The "do's and don't's" of managing open fractures, both pre-hospital and in hospital; covering the timelines for definitive management of these fracturs and where they (might) need to be referred.

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Podcast: Frailty trauma

Recognising trauma in older, frail individuals has different mechanisms and injury patterns than trauma in a younger population; appreciating the difficulties in recognising and triaging frailty trauma and the impact of medical comorbidities.

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Logbook:

In this section you will record your practical skills and experiences; both in training and in delivering patient care.

PREPARING BAY FOR ARRIVAL OF TRAUMA PATIENT

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APPLICATION OF SIMPLE DRESSINGS FOR HAEMORRAGE CONTROL

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PERFORMS AN ASSESSMENT OF PATIENT PAIN

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Authorised signatory:

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PERFORMS A FRAILTY ASSESSMENT

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PARTICIPATES IN PREPARATION AND TRANSFER OF PATIENT OR AN INTUBATED PATIENT TO CT SCAN / THEATRE / INTENSIVE CARE / ANOTHER HOSPITAL

Date	Simulation / Operational (please delete)	Witnessed by (name, grade and signature)
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Authorised signatory:

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SIGN OFF:

To be completed by authorised signatory

I have reviewed the Id	gbook and evidence of:	

And confirm that:

- All Mandatory training is completed and up-to-date
- All podcasts are documented with appropriate reflection
- All skills are approved

Name:	
Date:	
Signature:	

Please scan and email your completed document to your department education team so your electronic records can be updated. This document can also be used as part of your NMC revalidation.



EXPLANATORY NOTES / FAQ'S:

WHO CAN BE A MENTOR:

Mentors should be approved by your local educational lead. There is no minimum requirement but mentors should be familiar with the skills and knowledge of Level 1 curriculum and applied them in practice.

WHO CAN SIGN OFF A SKILL:

Any registered health care professional who has competence in that particular skill can sign of a skill.

WHO CAN WITNESS A SKILL:

Any health care professional who has competence in that particular skill can sign of a skill.

I'VE COMPLETED LEVEL 1, NOW WHAT?

Congratulations! We recommend that you complete a Level 1 course every 3 years.

You could of course also now aim to complete a Level 2 course as well! Best of luck in your trauma learning journey.