

LOGBOOK

Nursing and Allied Health Professionals Trauma Competencies in the Emergency Department

| Candidate Name: | |
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Welcome

Welcome to your Level 2 logbook. By successfully completing this logbook and associated course you will fulfil the requirements for the Level 2 trauma qualification in the Peninsula Trauma Network.

Please make sure you have completed your Level 1 qualification before starting this logbook!

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 your host Trust mandatory training is completed
- Listening and reflecting on trauma educational podcasts
- Practicing and delivering some practical skills with your peers
- Attending the Level 2 PTN trauma course
- 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).

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

About you:

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Podcast: Trauma RSI

Indications for rapid sequence induction and intubation, drug choice, anticipation of the effects of those drugs and pro-actively managing these effects. Appreciating the environment in resus can be 'hostile' for performing RSI.

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Podcast: Traumatic cardiac arrest

Managing both blunt and penetrating traumatic cardiac arrest, understanding the indications and contraindications for each and understanding the HOTT protocol.

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Podcast: Tranexamic acid

More in-depth look at the use of tranexamic acid in patient with traumatic haemorrhage. Understanding the scope of its use is wider than *just* major haemorrhage.

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Podcast: Massive transfusion protocol

Triggers for activation of and the goals of massive transfusion. Components of the massive transfusion packs, monitoring and ongoing management.

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Videocast: IR in trauma

Introduction to interventional radiology in trauma, case reviews of where it might be appropriate to consider in place of or in conjunction with surgery.

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Podcast: Trauma in pregnancy

Appreciation of the key elements that change in management of pregnant trauma patients, pitfalls to avoid and constant reminder to get O&G help early.

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Podcast: Burns

Special injury types which can be seen in isolation or in combination with other traumatic injuries. Understanding importance of first aid and in-hospital management, along with need to transfer to specialist centres.

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Podcast: Pain and analgesia

Managing pain is one of the key elements in the care of trauma patients, particularly from the patient perspective. Important to appreciate all avenues of management.

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Podcast: Organ donation

Not often discussed in the emergency room, key information on signposting and an awareness of the process to help our patient's families understand what to expect.

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Podcast: Breaking bad news

Sad inevitability of managing trauma patients and something that never gets easier. Key take homes are preparation (as best you can) and use of clear, honest and non-ambiguous language.

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Podcast: Retrieval

Focus on transfer both between and within hospitals with trauma patients. Key elements of referral and handover, patient preparation and packaging.

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Logbook:

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

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LEADS/ DEMONSTRATES STEPWISE APPROACH TO HAEMORRAGE CONTROL INCLUDING MASSIVE TRANSFUSION

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DEMONSTRATES/UNDERSTANDS METHODS OF IMMEDIATE AIRWAY SUPPORT AND INTERVENTION

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| Authorised I consider t | Simulation / Operational (please delete) Sim / Operational Sim / Operational | Witnessed by (name, grade and signature) |
| Date | Simulation / Operational (please delete) Sim / Operational Sim / Operational | Witnessed by (name, grade and signature) |

ASSISTS WITH EMERGENCY THORACOSTOMY AND / OR CHEST DRAIN **INSERTION**

| Date | Simulation / Operational (please delete) | Witnessed by (name, grade and signature) |
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| | d signatory: this practitioner compet | ent in this skill: | |
| | | | |
| Name: | | | |
| Date: | | | |
| Signature: | | | |
| UNDERST | | | |
| | | ARDIAC ARREST PROCEDURE | |
| Date | Simulation / Operational (please delete) | Witnessed by (name, grade and signature) | |
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| Date | Simulation / Operational (please delete) Sim / Operational Sim / Operational | Witnessed by (name, grade and signature) | |

SPINAL IMMOBILISATION PRECAUTIONS AND PATIENT TRANSFER (INCLUDING C-SPINE)

| Date | Simulation / Operational (please delete) | Witnessed by (name, grade and signature) |
|------|--|--|
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| | Sim / Operational | |
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| | Sim / Operational | |
| Authorised | l signatory: | |
| I consider | this practitioner compet | ent in this skill: |
| | | |
| Name: | | |
| Date: | | |
| Signature: | | |
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| | C TRAUMA MANAGEME DISPLACEMENT | ENT / ACTIVATION OF O&G/NEONATAL / |
| | DISPLACEMENT Simulation / Operational (please | ENT / ACTIVATION OF O&G/NEONATAL / Witnessed by (name, grade and signature) |
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Peninsula Trauma Network LEVEL TWO LOGBOOK, Version 2.0

Name:

Date:

INDICATION AND PROCESS OF RESUSCITATIVE HYSTEROTOMY

| Date | Simulation / Operational (please delete) | Witnessed by (name, grade and signature) |
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| | Sim / Operational | |

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| I consider this practitioner competent in this skill: | | | | |
|---|--|--|--|--|
| Name: | | | | |
| Date: | | | | |
| Signature: | | | | |

IMMEDIATE CARE OF BURNS

| Date | Simulation / Operational (please delete) | Witnessed by (name, grade and signature) |
|------|--|--|
| | Sim / Operational | |

Authorised signatory:

I consider this practitioner competent in this skill:

| Name: | |
|------------|--|
| Date: | |
| Signature: | |

REVIEW CT TRAUMA SCAN WITH CLINICIAN (CAN BE COMPLETED DURING GOVERNANCE SESSION)

| Date | Simulation / Operational (please delete) | Witnessed by (name, grade and signature) |
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| | Sim / Operational | |

| | Sim / Operational Sim / Operational | | |
|-------------------------|--|--|-------|
| Authorised | | ent in this skill: | |
| Name: | | | |
| Date: | | | |
| Signature: | | | |
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| ASSESSES | PATIENTS PAIN AND I | DENTIFIES MULTIMODAL SOLU | ITION |
| ASSESSES | Simulation / Operational (please delete) | DENTIFIES MULTIMODAL SOLU Witnessed by (name, grade and signature) | TION |
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ATTENDS TRAUMA GOVERNANCE MEETING

| Date | Witnessed by (name, grade and signature) |
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Application of Knowledge and Technical Skills: Assessed Performance at Major Trauma Call Assessment 1

This should be a planned assessment with your mentor, an experienced Trauma educator or with the Trauma Team Leader / Nursing Team Leader.

| | Expected behaviour | Succes sful | unsucc essful | | |
|-------------------------|--|----------------|------------------|--|--|
| Initial approach | Knows when to activate the trauma team | | | | |
| арргоаоп | Able to assess disability, using AVPU or GCS | | | | |
| | Interprets findings from primary survey | | | | |
| | Assesses vital signs | | | | |
| | Understands imaging needs at end of primary survey | | | | |
| | Knows when to request specialty opinion | | | | |
| History and information | Obtains history of mechanism of injury from paramedics | | | | |
| gathering | Interprets injuries / pattern in light of mechanism of injury | | | | |
| Examinatio n | Is able to perform a detailed secondary survey | | | | |
| Investigatio n | Understands the following tests in the context of this case : Primary survey films CT imaging arterial blood gas Lab bloods ECG FAST | | | | |
| Clinical decision | Forms differential diagnosis and management plan based on: | | | | |
| making and | Able to identify and mange life threatening injuries | | | | |
| judgment | Able to identify the airway that may be at risk | | | | |
| | Can identify haemorrhagic shock and form a treatment plan for this | | | | |
| | Safely prescribes and / or administers fluids, blood products and drugs. | | | | |
| | Can identify those patients who need urgent interventions or surgery before imaging or secondary survey | | | | |
| | Can safely interpret imaging and test results | | | | |

| | Demonstrates safe disposition of trauma patient after secondary survey | | | |
|---|---|--|--|--|
| Communic ation with patient, relatives, staff | Effectively communicates with both patient and other members of the trauma team | | | |
| Overall plan | Identifies immediate life threats and readily reversible causes | | | |
| Profession alism | Behaves in a professional manner | | | |
| | | | | |
| | Overall Successful- YES / NO (circle) | | | |
| Things done | e particularly well | | | |
| Learning poi | ints | | | |
| Action points | S | | | |
| Assessor S | Signature: Assessor role and grade | | | |

Application of Knowledge and Technical Skills: Assessed Performance at Major Trauma Call Assessment 2

This should be a planned assessment with your mentor, an experienced Trauma educator or with the Trauma Team Leader / Nursing Team Leader.

| | Expected behaviour | Succes sful | unsucc essful | | |
|-------------------------|--|----------------|------------------|--|--|
| Initial approach | Knows when to activate the trauma team | | | | |
| арргоасп | Able to assess disability, using AVPU or GCS | | | | |
| | Interprets findings from primary survey | | | | |
| | Assesses vital signs | | | | |
| | Understands imaging needs at end of primary survey | | | | |
| | Knows when to request specialty opinion | | | | |
| History and information | Obtains history of mechanism of injury from paramedics | | | | |
| gathering | Interprets injuries / pattern in light of mechanism of injury | | | | |
| Examinatio n | Is able to perform a detailed secondary survey | | | | |
| Investigatio n | Understands the following tests in the context of this case : Primary survey films CT imaging arterial blood gas Lab bloods ECG FAST | | | | |
| Clinical | Forms differential diagnosis and management plan based on: | | | | |
| decision making and | Able to identify and mange life threatening injuries | | | | |
| judgment | Able to identify the airway that may be at risk | | | | |
| | Can identify haemorrhagic shock and form a treatment plan for this | | | | |
| | Safely prescribes and / or administers fluids, blood products and drugs. | | | | |
| | Can identify those patients who need urgent interventions or surgery before imaging or secondary survey | | | | |
| | Can safely interpret imaging and test results | | | | |

| | Demonstrates s secondary surve | afe disposition of trauma patient after | |
|---|--|---|--|
| Communic ation with patient, relatives, staff | Effectively communicate of the trauma team | es with both patient and other members | |
| Overall plan | Identifies immediate life | threats and readily reversible causes | |
| Profession alism | Behaves in a professional manner | | |
| | 0 | | |
| Things done | particularly well | cessful- YES / NO (circle) | |
| Learning poi | nts | | |
| Action points | ; | | |
| Assessor S | ignature: As | sessor role and grade | |

Application of Knowledge and Technical Skills: Assessed Performance at Major Trauma Call Assessment 3

This should be a planned assessment with your mentor, an experienced Trauma educator or with the Trauma Team Leader / Nursing Team Leader.

| | Expected behaviour | Succes sful | unsucc essful | | |
|-------------------------|--|----------------|------------------|--|--|
| Initial approach | Knows when to activate the trauma team | | | | |
| арргоасп | Able to assess disability, using AVPU or GCS | | | | |
| | Interprets findings from primary survey | | | | |
| | Assesses vital signs | | | | |
| | Understands imaging needs at end of primary survey | | | | |
| | Knows when to request specialty opinion | | | | |
| History and information | Obtains history of mechanism of injury from paramedics | | | | |
| gathering | Interprets injuries / pattern in light of mechanism of injury | | | | |
| Examinatio n | Is able to perform a detailed secondary survey | | | | |
| Investigatio n | Understands the following tests in the context of this case : Primary survey films CT imaging arterial blood gas Lab bloods ECG FAST | | | | |
| Clinical | Forms differential diagnosis and management plan based on: | | | | |
| decision making and | Able to identify and mange life threatening injuries | | | | |
| judgment | Able to identify the airway that may be at risk | | | | |
| | Can identify haemorrhagic shock and form a treatment plan for this | | | | |
| | Safely prescribes and / or administers fluids, blood products and drugs. | | | | |
| | Can identify those patients who need urgent interventions or surgery before imaging or secondary survey | | | | |
| | Can safely interpret imaging and test results | | | | |

| | Demonstrates safe disposition of trauma patient after secondary survey | er |
|---|--|----------|
| Communic ation with patient, relatives, staff | Effectively communicates with both patient and other members of the trauma team | pers |
| Overall plan | Identifies immediate life threats and readily reversible cause | es |
| Profession alism | Behaves in a professional manner | |
| | Overell Successful VES / NO | (cirolo) |
| Things done | Overall Successful- YES / NO particularly well | (Circle) |
| Learning poi | ints | |
| Action points | S | |
| Assessor S | Assessor role and grade | |

SIGN OFF:

To be completed by authorised signatory

| l have rev | iewed the l | logbook and | evidence of: | |
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And confirm that:

- All Mandatory training is completed and up-to-date
- All podcasts are documented with appropriate reflection
- All skills are approved
- They have successful completed the Level 2 course
- They have completed a successful assessment of performance at a Major

 Trauma

| 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 2 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.