

Pick and Mix (P&M): Weekly remote multidisciplinary education at your fingertips!

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*When the pressure is on, education often suffers. Whilst patient safety should always be our primary concern, education is crucial for us to provide safe, effective care.

*Team based education promotes team working, resilience, morale and a sense of value.

*"Pick and Mix" is our **solution** to this problem. Accessible, online education is delivered weekly, with the aim to appeal to the whole team, enabling individuals to select what is relevant to them.



SPOT DIAGNOSIS: The case the bull's-eye

The beginning:
A 43-year-old forestry warden based in the New Forest presents to the ED with the rash seen below. It has been present for around six days & she is concerned as it is getting bigger. She has felt generally a bit under the weather. She has a normal set of observations.

The middle:

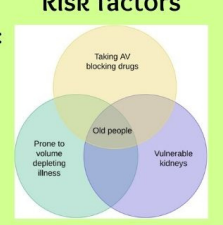


The end:
All will be revealed on Friday...
If you know likely diagnosis AND the causative agent email for a chance to win a prize! (ed.daily.education@gmail.com)

ZOTW: BRASH syndrome

Definition
A syndrome consisting of:
-Bradycardia
-Renal failure
-AV node blockers
-Shock
-Hyperkalaemia

Risk factors



Clinical presentation
-Varies: asymptomatic to shock
-Usually an insult causing renal hypoperfusion
-E.g. hypovolaemia, increase in HTN meds or K+ sparing diuretics

Pathophysiology
-High K+ & AV node blocking drugs cause bradycardia. In combination the bradycardia is more pronounced
-Reduced HR = reduced CO & in turn reduced renal perfusion, which leads to renal dysfunction & worsening hyperkalaemia, further worsening the bradycardia
-A positive feedback loop occurs, which if not recognised, may lead to shock, multiorgan failure & death

Management
-1st step is to recognise the syndrome as your standard ALS approach is not likely to be helpful
-Aims are to treat:
*High K+ (follow UHS algorithm - calcium will also improve CO & bradycardia)
*Hypovolaemia (fluids)
*Renal hypoperfusion (fluids, adrenaline may be needed)
*Bradycardia (calcium, adrenaline may be needed)

Clues to help distinguish BRASH from:

Pure hyperkalaemia	Pure AV node blocking effects
K+: normally higher in hyperkalaemia than in BRASH ECG: other features of hyperkalaemia are seen. Usually just bradycardia in BRASH.	-History of ingestion of either excessive amounts, or recent uptitrating of AV nodal blocking drugs -High K+ may not be seen (this is an essential feature of BRASH syndrome)

References
LITFL - BRASH Syndrome
PulmCrit - BRASH Syndrome

Spot Diagnosis

Invites readers to email in their suggestions, with the chance of winning a prize. A short vignette is usually provided with a pathopneumonic image.

Zebra of the Week (ZOTW)

An important but uncommon disease/syndrome. Presented as a disease profile.

Patient Safety

Encourages learning from national safety alerts such as RCEM, RCPCH, or from our own M&M meetings.

Wellbeing

Suggestions, advice and activities aimed at improving mental wellbeing and resilience.

PATIENT SAFETY

Safety Alert: Insulin errors in the ED

The Royal College of Emergency Medicine
May 2017

Do you know the insulin prescriptions for: Hyperkalaemia? Sliding Scale or fixed rate? NRLS data proves we get it wrong... **THEY ARE DIFFERENT**

HYPERKALEMIA INFUSION				INSULIN INFUSION			
50 mL 0.50% Dextrose	Added by	Checked by		50 Units Actrapid Insulin	Added by	Checked by	
10 Units Actrapid Insulin infuse over 30 minutes				50 ml 0.9% sodium chloride 0.9%			
Patient Name	Date	Time		Patient Name	Date	Time	
Hospital No				Hospital No			

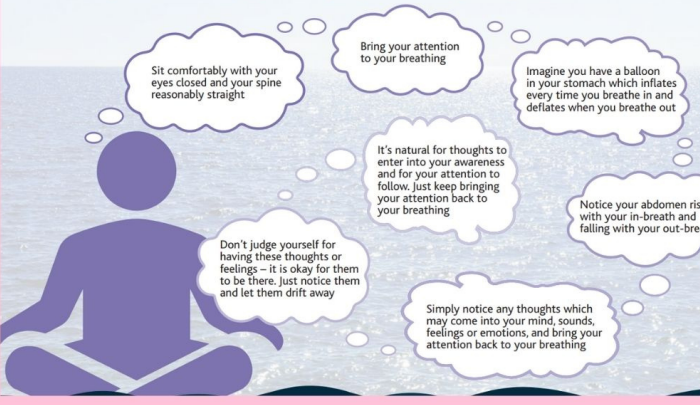
Know it, check it, safety net it

For other RCEM issued Safety Alerts and Safety Newsflashes see: www.rcem.ac.uk/safetyalerts

WELLBEING

And breathe...

Mindful breathing
Calm your mind and body by focusing on your breathing when you feel distressed...



Don't judge yourself for having these thoughts or feelings - it is okay for them to be there. Just notice them and let them drift away.

Simply notice any thoughts which may come into your mind, sounds, feelings or emotions, and bring your attention back to your breathing.

Response and Improvements

We used quality improvement methodology (PDSA cycles) and engaged fellow clinicians, to refine and improve the content. Initially, an educational titbit was sent out on different days over a week, via WhatsApp and email. Following feedback, this was amended to one bulletin on Monday, with a summary email on Friday.

Our data indicates that ZOTW and Spot Diagnosis are the most popular sections, with over 90% stating they read these sections. Furthermore, 70% wished for P&M to continue and only 23% indifferent.

Over the holidays, we repeat earlier content for spiral learning.

The Future

Feedback has been overwhelmingly positive, with comments such as "**Love it...hugely beneficial for education in our ED**", "**this is amazing**" and "**fun, easy to engage with**".