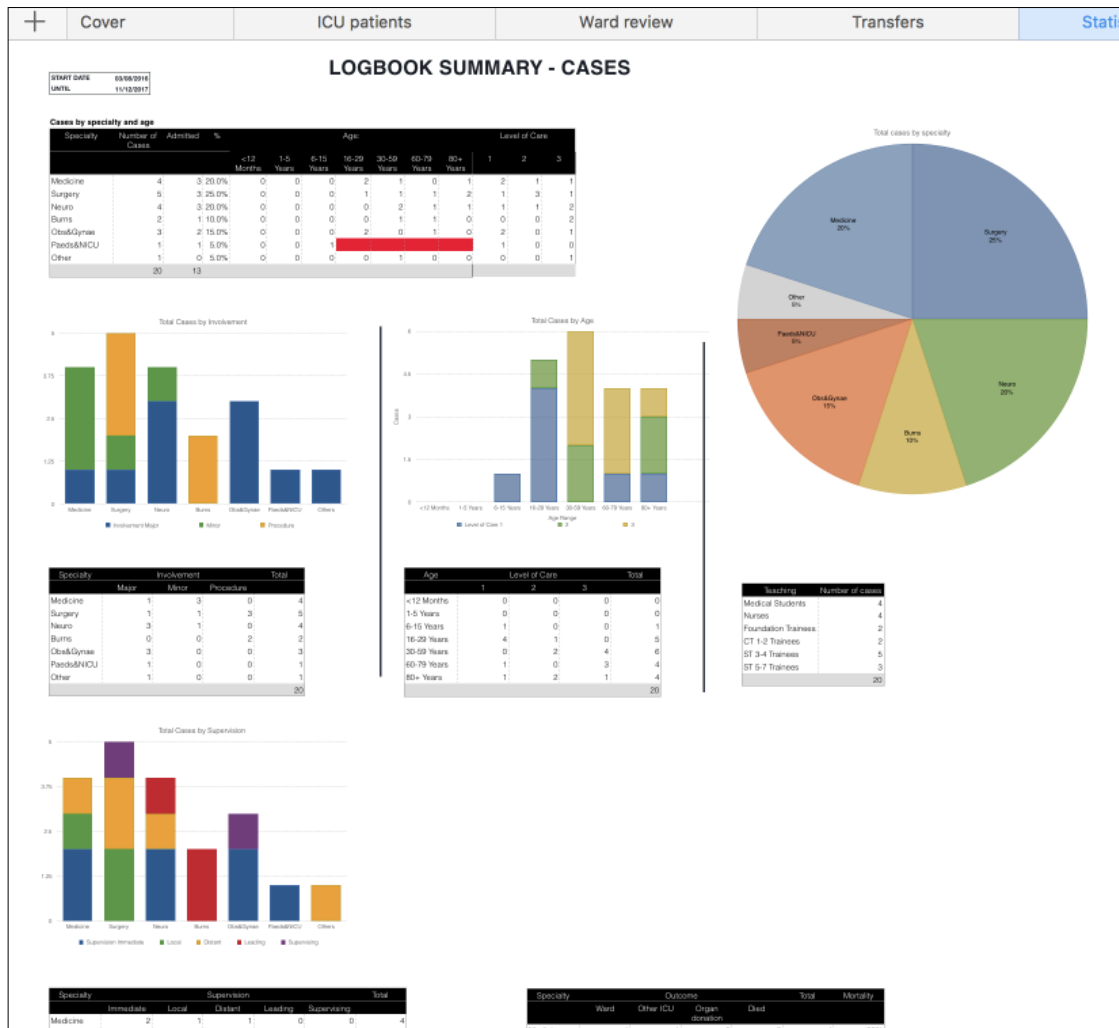


INSTRUCTIONS FOR USE



The NW ICU Logbook

Mark ZY Tan

V1.4: June 2019

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OVERVIEW

Compatibility

Built on Mac Numbers V3.6.2. Created by Mark ZY Tan (2017).

Compatible with iCloud backup and cloud-syncing with iOS device.

Built on Microsoft Excel for Mac 2011 v14.6.2

Introduction

The NW ICU logbook was created to be a personal, editable logbook for all grades of ICM practitioners. It is easy to add, delete or rearrange datasets with minimal knowledge of computer programming, making it highly accessible and flexible.

At the time of creation, a training logbook is not mandatory. However, many trainees find it useful to log procedures and follow-up patients. Thus, the summary tabs allow generation of graphs and charts for appraisal purposes.

Downloading

Current version available for free at logbook.mmacc.uk

On Mac or Windows:

- Download and save to file. To make use of Cloud capability, I recommend saving to a Cloud location

On iOS:

- If downloading directly from iOS device, the file will open as view only first. To use the file, you will need to "Open with Numbers" (needs to be installed on the device).

Layout

The ICU logbook is formatted into 3 main tabs and 3 summary pages.

- ICU patients: for patients on ICU, admitted, seen and re-reviewed. Enter procedures here.
- Ward review: for patients seen outside and NOT admitted to ICU.
- Transfers: for patients you have transferred

Data on Summary pages are automatically generated. These include:

- Statistics - Cases
- Statistics - Reviews and Transfers
- Statistics - Procedures

Data Entry

Data can be entered from a personal computer or an iOS device (tablet or smartphone).

On Numbers:

- Adding rows: to maintain formatting, click and drag round tab at bottom left of data tables:
- DAE stands for Difficult Airway Equipment
- For DAE, Ultrasound and Regional procedures, elaborate on further dropdown menus (statistics are calculated from here)

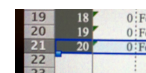


On iOS:

- Add rows (method 1): tap the “+” button on the data entry form (may be slow with large datasets)
- Add rows (method 2): go to relevant spreadsheet, click and drag round tab at bottom left of data tables (as for Mac)

On Excel:

- *Adding rows (Excel)*: to maintain formatting, click the master number to select entire row, then click and drag blue round dot at bottom left of data tables:



Editing the spreadsheet

Information on how to add, delete and edit can be found of Mac Numbers help page online.

Contact and support

If you encounter problems or have suggestions, please write to: nwiculogbook@gmail.com

Feel free to edit the fields and formulae, but take note that formulae may malfunction.

Share your own edits with us. Please write to: nwiculogbook@gmail.com

Acknowledgements

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Known Issues

Auto-Calculate cannot be disabled on Mac Numbers. Thus with very large datasets, the software may slow down, especially on iOS. Auto-calculate may be disabled on Excel version to speed up software with large datasets.

Intubations entered in the ward review section will not be calculated at the moment.

Block success rate formulae only takes into account regional block 1

If you would rather not have DoB as a potentially identifiable information, feel free to remove it and just use age.

VERSION HISTORY

V1.4 (Jun 2019)

- Conditional formatting for "#DIV/0!" errors
- Added in "non-trainee" for teaching
- Unlocked trainee demographic data so it can be edited even if page is locked (Excel)
- Minor formulae error in "percentage admitted" under "ICU patients by specialty and age" in "Stats-Cases" errors in counting trauma and cardiac cases (Excel)

V1.3 (Feb 2019)

- Added Vascath
- Rearranged summary pages to fit print preview
- Added trainee demographics for logbook submission

V1.2 (Sep 2018)

- Added Communication with relatives (please shift OUTCOME column) and COUNTIF in Procedure Summary page

V1.1 (Jul 2018)

- Added USS DVT option to reflect CUSIC competencies
- Minor formulae errors corrected

TIPS AND TRICKS

General

- Regular backups of logbooks are always recommended to avoid/prevent data loss.
- When updating to a newer version, I suggest copying over your entire data set, taking note of any new columns in the version history and accounting for this.
- Read the overview to make sure you know how to expand the data sheet and keep the formatting

ARCP

- Starting a new logbook document each year is a good way of summarising data for the academic year. A column of previous procedures can be copied over.
 - This involves unlocking summary tables and altering them. Do so at your own risk! I have not found an easy solution for porting over previous procedure numbers yet.
- Exporting a PDF of the summary sheets will usually suffice for ARCP purposes

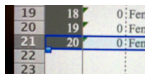
DATA ENTRY GUIDE

General and ICU patients spreadsheet

- *Adding rows (Numbers)*: to maintain formatting, click and drag round tab at bottom left of data tables:

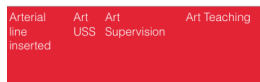


- *Adding rows (Excel)*: to maintain formatting, click and drag blue round dot at bottom left of data tables:



- *Age*: calculated automatically from Date and Date of Birth
- *Reviewed again on another date*: for patients whom you have reviewed more than once.
- *Admitted*: for patients whom either you have made the decision to admit, or you have done the initial ICU admission.
- *Cardiac arrest*: patients who have had cardiac arrest or admitted post-cardiac arrest.
- *Involvement*: general description of involvement in a patient's care.
 - ▶ Major, Minor, Procedure only.
- *Primary specialty*: main specialty the patient belongs to
- *Supervision*: level of supervision for managing this patient.
 - ▶ Immediate: reviewed with a senior clinician
 - ▶ Local: reviewed with senior clinician close-by
 - ▶ Distant: reviewed with overall general supervision by senior clinician
 - ▶ Leading: led the ward round or management (under supervision or independently)
 - ▶ Supervising: supervising a trainee in a patient's management
- *Teaching*: any teaching delivered during the management of the patient (excluding procedural teaching)
 - ▶ Levels: Medical students, Nurses, Foundation trainees, CT1-2, ST3-4, ST5-7.
 - ▶ Edit these options if there are different levels in your place of work.
- *Number of organ failures*:
 - ▶ Cardiovascular (CVS), Respiratory (Resp), Renal, Gastrointestinal (GI), Neurological (Neuro), Haematology (Haem)

- Level of care
 - ▶ Level 1: patients at risk of their condition deteriorating, or those recently relocated from higher levels of care. Ward-level care
 - ▶ Level 2: patients required more detailed observation or intervention. Single-organ failure.
 - ▶ Level 3: patients requiring advanced respiratory support alone or monitoring and support for 2 or more organs.
- *RSI*: for patients who you have performed a rapid sequence induction for
- *Intubation*: for patients who you have performed tracheal intubation
- *DAE*: difficult airway equipment used
 - ▶ Options: Airtraq, Bonfils, Fiberoptic, Bougie, McCoy, Videolaryngoscope
 - ▶ This field may be edited if there are equipment which you use more frequently.



- *Arterial line section*
 - ▶ Insertion site: Radial, Brachial, Dorsalis pedis, Femoral, Other
 - ▶ Art USS: if ultrasound was used for insertion of arterial line
 - ▶ Art supervision: level of supervision when performing this procedure
 - ▶ Art teaching: if you supervised or taught this procedure



- *CVC (central venous catheter) section*
 - ▶ CVC inserted sites: Internal jugular, Femoral, Subclavian, Other
 - ▶ CVC 2 inserted: for patients in whom you have inserted more than 1 CVC
 - ▶ CVC USS: if ultrasound was used for insertion of CVC
 - ▶ CVC supervision: level of supervision when performing this procedure
 - ▶ Vascath: tick or “yes” if at least one of the CVCs was a vascath
 - ▶ CVC teaching: if you supervised or taught this procedure
- *Procedure section*

- ▶ Options: Ascitic tap and drain, Brain-stem death testing, Bronchoscopy, Pleural tap, chest drain (seldinger and open), ECMO, Lumbar puncture, Oesophageal doppler, PAC insertion, Percutaneous tracheostomy, Prone positioning, REBOA, Regional block, Sengstaken tube, Ultrasound
- ▶ Supervision: level of supervision when performing this procedure (except Ultrasound and Regional)
- ▶ Ultrasound: please elaborate on studies in the Ultrasound section. Calculations will only be done in the Ultrasound section
- ▶ Regional: please elaborate on procedures in the Regional section. Calculations will only be done in the Regional section

USS 1	USS 1 Supervision	USS 2	USS 2 Supervision	USS Teaching
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- *Ultrasound section*

- ▶ Options:
 - FICE (focused intensive care echo)
 - FAST (focused assessment with sonography for trauma)
 - AAA (abdominal aortic aneurysm)
 - Pleural (for pneumothorax, haemothorax, consolidation, effusion etc.)
 - Abdo (general abdominal for non-AAA scans)
 - Renal (specific renal tract ultrasound)
 - HepBil (hepato-biliary ultrasound assessment)
 - Bladder
 - Ocular
 - DVT
 - Other
- ▶ Edit options if other types of ultrasound are in your skill set

Regional Block 1	Regional Block 2	Block Successful?
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- *Regional section*

- ▶ Long list of regional blocks

-
- ▶ Block successful: this will only count the success of the first block for summary purposes. This is a compromise between having too many fields. Edit if necessary.
 - *Communication with relatives*
 - ▶ Tick if you have had major communication interactions with the patient's relatives.
 - *Outcome*
 - ▶ Options: Ward, Still in ICU, Other ICU, Organ donation, Died

Ward reviews spreadsheet

- Include patients which have NOT been admitted into a critical care environment.



- *Adding rows:* to maintain formatting, click and drag round tab at bottom left of data tables:
- *Age:* calculated automatically from Date and Date of Birth
- *Time of Day:* this is included to study diurnal patterns
- *Reason for consultation:*
 - Options: Advice, Airway concerns, Resp support, CVS support, Cardiac arrest, Peri-arrest, Renal support, Trauma, Multi-organ failure, Higher level observations, IV access, Other organ support, Other
- *Referring specialty:* specialty which patient is managed under
- *Supervision:* level of supervision when performing this review
- *Teaching:* any teaching delivered during the review
- *Reason for non-admission:*
 - Options: Higher level care not needed, Outreach sufficient, Patient or family refusal, Poor prognosis, Referral to other team, Unable to provide bed, Transferred to other ICU,
- *Intervention:* interventions you have provided
 - Options: Advice only, Outreach initiated, Secured airway, Resuscitated, IV access, Other

Transfers spreadsheet



- *Adding rows:* to maintain formatting, click and drag round tab at bottom left of data tables:
- *Age:* calculated automatically from Date and Date of Birth
- *Time of Day:* this is included to study diurnal patterns
- *Intra/Extra hospital:* whether the transfer occurred within hospital or to another place.
- *Transport:*
 - Options: Foot, Road, Air fixed, Air rotary
- *Artificial ventilation*

-
- *Supervision*: level of supervision when performing this transfer
 - *Teaching*: any teaching delivered during the transfer

SUMMARY SHEETS

Statistics - Cases, Reviews & Transfers

You may select the desired dates to calculate and display data by editing the dates in the top left hand corner. It is set to the current date as default (Mac Numbers version only).

A selection of graphs are built-in which might be useful for appraisal and summary purposes. You may create further tables and populate graphs from there for your own purposes.

The X-axis value range is set to interquartile by default. You may change this by unlocking the graph and changing the steps.

Statistics - Procedures

You may select the desired dates to calculate and display data by editing the dates in the top left hand corner. It is set to the current date as default (Mac Numbers version only).

Each procedure is colour-coded by supervision.

You may add other difficult airway equipment. This needs to be added into the list first then added onto the statistics page.

There are base tables hidden below some of the visible tables (and on the far right in Excel version). You may choose to fully edit these, but any mistakes will affect the entire table.

If you want, you may unlock tables and add in previous numbers for procedures. However, you do so at your own risk.