Continuing Care Plan

1. BREATHING/AIRWAY

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Breathing spontaneously but respiratory inefficiency due to:	**1.** Early detection of respiratory distress: a. Ensure adequate respiration. b. Prevent / detect infection. c. Prevent aspiration of gastric contents.	**1.** Observe colour and respiratory pattern / rate: a. Auscultate breath sounds – Bilateral? Crackles? Wheeze? Stridor? b. Encourage deep breathing / coughing exercises. c. Record colour / consistency / amount of sputum.
2. Requiring high flow oxygen therapy.	**2.** Maintain adequate oxygenation.	**2.** Monitor percentage / P.P. of inspired O_2: a. Record oxygen saturations.
3. Unable to maintain airway: a. The need for an oro / nasopharyngeal airway. b. The need for an ET / iGEL airway.	**3.** Maintain adequate airway: a. Use stepped approach to choose airway. b. Minimise the risk of tracheal damage.	**3.** Secure tube & monitor correct position of airway: a. Change tapes daily or when soiled. b. Sterile endotracheal suctioning PRN.
4. The need for mechanical ventilation.	**4.** Support respiratory function: Promote weaning from ventilation.	**4.** Record ventilator parameters: a. Maintain close 1:1 patient observation. b. Follow Medics instructions on ventilation mode / settings. c. Ensure B.M.V. is available for bail out use.

2. CIRCULATION

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Disturbance of heart rate / rhythm.	**1.** Early detection and correction of arrhythmias.	**1.** Observe and record heart rate/rhythm: a. Document & report irregularities to Medic.
2. Hypertensive / Hypotensive.	**2.** Maintain and adequate BP.	**2.** Observe and record BP. a. Document & report irregularities to Medic.
3. Hyper / Hypothermia.	**3.** Maintain core temperature 35.0°C–37.0°C.	**3.** Cool/warm to maintain normal body temperature: a. Document & report irregularities to Medic.
4. The need for Intravenous Fluid	**4.** Maintain hydration state.	**4.** Maintain fluid balance. a. Give issued I.V.I. in boluses 250mls in acute situations. b. Observe for radial pulse / pulmonary odeama. c. Administer I.V.I. as instructed by medic. d. Use the drop rate to accurately administer flow
5. Infection sites.	**5.** Identify and treat infections.	**5.** Observe for high temperature / signs of infection: a. Take venous blood & deliver to Dive Doctor. b. Administer prescribed antibiotics & report effects.

3. MAINTAIING A SAFE ENVIRONMENT

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Casualty dependent on others.	**1.** Ensure patient safety: a. Promote independence. b. Maintain safe standard of care.	**1.** Give full explanations and reassurance: a. Observe & risk assess for potential patient dangers. b. Maintain a clutter-free environment. c. DMT should be aware of their limitations.
2. Potential hazards / equipment failure.	**2.** Early detection / resolution of equipment failure.	**2.** Ensure equipment is maintained and checked daily: DMT should be suitably trained in the use of all biomedical equipment.

4. RENAL / ELIMINATION

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Disturbance of kidney balance.	**1.** Urine output > 0.5ml / kg /hr: a. Accurately record fluid input / output.	**1.** Record fluid input & output accurately: a. Maintain fluid balance record chart. b. Record ALL input (Oral / I.V.I. / N.G.). c. Record urine output hourly. d. Report if urine drops bellow ½ ml per KG. e. Monitor insensible losses (Bowel / Sweat / Vomit). f. Observe / report evidence of oedema to Dive Doctor.
2. Electrolyte imbalance.	**2.** Early detection and correction.	**2.** Take venous blood. a. Use vacutainer system as trained or get briefed from medic. b. Give electrolytes supplements as prescribed.
3. Altered bowel habit / constipation / diarrhea.	**3.** Maintain normal bowel habit.	**3.** Monitor frequency and nature of stools & report to Dive Dr: a. Give laxatives as prescribed. b. Give immodium as prescribed.

5. NUTRITION

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Need to maintain an adequate nutrition.	**1.** Supplement diet to maintain nutrition: a. Aim for____calories / day.	**1.** Liase with Dive Doctor & establish a nutrition calorie goal: a. Record oral diet on food chart. b. Give dietary supplements as prescribed. c. Assist casualty with eating to maintain intake.
2. NBM and the need for enteral feeding: a. The need for a nasogastric tube.	**2.** To maintain adequate enteral nutrition: a. To access the GIT via an NG tube.	**2.** Ensure NG tube correctly positioned & secured: a. For free drainage: record & report volume. b. For NG feeding: give prescribed feed (fortisip, nutrison, build up or liquidized food / with whole milk: in hrly boluses via syringe. c. Document & ensure that adequate fluid / calorie intake achieved. d. Aspirate regime 4 hourly & ensure gastric absorption.
3. Experience Hyper / hypoglycaemia	**3.** Maintain Blood Sugar between 3.0-8.0 mmol	**3.** Check blood sugars daily / PRN & report results to Dive Dr: a. Administer insulin as prescribed. b. Administer carbohydrates as instructed.

6. PAIN

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Casualty has pain. a. The need for pain relief. b. The need for continuing pain assessment. c. Potential sedation.	**1.** Patient has manageable pain: a. Aim for no pain. b. For patient to be able to describe their pain. c. Avoid complications.	**1.** Treat pain: a. Liaise with doctor/protocol for analgesia management. b. Monitor the effects of analgesics using pain score system (See Section 7.5), Titrate analgesia. c. Observe patient for sedation effects of opiates (Pin point pupils, reduced conscious level). Give Naloxone as prescribed.

7. NEUROLOGICAL/SEDATION

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Reduced consciousness due to:	**1.** Early detection of changes in consciousness: a. To facilitate early airway support.	**1.** Record neurological observations hourly using the G.C.S: a. If G.C.S. < 13 consider oro / nasopharangeal airway. b. If G.C.S. < 9 consider E.T. / iGEL intubation. c. If respiratory rate < 8 support respirations with manual / mechanical ventilation.
2. The need for sedation / paralyzing agents.	**2.** Maintain patient stability.	**2.** Administer rapid acting opiate / sedation / paralyzing agents as prescribed: a. Administer prescribed agents strictly as ordered. b. Maintain dedicated intravenous access / ensure drugs do not mix. c. Monitor casualty with a sedation chart & report findings: reduce – increase sedation as ordered. d. Monitor casualty for cardiovascular impact of sedation drugs.

8. WOUNDS

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Has a wound from injury / surgical intervention.	**1.** Promote normal healing.	**1.** Identify, assess, document & report any wounds: a. Dress wounds using A.N.T.T. principles. b. Apply appropriate dressing according to policy / Dr's Instructions. c. Redress as needed. Leave dressing in situ unless oozing. d. Monitor size, depth & recovery of wound.
2. Has an infected wound site.	**2.** Detect & treat infection.	**2.** Monitor for signs of wound infection & report to Dr if present: a. Pyrexia, Inflammation, Pain, Pus Discharge & Malodour. b. If present conduct a bacteriology swab & give to Dr. c. Clean irrigate wound as instructed. d. Give antibiotics as prescribed & monitor effects.
3. Has an actively bleeding wound.	**3.** Detect & treat hemorrhage.	**3.** Carry out stepped measures to stop bleeding: a. Assess bleeding: compressible – non-compressible. b. Elevation, pressure (at least 3 minutes) & arterial tourniquet. c. Treat as an emergency if a haemorrhage cannot be stopped.
4. Has a chronic wound.	**4.** Treat wound appropriately.	**4.** Identify wound / lesion & report to Dive Dr: a. Give treatment regime as prescribed. b. Treat as for N^{O} 1. c. Report wounds progress to Dive Dr.

9. SLEEPING

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Potential sleep deprivation.	**1.** Maintain normal sleep pattern.	**1.** Document duration & quality of sleep. a. Prevent / detect sensory deprivation. b. Promote light / noise reduction at night. c. Orientate to time /place / date / day.

10. PERSONAL HYGIENE

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Unable to maintain personal hygiene.	**1.** Maintain hygiene: Prevent eye / mouth infections.	**1.** Daily bed bath / washes: a. Keep skin clean & dry. b. Daily hair/nail care/ clean shave. c. Give oral/eye care PRN. Attempt to maintain dignity at all times (where possible).

11. LIFTING AND HANDLING

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. The risk of pressure sores.	**1.** Prevent / detect pressure sores.	**1.** Maintain risk assessment in casualties with reduced mobility: a. Assess casualty for points of contact (back of head, sacrum, bony prominences). b. Give continual pressure area care / ensure skin clean & dry. c. Give 2-3 hourly repositioning. d. Provide pressure-relieving mattress. e. Increase measures if blanching of pressure points. f. Liase with Medic.
2. Paralysis / unconscious.	**2.** Prevent joint stiffness / contracture / deformities.	**2** Assess casualty for contractures / stiffness: a. Give passive / active limb movement 2 hourly. b. Report any contractures to Medic.
3. Risk of Deep Vein Thrombosis.	**3** Observe for signs of DVT's.	**3** Observe for redness & swelling in limbs. a. Report findings toMedic. b. Give anti-coagulant therapy as prescribed. c. Apply anti-thrombolic stockings as prescribed.
4. The risk of manual handling injury to DMT's.	**4.** Reduce manual handling risk to DMT.	**1.** Maintain equipment and provide training for use of lifting devices. a. Use an ergonomic assessment of the casualties manual handling needs: b. Assess the: Task, Individual Capacity, Load & Environment. c. Reduce the risk to the lowest possible degree. d. Use lifting aids / hoists / low friction slides. e. Ensure DMT's are familiar with all manual handling equipment with training in its use.

12. INVASIVE DEVICE

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Casualty has medical Prosthetics inserted. **1.** Airways.	**1.** For the medical device to be unproblematic.	**a.** Identify medical devices & document their insertion place & time. **1.** Maintain patency & care of airway device (as in section **1.**): a. Document type of airway, time of insertion & position. b. Replace airway devices every 7 days. c. Ensure clean tapes secure airway devices. d. Monitor oral cavity for damage & give oral hygiene.
2. Venous cannulas.	**2.** Maintain patency & avoid infection.	**2.** Maintain patency of venous cannula: a. Document insertion date & site inserted. b. Monitor for Inflammation, Pain, Pus Discharge & Malodour. c. Ensure cannula dressing secure & clean / maintain asepsis. d. Flush cannula 12hrly with saline 0.9%. e. Replace cannulas after 4 days in a different site. f. Assume that cannula's placed under 'trauma' conditions are contaminated, replace ASAP.
3. Intra-Osseous Device	**3.** Maintain patency & avoid infection.	**3.** Maintain patency of I.O. cannula: a. Document insertion date & site inserted. b. Monitor for Inflammation, pain, pus / discharge. c. Ensure I.O. device secure / maintains asepsis. d. Refer to product specifications about use. e. Maintain for no more than 24 hours.
4. The need for a urinary catheter.	**4.** Enables accurate urine measurement: a. Prevent/detect urinary infection. b. Prevent/detect urinary stricture. c. Urinalysis.	**4.** Observe aseptic technique to reduce infection risk: a. Observe for pyrexia / discharge / inflammation malodour. b. Clean catheter regularly. c. Avoid tension in catheter & strap catheter. d. Change catheter bag weekly & catheter as manufacturer recommends. e. Dipstick urine for urinalysis & report results.
5. N.G. Tube.	**4.** Maintain patency & avoid infection.	**5** Maintain patency & care of N.G. tube (as in section **5.**): a. Document type of N.G. Tube, time of insertion & position. b. Monitor nasal passage for tissue damage & maintain hygiene.

13. SPIRITUAL CARE

Potential / Actual Problem	Required Outcome	D.M.T. Interventions
1. Unable to maintain personal faith needs.	**1.** Maintain Patients Faith needs.	**1.** Assist patient maintaining faith needs.: a. Maintain dietary restrictions associated with faith. b. Seek guidance about specific faith needs. c. Seek ministry from cleric / rabbi / iman etc. if patients condition serious.