Complex Mechanical Support Patient? A Bedside Sketch Promotes Consist Care and Teamwork Across Disciplines

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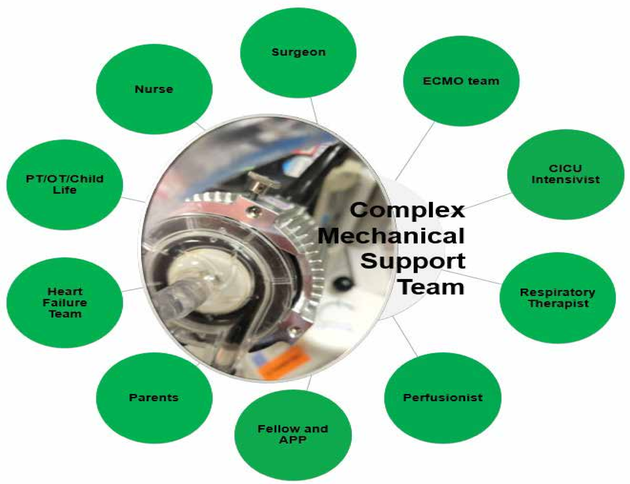
Background

Our center cared for a complex two-ventricle infant whose course very challenging and ongoing. She required left ventricle mechanical circulatory support and subsequently required membrane oxygenation.

We inserted an oxygenator into her left ventricle assist device circuitry. This particular constellation of support was unique in our center and presented unique challenges.

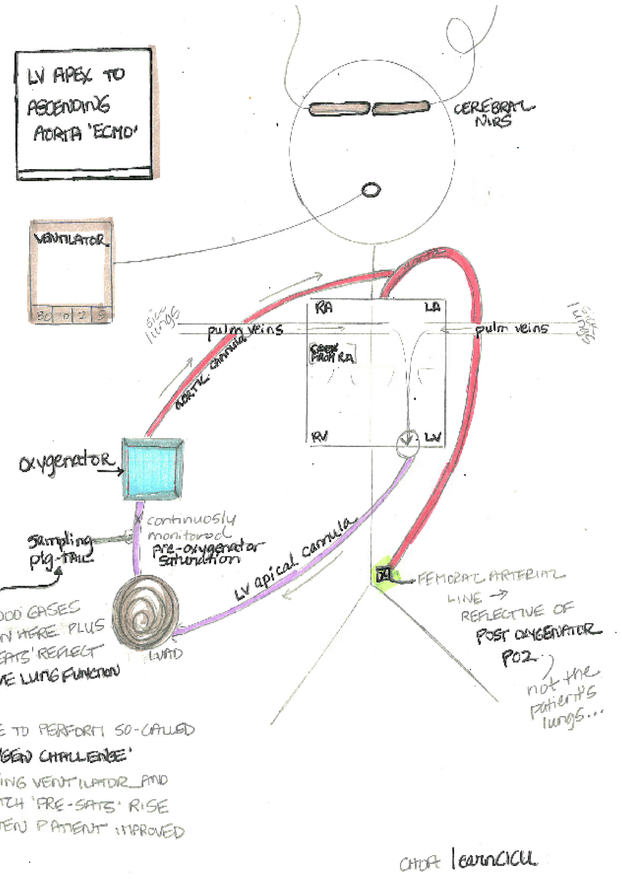
Multiple roles across all areas of our Heart Center cared for this infant 24/7.



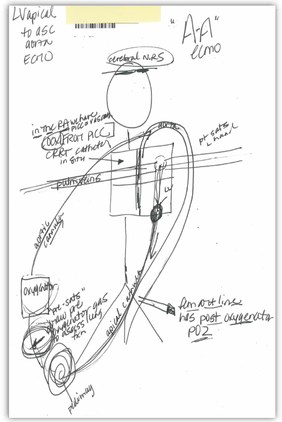
How can a large asynchronous group utilize all available bedside data consistently? How can the team coalesce? Can a bedside sketch help?

Description

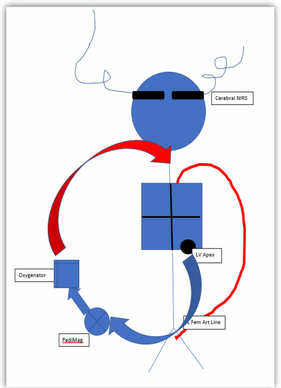
A primary nurse sketched the configuration to start a conversation.This was a rough attempt by someone with no artistic skill. Several team members added clarification until we all agreed we had captured a good representation. This drawing was passed around and soon became part of transfer of care.



"The Original"



"The Formal"
Nobody liked this one.



Impact

We put our heads together to get rid of assessment paradigms that did not apply. We identified and communicated unique clinical assessment strategies. We used many tools, but the most effective was original medical "art", a rudimentary sketch that was kept at bedside. United by focus on this patient's recovery, creative thinking led to prompt development of an innovative tool for patient management in this unique ECMO configuration.

Conclusion

There are many important team members when the patient is this complicated. Shifts change, nurses change every 12 hours, attending physicians may change 3 times in a day and again overnight. The perfusion and ECMO teams may not be at the bedside during the same window.

A simple sketch became a quick way for a new clinician to quickly understand the scenario and come up to speed to provide consistent management in support of consistent goals.

We recommend further use of impromptu drawing as a method of visual communication of complex information to improve the shared mental model in a CICU. As long as it's clear, it doesn't need to be fancy.

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