

**May**

# MORTALITY learning bulletin

## **Value of Safety Briefings**

Do you have a structure for highlighting safety issues in your handovers? A structured safety briefing template was shared and feedback was very positive that this would be useful. The particular case which was discussed regarded babies with difficult airways. If you would like more information on a structured safety briefing template which is in use in the Network, please contact the Network team

## **Accidental Extubations**

It is useful to have a process for recording accidental extubations and reviewing contributing themes on a regular basis. One trust has developed a strategy for marking endotracheal tubes to monitor if there is any movement, and therefore reducing the risk of tube slippage

## **Lateral Abdominal Xrays to Confirm/Refute Intestinal Perforation**

Recognition of perforation on a plain abdominal xray can be challenging in the context of significant bowel dilatation, so a lateral film can increase diagnostic certainty

## **Pre-Death Discussion with the Medical Examiner (ME)**

In cases where there is an anticipated death that may occur out of hours, a discussion with the ME during working hours can lead to a smoother process after the death for the family. This is particularly useful in cases when a family maybe requesting a 'quick release' of their loved one's body

## **Presence of the Cot Side Nurse in Family Conversations**

Does the cot side nurse join the medical team on ward rounds and during parent conversations? The nursing team can act as a conduit for the family to support understanding of difficult situations and reinforce messaging, as they spend considerable amounts of time with the families at the cot side. This will hopefully reduce the chance of 'mixed messages'



## **Monitoring and Detection of Re-Feeding Syndrome in the Smallest Babies**

Babies born with significant in-utero growth restriction are at risk of re-feeding syndrome when commenced on nutrition after birth. Electrolytes, specifically phosphate and calcium can be monitored regularly. Correction of any electrolyte abnormalities would need to be done cautiously with close monitoring

### **Point of Care Testing of Electrolytes**

Do your blood gases measure electrolytes e.g. sodium and potassium? Are these results validated for your patient population? If they are reported on your gases, do you review them and act on the results?