

Higher National Unit specification: general information

Unit title: Care of the Acutely III Adult

Unit code: FN66 35

Superclass: PH

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Unit purpose

This Unit will develop knowledge and understanding to enable candidates to recognise the acutely ill adult, monitor for signs of deterioration in their condition and recognise the appropriate response. It will also prepare individuals to assess the patient and implement an appropriate plan of care for the acutely ill patient utilising recognised assessment tools, knowledge and skills. Candidates will also reflect on their own practice of care management.

On completion of the Unit the candidate will be able to:

- 1 Explain altered physiology in relation to acute emergency conditions.
- 2 Analyse the clinical assessment and management of acutely ill adults.
- 3 Demonstrate competences to meet the needs of the acutely ill adults within the clinical setting.
- 4 Reflect upon own performance while assisting in the management of the acutely ill adult.

Recommended prior knowledge and skills

Candidates should have good communication skills, both written and oral, preferably through achievement of Higher English or a *Communication* Unit at SCQF level 6. Ideally the candidate should have achieved a relevant qualification equivalent to SCQF level 7 to ensure they have the underpinning knowledge to work at SCQF level 8. Exemplary candidates may still be considered through the completion of a pre-course interview part of which could take the form of a written assignment. The skills to undertake this Unit could also be demonstrated through an employer's reference or the process of application and interview in the absence of certificated learning.

General information (cont)

Credit points and level

2 Higher National Unit credits at SCQF level 8: (16 SCQF credit points at SCQF level 8*)

*SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of this Unit Specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

This Unit is in the framework of HNC/HND Care and Administrative Practice. It should be taught and assessed within the subject area of this Group Award to which it contributes. The Unit can also be delivered as a free-standing Unit and may provide a source for Continuing Professional Development.

Assessment

Assessment could take the form of an integrated case study generated from the candidate's work setting to cover Outcomes 1 and 2 and should be approximately 2,500 words.

Confidentiality must be protected. Outcome 3 will be assessed by a record of achievement within the candidate's work environment. In Outcome 4 the assessment could be in the form of one reflective account which then should be included in the candidate's portfolio. The reflective account is written under open-book conditions and should be between 1,000–1,500 words. The reflective account should be evidence based using a standard referencing system, e.g The Harvard Referencing System.

Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Outcome 1

Explain altered physiology in relation to acute conditions.

Knowledge and/or Skills

- Respiratory
- Cardiovascular
- Renal
- Central nervous system
- Gastrointestinal

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- explain the pathophysiological process of one acute condition
- investigate common presenting signs d symptoms of one acute condition
- investigate the altered physiological markers in confirming the diagnosis of one acute condition.

Assessment Guidelines

The candidate can be assessed by the compilation of a case study of an individual from their work practice. The case study should be approximately 2,500 words and should integrate Outcomes 1 and 2 from this Unit as they apply to a particular individuals need for health care. The case study will be anonymous to ensure confidentiality and will show the involvement of the individual receiving care and other significant personnel in the care and management of an acutely ill adult.

Higher National Unit specification: statement of standards (cont)

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Outcome 2

Analyse the clinical assessment and management of acutely ill adults.

Knowledge and/or Skills

- ABCDE assessment
- Investigations
- Early warning scoring systems
- Treatment of acute conditions
- Effective communication
- Multi professional care

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- explain the common framework for the assessment of the acutely ill adult
- examine investigations undertaken
- evaluate the importance of using an effective early warning scoring system to ensure help is called at the appropriate time
- analyse the treatment and management 0of one acute emergency condition
- communicate with the multi-professional team regarding changes/deterioration of the acutely ill patient.
- explain the interventions of the multi-professional team in acute care.

Assessment Guidelines

As that stated in Outcome. This should be integrated with Outcomes 1 and 2 within the context of a case study.

Higher National Unit specification: statement of standards (cont)

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Outcome 3

Demonstrate competencies to meet the needs of the acutely ill adults within the clinical setting.

Knowledge and/or Skills

- Perform immediate life support
- Oxygen delivery and devices
- Undertaking ECG
- Monitoring of intravenous fluids
- Urethral catheter insertion
- Nasogastric tube insertion

Evidence Requirements

It will be necessary for candidates to provide evidence that they are aware that health care procedures should be documented in the care plan and must be carried out in accordance with organisational policy. It will be necessary for the candidate to recognise areas of competence and the parameters of their role. Candidates will be observed by a registered mentor. Candidates will demonstrate a holistic approach when carrying out competencies this will include:

- Use of appropriate interpersonal skills when carrying out competencies.
- Promoting save practice which complies with employer's policies and procedures.

Assessment Guidelines

An integrated assessment in the form of a record of achievement should be used for recording evidence of the candidates ability. A supervisor/mentor will observe the candidate carrying out competencies, candidates will provide evidence of:

- using appropriate interpersonal skills when carrying out competencies
- promoting safe practice which complies with employer's policies and procedures
- identifying the appropriate equipment and demonstrating the correct procedure for the practical technique/competencies
- having been signed as satisfactory when observed by a registered mentor.

Candidates should aim to demonstrate ability in relation to these procedures on a minimum of three occasions. Candidates should be observed on each occasion. Evidence can be compiled in the form of checklists, completed recording sheets and reflective accounts. Where candidates are unable to provide evidence for all the procedures, simulation may be used for up to two procedures.

Higher National Unit specification: statement of standards (cont)

Unit title: Care of the Acutely III Adult

Outcome 4

Reflect upon own performance while assisting in the management of the acutely ill adult.

Knowledge and /or Skills

- Models of reflective practice
- Assistant practitioner priorities and interventions
- Early recognition of the deteriorating adult
- Monitoring and review of the acutely ill adult
- Transfer and/or handover of patients
- Working within role of assistant practitioner

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- identify a model of reflection and relate to clinical practice
- identify mechanisms required to summon assistance to the patient who is acutely ill
- reflect on the assistant practitioner role in providing evidence based interventions to meet the needs f the acutely ill adult
- examine the review and monitoring process
- evaluate skills in the transfer and /or handover of the acutely ill adult
- recognise and acknowledge the limitations of own abilities.

Assessment Guidelines

Assessment could take place in the form of one reflective account which then should be included within the candidate's portfolio. The reflective account is written under open-book conditions and should be between 1,000–1,500 words. The reflective account should be evidence based using a standard referencing system, eg The Harvard System.

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This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 80 hours.

Guidance on the content and context for this Unit

In Outcome 1 the pathophysiology of acute conditions will be explored. Conditions that should be explored are:

- Respiratory failure
- Severe asthma
- Acute myocardial infarction
- Cardiac failure
- Stroke
- Head injuries
- Acute renal failure
- Acute liver failure
- Gastro-intestinal haemorrhage

Candidates must explore the pathophysiology process and the signs and symptoms patients will present with. Candidates must also examine and be familiar with the physiological markers that are used to diagnose acute conditions.

In Outcome 2 candidates must examine the ABCDE assessment framework. Candidates must be aware how to identify life threatening emergencies and treat them simultaneously. Candidates must know about using communication and observational skills as vital components of assessment. In relation to the assessment process tutorial should include:

Airway — clear, partial obstruction and airway management.

Breathing — look, listen feel, respiratory rate, accessory muscles effort, bilateral chest movement, the use of O2 an saturation monitoring.

Circulation — recording patient's pulse, blood pressure, capillary refill time, and use of any monitoring equipment. Candidates must explore different types of IV access for patients.

Disability — assess central nervous system function. The candidate must be aware how to undertake an AVPU and Glasgow Coma Scale assessment. Candidates must explore the causes of altered conscious level and the treatment required.

Exposure — expose and examine the patient fully. The candidate should understand what further information and investigation should be done at this stage.

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Candidates should explore a range of investigations and the rationale for taking them. Normal clinical values and the indication of abnormal clinical results must be examined. It is important to recognise the importance of early intervention in acute episodes to prevent any further deterioration and improve patient Outcomes. The candidate has to be confident that he/she can monitor patients appropriately so that any deterioration can be promptly recognised. In order to achieve this use of early warning systems is essential to ensure the correct expert help is summoned as soon as required. It is essential that the patient's physiological measurements are tracked to ensure the correct expert help is summoned in a timely manner.

Interpersonal and interprofessional communication and its importance in the management of the acutely ill adult must be explored. Accurate record keeping must also be examined. The importance of teamwork and the members of the multi-disciplinary team and their role in the management of the acutely ill adult will be examined.

Outcome 3

Candidates should understand the importance of applying the values and principles from other parts of the HND programme. Issues relating to informed consent, confidentiality, privacy, health and safety should be discussed. Discussions should take place about the need to have organisational policies and candidates should be encouraged to locate and read policies that exist within their workplace. Candidates should be given the opportunity to explore issues relating to developing competencies to enable a contribution to health care. The ability to recognise limitations of one's competence should be discussed as central to good practice.

Tutor input should provide information on all of the elements listed below.

Experts within the field could be involved, as visiting speakers, to ensure current evidence based practice is delivered to provide underpinning knowledge in the following procedures. Where candidates are unable to provide evidence for all procedures, simulation may be used in two procedures. In relation to competencies tutorials must include:

Manage emergency situation — the appropriate response for emergency situation within the assistant practitioner's scope of practice. The signs and symptoms of potential or actual failure or deterioration of bodily function and other potentially life-threatening conditions. The risks associated with emergency procedures and how to manage these types and correct use of personal protective equipment and clothing. Protocols and procedures for resuscitation and emergency response, including those relating to valid consent and the location of and access to emergency life support equipment. The range of emergency medical equipment and devices, their purpose and correct use and their application to a range of situations. How to work effectively with team members and colleagues to deliver an effective emergency response. How and from whom to seek additional support and advice to manage an emergency situation.

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Administer O2 safely and effectively — candidates must be aware of responsibilities and accountability under the current, national and local legislation, policies, protocols and guidelines with respect to the administration of oxygen. The hazards and complications which may arise during the administration of oxygen and how you can minimise such risks. The range of information which should be made available to the individual should be explored. The effect of oxygen on individuals and oxygen delivery devices must be explored as well as the potential adverse effects of therapy and how they can be prevented and/or minimised.

Performing ECG — candidates must be aware of the current European and National legislation, national guidelines, organisational policies and protocols in relation to performing routine electrocardiograph procedures. Tutorials could include the clinical conditions and reasons to undertake an electrocardiograph. The normal electrocardiograph should be examined and the relevant equipment and quality assurance procedures.

Monitoring and Recording intravenous infusions — candidates need a firm knowledge and understanding of this procedure based upon employer's protocols guidelines and patient group directives, where used. The importance of applying standard precautions when responsible for intravenous infusion and the potential consequences of poor practice should be discussed. Current evidence based practice related to the management of risks associated with the administration of intravenous fluids should be explored. The approved methods of checking the patency of inserted cannula and the clinical indications of infection in the cannula site could be examined. The procedures for preparing fluids for administration and the possible adverse reactions to intravenous fluids and actions to be taken can be examined. Methods for attaching and setting infusion pumps and the types of intravenous fluids available and their characteristics, indications and contra-indications should also be examined.

Insert and secure urethral catheters and monitor and respond to the effects — the current European and national legislation, national guidelines and local policies and protocols which affect work practice in relation to carrying out urethral catheterisation. The anatomy of the male/female genitor- urinary system and the physiology of the genitor-urinary system can be revised. The reasons to urinary catheterise an in individual must also be explored. The types of catheters that can be used and why you should select the appropriate catheter should also be examined. Observation, monitoring and potential problems of catheterisation must also be explored. Removal of a urinary catheter must also be covered.

Insert and secure nasogastric tubes — the current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance in relation to inserting and securing nasogastric tubes should be examined. The anatomy of the upper gastro-intestinal tract in relation to inserting nasogastric tubes can be revised. The types of nasogastric tubes that can be used and why you should select the most appropriate type for the individual. The adverse reactions which may occur during and following the procedure and how to identify and deal with these must be examined. Observation and monitoring must also be discussed.

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Outcome 4

For this Outcome the candidate is expected to reflect on, and evaluate their practice on an ongoing basis. Tutorial will include models of reflection which include models of reflection which include Gibbs Reflective cycle (1988) Schon (1983) & Johns (1995). The candidate must participate in the individuals care plan and be actively involved in assessment, planning, implementation, evaluation and referral of the individual patient/client where necessary. To achieve this end the candidate will be allocated a small number of patients/clients for whom he/she will have a significant role in helping to meet their health care needs. The evidence will be presented in their portfolio as an anonymous reflective account of their active involvement in assessment of needs, negotiating and agreeing a care plan, meeting the health needs, reviewing and evaluating the effectiveness of the health care and referral on to other practitioners. The candidate must demonstrate evidence of a developing knowledge base that underpins safe health care practice. Tutorials will examine the monitoring and review of an acutely ill adult. The acute conditions examined in Outcome 1 should be examined exploring the treatment and the aims of the treatment. The care priorities and interventions in the context of the care practitioner role will be examined. This will require the candidate to review and utilise best available evidence including appropriate research that underpins the health care practice and interventions in which they have been involved. The initial management of cardiac and respiratory problems, the hypotensive patient and the patient with altered conscious levels should be examined. Candidates should explore pain control, nutrition and tissue viability in relation to the acutely ill adult. The intervention and management of cardiac arrest, shock and haemorrhage should also be explored. Within this Outcome the candidate must explore how to transfer critically ill adults from one are or hospital to another.

Through the reflective account the candidate will:

- recognise and acknowledge the limitations of their current abilities
- demonstrate an understanding of when to refer to the multi-professional team
- demonstrate an ability to accept responsibility for their own action and decisions
- identify examples of the use of evidence in planning care intervention
- reflect on their own practice and seek advice and support from a registered practitioner if necessary.

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Guidance on the delivery and assessment of this Unit

The first part of this Unit will prepare the candidate to gain the necessary knowledge and understanding of how to care for patients who are acutely ill. College/work liaison is also essential, as candidates will need access to a supervisor/mentor who will observe and sign candidate evidence recorded in a record of achievement.

The following books provide a useful resource:

- Adam, S Odell, M Welch, J (2010) Rapid Assessment of the Acutely III Patient London Wiley Blackwell
- Cooper, N Forrest, K Cramp, P (2006) Essential Guide to Acute Care 2ed Oxford Blackwell Publishing
- Endacott, R Jevon, P Cooper, S. Eds (2009) Clinical Nursing Skills Oxford university press
- Jevon, P Humphreys, M Ewens eds (2008) Nursing Medical Emergency Patients London Wiley Blackwell

Open learning

The Unit could be delivered by open or distance learning. However, it would require collaboration with an appropriate local care centre to ensure the competencies in the Record of Achievement were achieved and planning by the education provider to ensure the sufficiency and authenticity of the candidate's evidence for Outcome 3.

Opportunities for the use of e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or e-checklists. Centres which wish to use e-assessment must ensure that the national standard is applied to all candidate evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. Further advice is available in SQA Guidelines on Online Assessment for Further Education (AA1641, March 2003), SQA Guidelines on e-assessment for Schools (BD2625, June 2005).

Opportunities for developing Core Skills

There are opportunities for developing Core Skills of:

Problem Solving at SCQF level 6, this could be evidenced though case discussion with clinical mentor about the most appropriate course of action for the delivery of care.

Communication at SCQF level 6, this could be evidenced through written and oral reporting and use of effective communications with individual patient/clients and colleagues.

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Working with Others at SCQF level 6, will be evidenced in the candidate's workplace via their ability to interact, communicate and negotiate with those with whom they come into contact with.

Numeracy at SCQF level 5, could be evidenced through calculations made as part of clinical procedures and through calculation of dosage when administering fluids. Numerical skills will also be evident when recording data in tables and graphs.

Information and Communication Technology (ICT) at SCQF level 5, could be evidenced through the input, stirage organisation and retrieval of data essential for care delivery in a records management system.

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

History of changes to Unit

Version	Description of change	Date
02	Minor corrections made throughout	05/12/22

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General information for candidates

Unit title: Care of the Acutely III Adult

This Unit is designed to enable you to acquire the knowledge and skills needed to recognise the acutely ill adult and monitor for signs of deterioration or improvement in their condition and recognise the appropriate response. It will also prepare you to assess and implement an appropriate plan of care for the acutely ill patient utilising recognised assessment tools, knowledge and skills. You will also reflect on your own practice.

Practical work experience is essential for this Unit. You will need to be working in a care setting and have a qualified practitioner as a supervisor/mentor as you progress through this Unit.

Outcome 1 will introduce you to pathophysiology of acute emergency conditions. Outcome 2 will examine the assessment and management of acutely ill adults. Outcome 3 requires you to carry out a range of competencies. You will be shown how to do these and then you will practice under supervision until you become competent. Outcome 4 requires you to reflect on your practice.

The Unit is assessed in three ways: Outcomes 1 and 2 — to complete the Unit successfully you will have to achieve a satisfactory level of performance on a piece of assessed work. Towards the end of the Unit you will undertake an assessment under openbook conditions. You will be required to provide a case study. You will be required to integrate all of the learning for Outcomes 1 and 2 within this live case study. You will be required to adhere to the principle of confidentiality when undertaking this written piece of work of approximately 2,500 words

Outcome 3 — assessment will be in the form of a record of achievement to record your ability to carry out practical techniques /competencies using a holistic approach. This will be completed when you are working in a care setting and monitored by your supervisor/mentor.

Outcome 4 — assessment will be a reflective account of 1,000–1,500 words carried out under open-book conditions.