

POSTER PRESENTATION

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Turning a *fasthug* [1] into *low flat hugs* could improve compliance with daily care bundles on the general intensive care unit: a preliminary audit

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From ESICM LIVES 2015

Berlin, Germany. 3-7 October 2015

Introduction

Over recent years, Intensive Care Medicine has recognised the benefit of implementing checklists to augment strategies for improving patient safety[2]. One such care bundle checklist is the FASTHUG mnemonic (Feeding; Analgesia; Sedation; Thromboprophylaxis; Head up positioning; Ulcer Protection and Glucose levels)[1]. In our ICU a variation of the mnemonic has evolved, initially into 'FLATHUGS', and more recently into 'FLATHUGS VC', where additional care bundle components include L: *invasive vascular Lines*; C: *Chlorhexidine mouth care*; V: *lung protective Ventilation*.

Objectives

This clinical audit examines (i) compliance with a locally adapted version of the FASTHUG[1] mnemonic, and (ii) suggests an updated version and template to improve its clinical utility.

Methods

A random convenience sample of medical notes from 92 separate patient day reviews over a 4 week period

were analysed for documented versions of FLATHUGS VC. Data was collected from all patients with an ICU stay >24 hours, and any actions raised during the documentation of FLATHUGS were checked for completion within that same 24 hour period.

Results

In our unit, a basic 'FLATHUGS' package was completed in 81.5% of cases. The two most recently introduced components in addition to FLATHUGS (*lung protective ventilation*; and *Chlorhexidine mouth care*) were documented in 38% and 3.3% of cases respectively (Table 1). In addition, we found there were inconsistencies in the detail of what was recorded under each heading. Common examples included: (i) recording either the type of sedation, or the level of sedation (RASS Score); (ii) date of IV line *insertion* or anticipated date of IV line *replacement*.

Conclusions

There is currently an inconsistent approach amongst our ICU physicians in their application of the

Table 1 Completion of FLATHUGS (and variant).

	Patient Day Reviews	Percentage Completion
Total	92	
'FLATHUGS' completed	75	81.5%
'FLATHUGS' attempted but not completed	14	15%
'FLATHUGS' omitted	3	3.3%
'FLATHUGS V'	35	38%
'FLATHUGS VC'	3	3.3%

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MODIFIED LOW FLAT HUGS	Lung Protective Ventilation	Current TV: _____ ml/kg	Comments:	
	Oral Care	Chlorhexidine prescribed? Y / N / Not required.		
	Weight / Fluid Balance	Current weight: _____ kg	Comments:	
		Yesterdays FB: _____ ml		
		Cumulative FB: _____ ml		
	Feeding and fluids. (Adequate CVP filling)	Nutrition: Self maintained / Enteral Feed / Parenteral Feed		
	Lines, CVP, Arterial. DATE and Site.	Central Venous:	Date:	Change Date:
		Peripheral Venous:		
		Arterial		
		Other		
	Analgesia	Pharmacological agents:		
	Thromboprophylaxis	Pharmacological agents: Mechanical prophylaxis: Contraindications:		
Head up 30 degrees.	Y / N / Contraindicated			
Ulcer prophylaxis	Y / N / Contraindicated / Not required			
Glucose control	Blood glucose Level: _____ mmol/L			
	Insulin regime:			
Sedation and sedation hold.	Pharmacological agents:		RAS Score (-5 to +5)	
	Next Planned Sedation Hold:			

Figure 1 LOW FLAT HUGS Template.

‘FASTHUGS VC’ care bundle, and we feel it is conceivable that this situation may be partially attributable to degradation of the original mnemonic. Although FASTHUG is an excellent mnemonic for a basic care bundle, we suggest it could be further improved by amending it to ‘LOW FLAT HUGS’, which includes four additional elements to those described by Vincent [1] in the original version (*Lung protective ventilation; Oral hygiene of intubated patients; Weight change; Line change with date*). To help embed these proposed changes and improve compliance a template sticker (Figure 1) may prove useful, and further evaluation after a period of implementation is recommended.

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Published: 1 October 2015

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doi:10.1186/2197-425X-3-S1-A145
Cite this article as: Brooke and Murthy: Turning a *fasthug* [1] into *low flat hugs* could improve compliance with daily care bundles on the general intensive care unit: a preliminary audit. *Intensive Care Medicine Experimental* 2015 **3**(Suppl 1):A145.

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