LETTER

Crisis checklists at every hospital bedside?
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Cognitive aids designed to supplement and support clinical management during crises are becoming commonplace. Most development has happened within the operating theatre environment led by anaesthesia. Observational evidence supports the utility of crisis checklists.1

Controlled trials outside of simulation are difficult to perform. It is conceivable that critical incident checklists should have clinical, educational, and organisational benefits. Their development within each individual hospital’s particular working structure encourages teamwork between medical disciplines, nursing and allied health professionals.

The goal is not to provide a prescription of management for any given situation, rather a ‘first 5 minutes’ path of well-established critical care for uncommon but important clinical events, followed by suggestions relating to differential diagnosis, investigation and immediate treatment.

The next most logical place to consider their implementation is in the intensive care unit (ICU). We recently conducted a survey of 58 Australasian ICUs which showed that checklists in the ICU that provide such guidance are rare. A medical representative from 37/58 (64%) ICUs responded to the survey request. 10/37 (27%) units had some form of bedside clinical checklist. Of those ICUs that had a clinical checklist, 8/10 (80%) found it to be a useful resource. The checklists in use were almost exclusively limited to airway algorithms or cardiac arrest scenarios. The development of a checklist that explored a variety of important events was thought to be a potentially worthwhile undertaking by the remaining 21/27 (78%) ICUs.

Could a simple crisis checklist relevant to the patient’s environment (emergency department, operating room, post-anaesthetic recovery unit, critical care unit, ward) improve patient safety at every hospital bedside? Clearly there is a risk of checklist fatigue. Evaluation of effectiveness will be required, as will continuous critical appraisal to ensure their relevance – but it will be important to consider changes in staff psychology and attitudes to crisis management as part of that process.

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Reference