Critical Care Networks-National Nurse Leads

National Proficiency Framework for
Registered Nurses
in Adult Critical Care

Neurological

Speciality Proficiencies

Version 2 2025

Introduction

These Specialist Neurological Proficiencies are designed to be used alongside the Critical Care National Network Nurse Leads (CC3N) Step Proficiencies for nurses working in critical care settings that care for patients with neurological injury or following neurological surgery.

CC3N Step One Proficiencies must be completed first as a prerequisite. The Specialist Neurological Proficiencies should then be undertaken either before or after completion of CC3N Step Two and Step Three Proficiencies, in line with local unit requirements.

These proficiencies are intended for use by all critical care facilities that receive patients with neurological injury or post neurological surgery.

The purpose of this section is to provide a comprehensive extension to the Neurological Proficiencies within the National Proficiency Framework, supporting nurses working in Specialist Neurological Centres.

It is anticipated that these proficiencies will form the next steps in your development and provide you with the knowledge and skills to:

- support the specialist nursing care required by the neurological patient
- understand the different needs of the neurologically injured patient
- understand the importance of involving other specialities and the team contribution to neurological care
- refer to or work alongside appropriate regional services for ongoing care

These proficiencies should be assessed by an Assessor or Supervisor who has completed post registration specialist critical care education in the relevant field and who has appropriate experience and assessor or supervisor preparation. An educational qualification is preferable.

*NB The Specialist Neurological Proficiencies have some elements of repetition with Step 1 /2 and Specialist Trauma Proficiencies.

How we define proficiency:

The combination of skills, knowledge and attitudes, values, and technical abilities that underpin safe and effective critical care nursing care and interventions.

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Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Critical Care Lead Nurse/Manager and should be completed before embarking on this proficiency development programme. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

LEARNER RESPONSIBILITIES

As a Learner, I intend to:

- Take responsibility for my own development
- Form a productive working relationship with assessors and supervisors
- Listen to colleagues, assessors' and supervisors' advice and utilise coaching opportunities
- Deliver effective communication with patients and relatives, during clinical practice
- Use constructive feedback positively to inform my learning
- Meet with my Lead Assessor at least 3 monthly
- Adopt learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete these proficiencies in the agreed time frame
- Use this proficiency development programme to inform my annual appraisal, development needs and NMC requirements
- Report lack of supervision or support directly to the Lead Assessor and escalate to the Clinical Educator/Lead Nurse or equivalent if not resolved

Learner Name (Print)…….. Signature: …….. Date:……

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor, I intend to:

- Meet the standards of regulatory bodies (NMC 2015)
- Demonstrate ongoing professional development/competency within Critical Care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the agreed time frame
- Bring to the attention of the Education Lead and/or Lead Nurse or equivalent concerns related to individual nurse's learning and development
- Plan a series of learning experiences that will meet the individual's defined learning needs
- Prioritise work to accommodate support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead Assessor Name (Print)…….. Signature: …….. Date:……

CRITICAL CARE LEAD NURSE/MANAGER

As a Critical Care Service provider, I intend to:

- Provide and/or support clinical time/placements to facilitate the learner's development and achievement of the proficiency requirements within the agreed time frame
- Regulate and quality assure systems for supervision and standardisation of assessment to ensure validity and transferability of the nurse's proficiency

Lead Nurse/Manager Name (Print)…….. Signature: …….. Date:……

Authorised Signature Records

Print Name	Sample Signature	Designation	PIN No:	Organisation

Specialist Neurological Proficiency: Tracker Sheet

The following proficiency statements are about the safe and effective care of the critically ill patients with neurological injury or post neurological surgery.

Proficiency	Date achieved	Mentor/Assessors signature
N1 Anatomy & Physiology		
N2: Assessment of the neurologically compromised patient		
N3: Care of the neurologically compromised patient		
N4: Care and management of a patient with Subarachnoid Haemorrhage (SAH) and Arteriovenous Malformation (AVM)		
N5: Care of a patient with raised Intra Cranial Pressure (ICP) including those with Traumatic Brain Injury (TBI)		
N6: Care of a patient with spinal injuries		
N7: Care of a patient post cerebral angiogram		
N8: Care of a patient post cranial surgery		
N9: Care and management of external ventricular drain		
N10: Care of a patient with seizures		
N11: Care of a patient with Myasthenia Gravis		
N12: Care of a patient with Guillain Barre Syndrome		
N13: Care of a patient following a stroke		
N14: Caring for a patient with sodium balance disorders		
N15: Care of a patient with a Central Nervous System Infection		
N16: Rehabilitation following neurological injury		

N1: Anatomy & physiology	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Describe the structure and function of: ○ Skull and facial bones ○ Vertebral column	
• Demonstrate knowledge of gross structure and functions of the Central Nervous System: ○ Lobes ○ Brain stem ○ Cerebellum ○ Meninges ○ Arterial System including Circle of Willis ○ Venous system ○ CSF pathway ○ Thalamus, Hypothalamus and Pituitary gland ○ Blood brain barrier ○ Spinal column	
• Demonstrate knowledge of gross structure and functions of the Peripheral Nervous System including transmission of nerve impulses: ○ Cranial nerves ○ Afferent pathways ○ Efferent pathways ○ Autonomic nervous system - sympathetic and parasympathetic ○ Gateway theory of pain perception ○ Reflex arc	
• Describe the Mechanisms for cerebral auto regulation including cerebral blood flow • Discuss intracranial pressure (ICP) and cerebral perfusion pressure (CPP) including normal parameters • Explain the Monro-Kellie hypothesis	

N2: Assessment of the neurologically compromised patient	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Rationale for choice of neurological assessment tools: ○ ACVPU ○ Glasgow Coma Score (GCS) tool ○ Full outline of unresponsiveness score (FOUR score)	
• Explain the GCS and the significance of abnormal results	
• Scoring of eye-opening response: ○ Correct method of assessment of eye opening to voice and painful stimulus ○ Correct type of painful stimulus to assess for eye opening	
• Scoring system for verbal response: ○ Correct method for assessing orientation and verbal response	
• Scoring system for motor response: ○ Use of correct method to apply painful stimulus when assessing limb response ○ Recording of best limb response from arms ○ Correct use of trapezius pinch ○ Contra indications to orbital pressure ○ Correctly identifies ability to obey commands localise, flexion, abnormal flexion, extension, no response	
• Explain which pathways are intact/suppressed based on the patient's motor score	
• Recommended frequency of GCS assessment and escalation of frequency • Limitations of GCS as an assessment tool	
• Pupil assessment: Correct method of assessing pupil response to light including direct and consensual light reflexes as an adjunct to GCS	
• Motor assessment • Sensory assessment	
• Focal and general deficits: ○ Focal verbal deficit such as aphasia, receptive and expressive dysphasia ○ Comparing left to right focal deficits of limb power ○ Differentiating between normal power, mild weakness and severe weakness (including Medical Research Council scale if appropriate) Awareness of visual deficits	
• Accurately assess GCS and record findings applying the score as separate components • Identify deterioration in GCS level and seek appropriate advice and guidance • Intracranial and extracranial reasons for deteriorating GCS	
• Identify the need for airway protection in a patient with a deteriorating GCS	
• Accurately assesses pupils and uses pupillometry (where able)	

N3: Care of the neurologically compromised patient	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Define primary and secondary brain injury • Describe causes of raised ICP • Describe clinical features of raised ICP	
• Describe how to minimise secondary brain injury	
• Indications for ICP, PbtO2 monitoring, microdialysis (where available)	
• Indications for CT scanning	
• Importance of the following in caring for neurologically compromised patients: ○ Body temperature control ○ Blood glucose control and nutrition ○ Blood pressure monitoring ○ Maintenance of accurate fluid balance ○ Maintenance of sodium balance ○ Venous Thromboembolism (VTE) prophylaxis (mechanical & pharmacological where appropriate) ○ Patient positioning ○ Aspiration pneumonia ○ Swallowing and feeding ○ Corneal abrasion ○ Communication ○ Falls prevention ○ Pressure ulcer prevention (vasopressor use, deep sedation)	
• Detect and report complications and risks to the neurologically compromised patient in relation to: ○ Haemodynamic instability ○ Cerebral perfusion not achieved against parameters set ○ Arterial blood gas parameters not met ○ Temperature regulation ○ Disorders of sodium balance	
• Safely record observations relating to a neurological compromised patient (in addition to GCS, limb and pupil responses): ○ HR ○ RR ○ End tidal CO2 ○ Arterial Blood Pressure ○ Arterial blood gas results ○ Body temperature ○ CVP ○ Fluid balance ○ Blood glucose	
• Where appropriate refers to support agencies for advice and support for patients, relatives and carers	
• Correctly set up BIS monitoring (or equivalent), and account for the Signal Quality Index (SQI) and Electromyography (EMG) displays and relate them to the reliability of the BIS recording	

N4: Care and management of a patient with Subarachnoid Haemorrhage (SAH) and Arteriovenous Malformation (AVM)	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Describe the pathophysiology of spontaneous & aneurysmal SAH	
• Recognises types and common sites of cerebral aneurysms • States causes and clinical features of SAH • Describe the grading systems for SAH severity and how this is reflected in the level of care the patient will require	
• Describe the investigations required to diagnose SAH • The imaging and treatment options for a patient with SAH	
• Identifies nursing management strategies to prevent re-bleeding • Explains the importance of blood pressure management and parameters in the pre and post treatment phases • Explain the role, action and side effects of nimodipine • Explain the significance of fluid management for patients with SAH • Describe the role of External Ventricular Drain (EVD) as a treatment strategy for a patient with SAH	
• Discusses common complications associated with SAH: ○ Re-bleeding ○ Hydrocephalus ○ Cardiovascular instability ○ Delayed cerebral ischaemia, delayed neurological deficit, vasospasm, infarct ○ Disorders of sodium balance ○ Describes pulmonary complications (including neurogenic pulmonary oedema) ○ Seizures ○ Pyrexia	
• Demonstrate a basic understanding of hypertensive treatment strategy in the post treatment phase	
• Demonstrate an understanding of investigations and treatments of vasospasm ○ Interventional radiology ○ Medical management	
• Recognises the psychological impact of SAH on the patient and family and discusses management strategies	
• Discuss the pathophysiology of cerebral AVM, including ruptured AVM • Explain treatment options for a patient with an AVM • Describe importance of blood pressure management and parameters in the pre and post treatment phases for patients with an AVM	
• Record neuro observations including limb observations (including pronator drift) and reports any changes in patient's condition	
• Management of an unsecured aneurysm: ○ Bed rest and position (head elevated) ○ Blood pressure control ○ VTE prophylaxis - mechanical only	

N4: Care and management of a patient with Subarachnoid Haemorrhage (SAH) and Arteriovenous Malformation (AVM) Continued	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Management of patient with a secured aneurysm: ○ Blood pressure control including hypertensive strategies where appropriate ○ VTE prophylaxis as per local policy • Describes common management principles: ○ Nimodipine ○ Bladder and bowel management ○ Analgesia and anti-emetics ○ Seizure prophylaxis ○ Management of fluid balance ○ Identifies disorders of sodium balance and reports concerns	
• Provides appropriate patient education including importance of maintaining bed rest • Provides emotional support and reassurance	
• Observes craniotomy wound/angiography site for bleeding or inflammation and takes appropriate action	

N5: Care of a patient with raised Intra Cranial Pressure (ICP) including those with Traumatic Brain Injury (TBI)	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Identifies indications for ICP monitoring • Discuss various ICP monitoring devices	
• Discuss safe care of a patient being transferred with an ICP monitoring device as per local policy	
• Explain the rationale and, if relevant, the interventions for the following, as per local policy. ○ Brain tissue oxygenation monitoring (PbtO2) ○ Peripheral nerve stimulator ○ EEG	
• Identify normal ICP waveform, states normal values for ICP and CPP • Describe factors that increase and decrease ICP • Discuss clinical features of raised ICP in intubated and sedated patient ○ Seizures ○ Pupils ○ Vital signs • Discuss cerebral blood flow, venous drainage and auto regulation and how it may be affected by traumatic brain injuries • Describe the concept of Intracranial Hypertension including the MAP-ICP-CPP relationship • Demonstrate awareness of impact CPP on patient outcome • Discuss process of a MAP challenge to assess cerebral autoregulation and guide MAP and CPP goals in individual patients	
• Discuss raised ICP and tiered management approach	
• State the rationale for possible therapeutic options: ○ Analgesia, sedation, muscle relaxants/neuro muscular paralysis, anti-epileptics ○ Ventilation strategies (including CO2 control, O2 delivery) ○ Patient positioning and secretion management o optimising CVS parameters ○ Glycaemic control ○ Management of sodium disorders ○ Targeted temperature management ○ Osmotic therapy and use of diuretics (administration and contraindications) including appropriate administration ○ Barbiturate coma and can explain relevant additional monitoring required ○ Rationale for EVD as a treatment strategy in this patient group ○ Decompressive craniectomy	
• Describe other potential complications associated with the following: ○ Diabetes Insipidus ○ PRIS ○ Infection risks associated with TBI ○ Cushing's Triad and herniation syndromes ○ Paroxysmal Sympathetic Hyperactivity	
• Describe the signs associated with base of skull fractures	

N5: Care of a patient with raised Intra Cranial Pressure (ICP) including those with Traumatic Brain Injury (TBI) Cont	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Care for a patient having an ICP monitor insertion procedure • Correctly set up and manage ICP monitoring device including alarm setting, calibration and ongoing monitoring as per local policy	
Management of the patient with raised ICP including: • Provide care and management of the patient with Intra Cranial Pressure (ICP) monitoring system • Maintain appropriate CPP • Zero arterial line at the tragus for isolated TBI with ICP monitoring • Can assess RASS score of a patient correctly and titrate sedation accordingly • Maintain appropriate level of sedation analgesia and neuromuscular blocking agents using BIS and peripheral nerve stimulator to maintain ICP and CPP within specified parameters (as local policy) • Perform serial evaluations of neurological status and pupillary activity • Management of Carbon Dioxide (PaCO2) levels • Management of Oxygen (PaO2 and Sp02) levels • Understand fluid, vasoactive drugs and haemodynamic parameters • Manage glucose control and monitoring. • Monitor serial bloods and treat accordingly • Endotracheal Tube (ETT) securement • Plan timing of nursing care according to trends in ICP and can recognise how to respond to changes in ICP whilst performing nursing procedures.	
• Ensure correct patient positioning including head in midline position, elevation of head of bed, ensuring no cerebral venous drainage obstruction, avoidance of neck and hip flexion • VTE prophylaxis • Maintain normothermia, targeted temperature management and core temperature monitoring. • Monitor electrolytes and treats accordingly • Monitor neurological observations and pupil reaction • Observe for seizure activity and can discuss local protocol for Anti-epileptic medication for Post traumatic seizure Prophylaxis • Manage patients' bowel function • Care of a patient following decompressive craniectomy • Ensure appropriate referral to specialist teams • Can demonstrate awareness of local policy and rationale for weaning of ICP treatment	

N5: Care of a patient with raised Intra Cranial Pressure (ICP) including those with Traumatic Brain Injury (TBI) Cont	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Provide emotional and psychological support and education to family/caregivers as necessary regarding TBI and raised ICP in accordance with scope of practice • Can signpost patient and family/caregivers to relevant specialist within the local trust • Signposts family/caregivers to outside agencies for additional support in accordance with local policy and resources • Provides family/caregivers with appropriate supplementary written information where necessary	
• Makes appropriate referral to specialist teams	

N6: Care of a patient with spinal injuries	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Traumatic and non-traumatic causes of SCI	
• Mechanisms of injury	
• Complete vs. incomplete lesions	
• Explain primary and secondary spinal cord injury • Describe strategies to limit secondary injury	
• Explains terminology - tetraplegia and paraplegia	
Explain and perform (if appropriate) spinal assessment including: ○ Motor and sensory assessment ○ Documentation	
• The concepts involved in the American Spinal Injuries Association (ASIA) score	
• Local spinal cord management guidelines (including spinal clearance) and how to access specialist spinal nurse support	
• Describes spinal centre referral process & when to refer	
• Potential complications of spinal cord injury and immobility ○ Potential for respiratory insufficiency and the reasons for this ○ Loss of sympathetic stimulation, vagus nerve hypersensitivity ○ Potential for developing paralytic ileus in spinal cord injury (SCI) ○ Neurogenic bowel ○ Neurogenic bladder ○ Psychological implications of spinal injury ○ Importance of thromboembolic protection ○ Increased risk of mucosal ulceration and preventative measures ○ Thermoregulatory issues ○ Pain - allodynia & hyperalgesia ○ Impact on sexual function	
• Spinal and neurogenic shock and identify potential complications	
• Importance and principles of spinal alignment and positioning • Surgical and non-surgical methods of stabilisation • Post-operative care needs post fixation	
• Awareness of assessment, selection, sizing and placing/fitting of neck collars (demonstrate this in practice if supported by local policy)	
• Autonomic dysreflexia: ○ Pathophysiology ○ Potential causes ○ Treatments	
• Knowledge of specialist weaning protocols for patients with SCI	

N6: Care of a patient with spinal injuries Continued	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Care and management of the patient with a collar and neck/spinal immobilisation including awareness of safety issues e.g. not securing this to a trolley or bed, and skin care	
• Assisted movement (log rolling) of a patient with a (suspected or actual) spinal injury	
• Management of a patient with a (suspected or actual) spinal injury in regard to bowel management in accordance with neurogenic bowel management guidelines	
• Observation for complications such as autonomic dysreflexia (and take appropriate steps to avoid this)	
• Ensure timely spinal clearance (as per trust policy) and act as patient advocate in preventing delayed spinal clearance • Ensure the patient has accurately completed documentation regarding spinal clearance	
• Observe for signs of respiratory distress: ○ Perform and record vital capacity • Support respiratory weaning as directed by the MDT	
• Observe for changes in cardiovascular status and report instability	
• Provide passive limb exercise and correct limb positioning to avoid contractions and/or spasticity • Assess patient for need of specialist beds and surfaces for positioning and pressure ulcer prevention as required	
• Provide psychological support and reassurance to the patient and carers, including awareness of specialist support • Ensure communication aids are available and facilitate communication for the patient	

N7: Care of a patient post cerebral angiogram	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Describe rationale for cerebral angiography • Describe possible complications that can occur during/post procedure • Discuss the rationale for post procedure anticoagulation	
You must be able to undertake the following in a safe and professional manner:	
• Aware of correct patient positioning post procedure – including time limits for limb movement/ mobilisation • Manage haemodynamic changes safely and keeps set parameters as requested by neuro radiologist/ surgeons • Observes arterial puncture site and accurately documents limb neuro vascular observations • Manages complications post procedure of puncture site	

N8: Care of a patient post cranial surgery	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Identifies why cranial surgery may be required and the potential complications that may occur • Describes the difference between a craniotomy and a craniectomy • Demonstrates an understanding of complications specific to a post-fossa craniectomy • Describes why the transsphenoidal approach may be used and the need to observe the patient for ○ Rhinorrhoea ○ Excessive thirst ○ Increased diuresis ○ Visual acuity • Describes optimal patient positioning post-cranial surgery • Demonstrates a basic understanding of tumour types both benign and malignant • Describes post operative management strategies following tumour resection • Describe the rationale for dexamethasone therapy and possible side effects • Describes which patients are most likely to experience bleeding or seizures post-operatively • Demonstrates understanding of new facial weakness following acoustic neuroma	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Performs neurological observations and provides a rationale for the frequency • Demonstrates effective management of surgical wounds and drains, including safe removal of drains • Observes the patient for seizure activity and take appropriate action	

N9: Care and management of external ventricular drain	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Principles and common causes of hydrocephalus • Identify indications for EVD • How EVD works to regulate CSF pressure (as per local drainage device) • Priorities of care of a patient with external CSF drainage including: ○ Potential risks ○ Under drainage ○ Over drainage ○ Blockage ○ Sudden change in colour or volume ○ Disconnection ○ Unplanned removal ○ Infection • Awareness of local policy with regard to obtaining CSF sampling and intrathecal antibiotic insertion	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Care of external ventricular drain: ○ Labelling (as per local policy) ○ Levelling ○ Check patency and escalate appropriately ○ Measurement of volume and drainage ○ Safe management of drain during repositioning, transfer and pulmonary management and physiotherapy ○ Changing drainage bag • Observes the EVD insertion site for common complications and discusses findings • Accurately documents CSF drainage measurement, obtains any sample results and demonstrate understanding of significance of abnormal values	
• Transduces EVD onto the monitor (as per local policy)	

N10: Care of a patient with seizures	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Discusses the causes of seizures (intra and extra cranial) • Seizure types • Generalised seizure activity • Focal seizure activity • Non-convulsive seizures • Status Epilepticus • Discuss monitoring and treatment options to manage seizures and status epilepticus • Intermittent or continuous Electroencephalography (EEG) • Describes common anticonvulsant therapy (indications, contra indications and side effects) • Loading and maintenance doses for anticonvulsant therapies • Therapeutic level monitoring	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Maintain a safe environment during seizure activity • Document seizure activity accurately • Administer anticonvulsant medication as prescribed • Recognises the potential for sub clinical seizure activity and reports concerns	

N11: Care of a patient with Myasthenia Gravis	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
Physiology and Pathophysiology • Describe the Physiology of the Neuromuscular Junction: ○ Describe the structure and function of the neuromuscular junction. ○ Explain how Myasthenia Gravis (MG) affects this junction, focusing on the autoimmune attack on acetylcholine receptors. • Identify Affected Nerves and Resulting Clinical Signs: ○ Identify which nerves are impacted by MG, particularly cranial nerves and those innervating skeletal muscles. ○ Discuss how these affected nerves manifest in clinical signs such as ptosis, diplopia, dysphagia, and generalized muscle weakness.	
Treatments • Steroids: ○ Understand the role of corticosteroids in reducing immune system activity and inflammation • Anticholinergic Drugs: ○ Explain how these drugs increase the availability of acetylcholine at the neuromuscular junction, improving muscle strength. • Thymectomy: ○ Discuss the surgical removal of the thymus gland, its indications, and potential long-term benefits in reducing MG symptoms. • Target Therapies: ○ Awareness of target therapies which can be used as adjuncts when conventional methods become less responsive	
Medication Administration • Importance of timely medication administration: ○ Recognise the critical need to administer medications on schedule to maintain muscle function and prevent exacerbations ○ Understand the pharmacokinetics and pharmacodynamics of MG medications to optimize their efficacy ○ Identify medications that can exacerbate MG symptoms, such as certain antibiotics, beta-blockers, and muscle relaxants, and understand the reasons for their contraindication	

N11: Care of a patient with Myasthenia Gravis Continued	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
Respiratory Function • Regularly assess respiratory function using tools such as vital capacity measurements, peak flow meters and arterial blood gases • Be vigilant for signs of respiratory decline, such as dyspnoea, weak cough, and decreasing vital capacity • Assist in intubation or early tracheostomy if necessary, understanding the indications and procedural steps	
Collaborating with the Multidisciplinary Team (MDT) • Work effectively with various healthcare professionals, including neurologists, respiratory therapists, physiotherapists, occupational therapists, and dietitians, to provide comprehensive care	
Managing Ventilation Weaning • Skilfully assist in the process of weaning patients off mechanical ventilation, ensuring gradual and monitored reduction in ventilator support	
Provide Psychological Support • Offer emotional and psychological support to MG patients, including counselling and connecting them with support groups. • Address anxiety and depression that may accompany chronic illness	
Consider the Effects of Fatigue • Understand how fatigue affects recovery and adjust care plans to mitigate its impact. • Implement energy conservation techniques and pacing strategies to help manage fatigue. • Implement strategies to ensure adequate rest and sleep	
Patient Education • Educate patients and families on MG, its management, and the importance of medication adherence • Teach patients and families about recognising signs of exacerbation and when to seek medical help	
Nutritional Support • Assess and address any nutritional deficiencies or difficulties with swallowing (dysphagia) to ensure adequate nutrition and hydration	

N12: Care of a patient with Guillain Barre Syndrome	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign

Pathophysiology
• Describe how the peripheral nerve and cranial nerve pathways are affected in GBS:
  ○ Detail the specific types of nerve fibres involved and the resulting functional impairments
• Explain the Pathophysiology of demyelination in GBS:
  ○ Discuss the autoimmune mechanisms leading to demyelination and axonal damage	

Treatments
• Intravenous Immunoglobulin (IVIg):
  ○ Understand the mechanism of action, indications, and potential side effects
• Plasma Exchange:
  ○ Discuss the procedure, indications, and potential complications	

Pain Management • Address the types of neuropathic pain experienced by patients with GBS • Discuss pharmacological and non-pharmacological approaches to pain management	

Autonomic Nervous System Effects
• Explain the effect on the Autonomic Nervous System
• Knowledge of cardiovascular manifestations, including:
  ○ Vagus nerve stimulation
  ○ Blood pressure fluctuations
  ○ Cardiac arrhythmias
  ○ Asystolic events	

You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
Respiratory Management • Regularly assess respiratory function using vital capacity and other tools (as per policy) • Recognise the need for and assist in intubation or early tracheostomy when required	
Pain Management • Administer appropriate medications • Patient positioning	
Cardiovascular Stability • Provide appropriate care during episodes of instability • Identify and discuss the use of drugs such as glycopyrrolate and atropine	
Provide Psychological Care and Support • Offer emotional support and psychological care to GBS patients.	
Communication • Use communication aids to facilitate interaction with patients who have communication difficulties	
Multidisciplinary Team Working • Work effectively with various healthcare professionals to provide comprehensive care	
Limb Splinting • Follow guidance from Physiotherapists and Occupational Therapists on limb splinting to prevent contractures	

N12: Care of a patient with Guillain Barre Syndrome continued	
Monitor and Optimize Sleep • Implement strategies to ensure adequate rest and sleep for the patient	
Weaning from Ventilation • Manage the process of weaning patients off mechanical ventilation effectively	
Individualized Care Planning ○ Consider the patient's needs, preferences, and wishes when planning daily routines and care	
Patient and Family Education ○ Educate patients and families on the nature of GBS, expected course, and management strategies ○ Provide guidance on recognizing early signs of complications	
Nutritional Support ○ Address any nutritional needs, considering potential difficulties with swallowing	
Rehabilitation and Long-Term Recovery ○ Plan for ongoing rehabilitation needs, focusing on physical therapy, occupational therapy, and gradual functional recovery	

N13: Care of a patient following a stroke	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Identify and outline the national and local guidance on the care of stroke patients	
• Differentiates between ischaemic and haemorrhagic strokes	
• Explain the difference between stroke and transient ischaemia attack (TIA)	
• Incidence and classification of stroke - Total anterior circulation stroke (TACS), Partial anterior circulation syndrome (PACS), Lacuna syndrome (LACS), Posterior circulation syndrome (POCS), Intra cerebral haemorrhage (ICH) • Pathophysiology and clinical symptoms associated with ○ TACS ○ PACS ○ LACS ○ POCS ○ ICH	
• Discuss the impact of lifestyle choices, previous medical history and co-morbidities that are associated with increased risk of stroke and the recommendations in reducing these risks	
•Assessment of patients (FAST, Modified Rankin Scale, National Institutes of Health Stroke Scale NHISS), radiological investigations and blood tests required on admission	
• Identify and discuss initial observations, frequency of these and interventions are required including the rationale for each	
• Discuss the blood pressure management in stroke patients, including the antihypertensive medication used, the rational and associated risks and complications	
• Discuss the potential management options for a patient with a stroke	
Thrombolysis • Explain what thrombolysis involves • Identify inclusion and exclusion criteria for thrombolysis (door-to-needle time). • Discuss the types of medications used in thrombolysis including the dose, regime, potential complications and side effects • Discuss the care and observations required during the administration of these medications • Discuss post-thrombolysis care including: ○ Neurological observations and frequency ○ Cardiovascular observations including BP management ○ Blood glucose management ○ Swallow screening ○ Hydration and nutrition ○ Bowel and bladder ○ Tissue viability and mobilisation ○ VTE assessment and prevention management ○ Psychological care ○ Post treatment investigations	

N13: Care of a patient following a stroke Cont	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
Thrombectomy • Explain what thrombectomy involves • Identify the inclusion criteria for mechanical thrombectomy • Discuss the role of mechanical thrombectomy in stroke (door-to-groin puncture time), possible complications and side effects • Discuss post-thrombectomy care including: ○ Neurological observations required and frequency ○ Cardiovascular observations including BP management ○ Blood glucose management ○ Swallow screening ○ Hydration and nutrition ○ Bowel and bladder ○ Tissue viability and mobilisation ○ VTE assessment and prevention management ○ Psychological care ○ Post treatment investigations	
Malignant Middle Cerebral Artery Syndrome • Define malignant MCA syndrome including related pathophysiology • Discuss the signs and symptoms • Identify and discuss initial observations and frequency • Discuss the criteria for patients suitable for a decompressive craniectomy ○ Identify the nursing care and interventions required including Neurological observations required and frequency ○ Cardiovascular observations including blood pressure management ○ Blood glucose management ○ Swallow screening ○ Hydration and nutrition ○ Bowel and bladder ○ Tissue viability and mobilisation ○ VTE assessment and prevention management ○ Psychological care	
Intracerebral Haemorrhage (ICH) • Define what an ICH is and related pathophysiology • Discuss the initial medical management of ICH including: ○ Radiological investigations required ○ Reversal of anticoagulation ○ Blood pressure ○ Hydrocephalus • Identify the nursing care and interventions are required including the rationale for each: ○ Neurological observations required and frequency ○ Cardiovascular observations including BP management ○ Blood glucose management ○ Swallow screening ○ Hydration and nutrition ○ Bowel and bladder ○ Tissue viability and mobilisation ○ VTE assessment and prevention management ○ Psychological care	

N13: Care of a patient following a stroke Cont	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Discuss what actions should be taken if: o Acute change in neurology (including GCS, pupils, motor, sensory, visual fields/acuity) o Blood pressure outside set parameters (hypo/hypertension) o Blood glucose outside set parameters (hypo/hyperglycaemia) o Haemorrhage	
• Demonstrate an understanding and use of Sentinel Stroke National Audit Programme (SSNAP)	
• Discuss what rehabilitation maybe required following stroke; types and available resources	
• Care following a stroke including: o Neurological observations required and frequency o Cardiovascular observations including blood pressure management o Blood glucose management o Swallow screening o Hydration and nutrition o Bowel and bladder o Tissue viability and mobilisation o VTE assessment and prevention management o Psychological care	
• Appropriate actions and escalation for: o Acute change in neurology (including GCS, pupils, motor, sensory, visual fields/acuity) o Blood pressure outside set parameters (hypo/hypertension) o Blood glucose outside set parameters (hypo/hyperglycaemia) o Haemorrhage	
• Effective communication and working with a range of the multi-professional team o Medical staff o Specialist Nurses o Physiotherapy team o Occupational Therapy team o Speech and Language team o Dieticians	
• Play an active role in rehabilitation and psychological support for patients	

N14: Caring for a patient with sodium balance disorders	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Discuss the causes of hypernatraemia in the neuro patient ○ Diabetes insipidus (DI) ○ Dehydration	
• Discuss the causes of hyponatraemia in the neuro patient ○ Syndrome of inappropriate antidiuretic hormone (SIADH) ○ Cerebral salt wasting (CSW)	
• State which observations and investigations are required for a patient with abnormal sodium levels	
• List the signs and symptoms of DI in relation to urine output, urine specific gravity, urinary sodium, urine and serum osmolarity	
• Compare the signs and symptoms of SIADH and CSW in relation to volume status, urine output, urine specific gravity, urinary sodium and urine and serum osmolarity	
• Discuss the recommended rate of correction	
• Discuss complications of correcting a sodium imbalance too quickly	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Detect and report abnormal sodium levels in a timely manner	
• Initiate appropriate investigations to assist with diagnosis: ○ Urine specific gravity ○ Urine and Serum sodium levels and osmolarity	
• Demonstrate appropriate monitoring of a patient with a sodium disorder: ○ Fluid balance ○ Vital signs ○ Urine and Serum sodium levels and osmolarity ○ GCS	
• Safely administer prescribed treatment consistent with treatment regime for hyper/hyponatraemia and monitor response: ○ IV/NG fluids and DDAVP as prescribed for DI ○ Fluid management in SIADH (including differences for SAH patients) ○ o Sodium and water replacement (including hypertonic saline)	

N15: Care of a patient with a Central Nervous System Infection	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Discuss the types of meningitis & common organisms that cause it	
• Discuss the signs & symptoms of meningitis	
• Discuss the investigations required to diagnose meningitis	
• Explain the potential complications of meningitis	
• Discuss the types of and causes of encephalitis: ○ Infective ○ Autoimmune ○ Other	
• Discuss the signs & symptoms of encephalitis	
• Discuss the investigations required to diagnose encephalitis	
• Explain the potential complications of meningitis	
• Recognises the impact of long recovery from encephalitis on the patient and family and discusses management strategies	
• Recognises the impact of potential behavioural changes on the patient and family and discusses psychological support strategies	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Provide safe care and effective care for a patient with meningitis: ○ Appropriate infection control precautions ○ Antibiotic administration and monitoring of infection markers ○ Preparation and assistance with investigations ○ Monitor GCS and recognise the potential for hydrocephalus and cerebral oedema	
• Provide safe care and effective care for a patient with encephalitis: ○ Preparation and assistance with investigations ○ Monitoring and management of seizure and paroxysmal neurological events ○ Support and carry out rehabilitation in collaboration with the therapists ○ Considers the patient's psychosocial and spiritual needs ○ Provide emotional support and reassurance	

N16: Rehabilitation following neurological injury	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
• Demonstrate an awareness of the relevant national guidance and policies and procedures relating to the rehabilitation needs of neurological patients • Demonstrate an understanding of the physical complications that patients can suffer post critical care discharge	
Postural Management: • Describe which types of chairs meet different patient needs • Bed positioning - side lying • Chair positioning (types of chairs available to seat patients in)	
Tone Management: • Show effective understanding of the pathophysiology that causes abnormal tonal problems and differentiate between hypotonicity, hypertonicity and spasticity • List the factors that influence a person's muscle tone • Describe the different adjuncts that can be used to help manage a person's abnormal tone • Identify tonal pattern of patient in upper limbs, lower limb, head/neck • Recognise need for referral on to appropriate MDT members to support with tonal issues	
Pharmacological Management: • Describe the effects of botulinum toxin (botox) on the nervous system and how it works to decrease muscle tone, showing awareness of the risks posed by it and what management should be in place to maximise its efficacy • Describe the effects and usage of the following drugs in the management of spasticity and neuropathic pain (as applicable): ○ Baclofen ○ Gabapentin ○ Pregabalin ○ Tizanidine Hydrochloride ○ Amitriptyline Hydrochloride • Identify when bo-tox maybe used and when it is not appropriate and reasons for this	
Orthotics/ Splinting: • Explain the rationale for use of different upper and lower limb splints: ○ PRAFOs ○ ROM braces ○ Splints ○ Palm protectors ○ Soft rolling ○ Serial casting	

N16: Rehabilitation following neurological injury Cont	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
Communication: • Be able to describe common communication difficulties in patients with neurological conditions and why they occur • Demonstrate the ability to identify and manage barriers to communication, e.g., monitoring the effectiveness of your communication, changing how you communicate or simplifying the content of your communication • To describe the different forms of cueing (verbal, visual, auditory, cognitive, gestures, biofeedback, tactile) • Identify different types of communication aids- including E-Tran frame, alphabet charts, picture charts, nurse guided charts, Eye gaze technology • Liaise with Speech & Language therapy	
Swallow: • Explain the importance of adequate nutrition with regards to rehabilitation • Discuss the issues with regards to swallowing for patients with neurological conditions • Identify methods of diagnosing dysphagia: ○ Bedside assessment ○ Nurse led swallow assessment (if applicable) ○ Videofluoroscopy ○ Fibreoptic endoscopic evaluation of swallowing (FEES) ○ Barium swallow test • Describes treatment options for dysphagia • Identify when to refer to SLT • Discuss the impact on swallow when patients have nasopharyngeal airways in situ	

N16: Rehabilitation following neurological injury Cont	
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Proficiency Fully Achieved Date/Sign
Cognition: • Demonstrates an understanding of the reasons critically ill patients may develop delirium • Discuss appropriate use of delirium screening tool and a psychological assessment tool • Describe the reasons critically ill patients may develop other cognitive issues • Understands the difference between delirium and cognitive impairment due to acquired brain injury • Demonstrate an understanding of the following components of cognition and describe how they impact on function: ○ Attention ○ Memory/PTA ○ Orientation ○ Concentration ○ Language ○ Insight/awareness ○ Problem solving ○ Perception ○ Apraxia • Demonstrate an understanding of how the following can impact on a patient's cognitive function: ○ Medication ○ Sedation ○ Sleep/wake cycle ○ Neurological condition- acute and/or chronic- e.g., stroke ○ Medical condition- acute and/or chronic ○ Fatigue ○ Delirium ○ Psychological/emotional state	
• Demonstrate an understanding of low arousal patients/patients in disorder of consciousness (PDOC) ○ Minimally consciousness state ○ Vegetative state	
Psychological Management: • Demonstrate an understanding of the non-physical complications that patients can suffer post critical care discharge. e.g. Post ICU Syndrome • Demonstrate an understanding of patient diaries and be able to discuss the benefit and record in patient diaries appropriately ○ • Discuss the impact ABI has on mood e.g., apathy/hyperactivity	

N16: Rehabilitation following neurological injury Cont	
You must be able to undertake the following in a safe and professional manner:	Proficiency Fully Achieved Date/Sign
• Appropriately liaise with the MDT e.g., Physiotherapists, Occupational Therapists, Speech and Language Therapist in regard to rehabilitation plan • Identifies when a patient is ready to mobilise or commence a rehabilitation programme • Demonstrate the ability to gain a subjective history (where able) from the patient and/or family to identify: ○ Previous level of physical and cognitive function ○ Identify patient's interests, likes and dislikes	
• Demonstrate safety precautions before mobilising a patient: ○ Check observation chart ○ Assess upper and lower limb mobility ○ Assess upper and lower limb strength ○ Assess upper and lower limb tone ○ Assess overall mobility in bed ○ Observe for dizziness ○ Ensure appropriate footwear ○ Check area for obstructions, water on floor, wires etc. ○ Consider oxygen dependence	
• Demonstrate how to choose an appropriate transfer method based on assessment • Demonstrate how to safely and effectively mobilise a patient from lying to sitting over the edge of the bed • Demonstrate how to safely and effectively mobilise a patient from bed to chair and back again based on assessment Consider transfers of patient to: ○ Chair ○ Hoist ○ Sara Steady ○ Step round transfers ○ Ensure set up of chair/ seating provision	
• Demonstrate the ability to carry out passive movement exercises and recognise the importance of these ○ Monitors the patient throughout the process including postural changes	
Follow therapy-recommended treatment plans in relation to: • Applying different splints currently used in your clinical area • Cognitive rehabilitation strategies • Demonstrate appropriate use of cueing in practice ○ Set up of ADL tasks ○ Swallow exercises	
• Appropriately refers patients to Speech and Language, Physiotherapy and Occupational Therapy teams	
• Completes delirium screening/psychological assessment tools present as per local policy	

Initial Assessment & Development Plan

Date:

This meeting between Learner and Lead Assessor should take place on commencement of these proficiencies. It is to identify the needs of the nurse and those proficiencies that should be attained within the first 3 months of commencing the proficiency development programme.

CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

PROFICIENCIES TO BE ACHIEVED

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

LEARNERS Signature: …….

Lead Assessors / Practice Educators Signature: …….

NEXT AGREED MEETING DATE:

Ongoing Assessment & Development Plan

Date: _____

This meeting between Learner and Lead Assessor is to identify the progress made by the nurse in achieving proficiency in practice against those proficiencies identified in the initial/previous meetings. It is here further objectives will be set. Ongoing assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed

REVIEW OF PROFICIENCIES ACHIEVED

ON TARGET: YES / NO

IF NOT WHICH PROFICIENCIES HAVE YET TO BE MET

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REASONS FOR NOT ACHIEVING

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SPECIFIC OBJECTIVES TO ACHIEVE PROFICIENCIES

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KEY AREAS & ADDITIONAL PROFICIENCIES TO BE ACHIEVED BEFORE NEXT MEETING

_____

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LEARNERS Signature: …….

Lead Assessors / Practice Educators Signature: …….

NEXT AGREED MEETING DATE:

Additional Action Planning

Date: _____

This document is to be completed as required to set SMART objectives for the learner who requires additional support to achieve certain proficiencies (these will have been identified during the 3 monthly On-going Assessment & Development Plan).

AREAS FOR FURTHER ACTION PLANNING

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LEARNERS Signature: …….

Lead Assessors / Practice Educators Signature: …….

NEXT AGREED MEETING DATE:

Final Competency Assessment

Date: _____

This meeting is to identify that all the proficiencies have been achieved and that the nurse is considered a safe proficient practitioner.

PROFICIENCY STATEMENT
The nurse has been assessed against the proficiencies within this document and measured against the definition of proficiency below by critical care colleagues, mentors and assessors and is considered a proficient safe practitioner within the critical care environment:

"The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions".

As part of quality assurance, the nurse is expected to maintain a portfolio of practice as part of NMC regulations to support on-going proficiency and declare any training development needs to their line manager or appropriated other.

Proficiency will be reviewed annually as part of staff personal development plans. Where necessary, objectives will be set to further develop any emerging proficiency required to work safely within the critical care environment.

LEAD ASSESSORS COMMENTS

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LEARNERS COMMENTS

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LEARNERS Signature: …….

Lead Assessors / Practice Educators Signature: …….

NEXT AGREED MEETING DATE:

Annual Proficiency Review

Date: _____

This record is a statement between the nurse who has completed their Liver proficiencies successfully and their Assessor /Practice Educator and/or Appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe proficient critical care practitioner.

OVERALL PROFICIENCY MAINTAINED: YES/NO

IF NOT WHAT PROFICIENCIES REQUIRE FURTHER DEVELOPMENT

SPECIFIC OBJECTIVES TO ACHIEVE PROFICIENCY

FURTHER COMMENTS

LEARNERS Signature: ……

Lead Assessors / Practice Educators Signature: ……

NEXT AGREED MEETING DATE:

Abbreviations:

ASIA	American Spinal Injuries Association	GCS	Glasgow Coma Scale
AVM	Arteriovenous Malformation	ICH	Intra Cerebral Haemorrhage
BIS	Bispectral Index	ICP	Intra Cranial Pressure
CNS	Central Nervous System	LACS	Lacuna Syndrome
CPP	Cerebral Perfusion Pressure	MAP	Mean Arterial Pressure
CSF	Cerebrospinal Fluid	MCA	Middle Cerebral Artery
CSW	Cerebral Salt Wasting	MDT	Multi-disciplinary Team
CT	Computerised Tomography	MG	Myasthenia Gravis
CVP	Central Venous Pressure	NIHSS	National Institutes of Health Stroke Scales
CVS	Cardio Vascular System	PACS	Partial Anterior Circulation Syndrome
DDAVP	Desmopressin	POCS	Posterior Circulation Syndrome
DI	Diabetes Insipidus	SAH	Subarachnoid Haemorrhage
EEG	Electroencephalograph	SCI	Spinal Cord Injury
EMG	Electromyography	SIADH	Syndrome of inappropriate antidiuretic hormone
ETT	Endotracheal Tube	SQI	Signal Quality Index
EVD	Extra Ventricular Drain	SSNAP	Sentinel Stroke National Audit Programme
FAST	Face Arms Speech Time	TACS	Total Anterior Circulation Stroke
FEES	Fibre optic Endoscopic Assessment of Swallowing	TBI	Traumatic Brain Injury
FOUR	Full Outline of Unresponsiveness	TIA	Transient Ischaemic Attack
GBS	Guillain-Barre Syndrome	VTE	Venous Thromboembolism

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