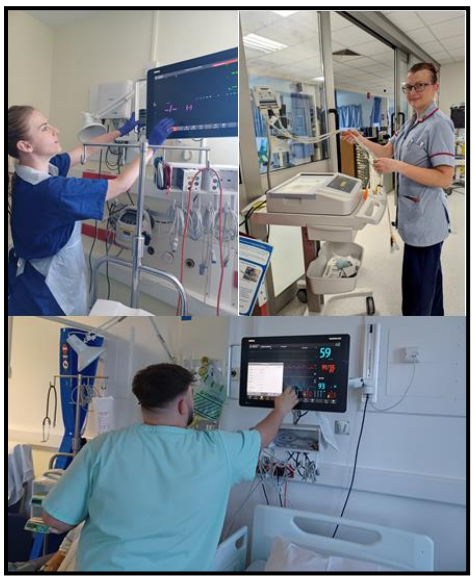
CC3N Best Practice Guidelines

Registered Nursing Associates (NAR) in Adult Critical Care Units



Version	Version 2 – July 2024
Status	Version 1 published July 2023
changes	Amended April 2024.
Author	CC3N Registered Nursing Associate working group
Owner	Critical Care Networks – National Nurse Leads (CC3N)

Acknowledgements

We would like to thank the CC3N Registered Nursing Associate (NAR) working group for their hard work on putting this document together. The working group comprised of critical care network lead nurses, matrons, critical care educators and Health Education Institutes (HEI) NAR programme leads.

Table of Contents

Introduction to the Registered Nursing Associate role

The Nursing Associate role was introduced in 2017 and is a generic nursing role that bridges the gap between healthcare support workers and Registered Nurses, to deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different health and social care settings (NHS Employers, 2023). The role was introduced in response to the Shape of Caring Review (2015), to help build the capacity of the nursing workforce and the delivery of high-quality care.

Nursing Associates are key members of the nursing team and wider health and social care teams. A Nursing Associate will have gained a Nursing Associate Foundation Degree awarded by a Nursing and Midwifery Council (NMC) approved provider, over two years of higher-level study, enabling them to perform more complex and significant tasks than a healthcare assistant but not the same scope as a registered nurse (NHS Employers, 2023). They are registered with the NMC, who regulate them to work in a health and care setting in England.

Employers that have invested in the Nursing associate role as part of wider workforce planning and skills mix transformation have seen a number of benefits, including:

- improved service delivery and patient care
- improved staff retention through career progression
- the ability to 'grow your own' nursing workforce investing in a tried and tested training programme, accredited by the NMC.

(Health Education England, 2022).

Nursing Associates can make a significant contribution to service delivery and patient care as they develop new skills and competencies. This can include:

- Improved patient communication
- Assisting nurses with a range of care-giving responsibilities
- Provide patient-centered care and acting as a patient advocate.
- Identifying and escalating patients with deteriorating health
- Displaying leadership qualities and supporting other trainees' development
- Exchanging skills, knowledge, and good practice across settings, enhancing the quality of service

Nursing Associates are an additional role to the multidisciplinary team to augment care delivery and are not there to replace the Registered Nursing workforce.

To set this out clearly this table highlights the main differences between the two roles as per NMC guidelines (2019).

Nursing Associate (NAR) (4 Platforms)	**Registered Nurse (RN) (7 platforms)**
Be an Accountable Professional	Be an Accountable Professional
Promoting Health and Preventing Ill health	Promoting Health and Preventing Ill health
Provide and **MONITOR** care.	Provide and **EVALUATE** care.
Working in teams	**LEADING AND MANAGING** Patient Care. Working in teams
Improving safety and quality of care.	Improving safety and quality of care.
CONTRIBUTING TO integrated care	**COORDINATING** care
	ASSESSING NEEDS AND PLANNING CARE

It is widely understood that the value of the Nursing Associate role is to support nurses allowing them to be able to lead and coordinate care and deal with any complex care needs (NMC, 2021). The role of the Nursing Associate will no doubt give more time for critical care nurses to do just that.

Nursing Associates want to be able to take some of the pressure off by taking on appropriate responsibilities and working together with critical care nurses and integrated care teams to deliver the best and safest care (NMC, 2018).

Further information on the Nursing Associate role and to view the NMC standards for the Nursing Associate role can be accessed by the link below.

https://www.nmc.org.uk/standards/standards-for-nursing-associates/

Aim of the Best Practice Guidelines

The aim of these best practice guidelines is to provide clarity and guidance on the role of the RNA within the critical care environment and ensure the RNA works within their current scope of practice. It is recognised that with additional training, education, and support by the local organisation their role may be enhanced.

Inclusion and Exclusion criteria of patients allocated to Registered Nursing Associates (NAR) in the critical care environment.

This list gives direct guidance about the types of critical care patients that can be allocated or not allocated to Registered Nursing Associates that work in critical care units. They should always be working within the scope of their competencies.

Patients that Registered Nursing Associates can look after within critical care as per their scope of practice - **Inclusion**	Patients that Registered Nursing Associates cannot look after within critical care – not included in the scope of practice of a Registered Nursing Associates cannot - **Exclusion**
Airway (A)	
• Established Airway – Own and tracheostomy.	• Difficult and complex intubation • Patients with newly formed tracheostomy that are classed as high risk. • Patients with Endotracheal tube in situ • Deteriorating airway where patient is likely to need intubation. • Perform extubation
Breathing (B)	
• Patients with stable oxygen requirements**.** • Self-ventilating patient with oxygen via nasal cannulae or facemask • Patient receiving Non-Invasive Ventilation NIV (BIPAP or CPAP) with stable trajectory – **RN to change settings.** • Patient with established chest drain or part of an established patient pathway.	• Level 3 patients who require mechanical ventilation. • Leading the care for ventilated patients, e.g., altering ventilation settings • Respiratory advanced ventilation requiring high levels of oxygen, PEEP and /or pressure support. • Intubated patients who require proning • Unstable respiratory status/ high risk of respiratory deterioration / deteriorating breathing function • Non- standard modes of ventilation • Acute / unplanned chest drains. • Respiratory Wean – short term / long term.

	• Intubated patients whose sedation has been stopped and are being monitored for extubation.
Circulation (C)	
• Patient with an **either** established single low dose inotrope / vasopressor infusion central, peripheral. • **Or** Single IV anti arrhythmia infusion • **Or** Single IV anti-hypertensive infusion • Patients with Central Venous Catheter /, Arterial line • Take bloods from an arterial line following local training and competency assessment. • Take bloods from a central line following local training and competency assessment. • Connect a new arterial or central transducer once assessed as competent as per unit policy and following further education and competency assessment. • Removal of central lines / arterial lines under direct supervision of RN and once assessed as competent as per unit policy and following further education and competency assessment.	• Patients with unstable CVS / acute cardiac event within previous 24 hours • Patients requiring Advanced cardiac support. • Inotrope / Vasopressor infusions that are not established or single low dose infusions. • Multiple inotrope solutions • Temporary paced patient • Patients with intra – aortic balloon pumps • Patients with cardiac output monitoring • Patients on renal replacement therapy i.e., CVVHDF • Patients with a Vascular Catheter • Patients With ECMO therapy
Disability (D)	
• Monitoring Patients with Standard PCA requirements with unit policy. • Stable CNS patients • Provide 1:1 for a patient who is on the Enhanced Care Pathway.	• Patients with complex analgesia requirement i.e epidurals and blocks • Patients requiring continuous Intravenous sedation. • Patients who require neurological protective strategies • Unstable CNS patients i.e., head injured patient requiring ICP monitoring and patients who required complex neurological assessment. • Patients requiring muscle relaxant infusion. • Patients with complex sedation requirements

	• Unstable Cervical spine patients unless working in a neurosurgical critical care unit and assessed as competent as per Unit policy and competency assessment.
Exposure / Everything Else (E)	
Admissions • Patients on planned patient / surgical pathways whose care has been planned as part of a Trust patient pathway / theatre recovery / PACU /POCCU areas. **Wound care** Patients with wounds with established care plan in place Supporting with rehabilitation of patients by active / passive limb exercises	Patients receiving and requiring renal replacement therapy such as haemofiltration and haemodialysis. **Admissions** No acute admissions **Wound care** Complex trauma/wounds e.g., open abdomen, complex stomas, and fistulas
Transfer of Patients	
Transfer step down level 1 patients to the ward	Should not be allocated to a patient who requires transfer to CT or MRI scan unless there is scope for a Critical Care trained RN to accompany and stay with the NAR. Transfers to other Trusts Discharge home / Hospice

Critical Care Registered Nursing Associates Competency framework

CC3N have produced a National Competency Framework for Registered Nursing Associates that work in Critical Care. These are available on the CC3N website within the competency section.

https://www.cc3n.org.uk/step-competency-framework.html

The CC3N National Critical Care Nursing STEP competency framework is for registered nurses that work in critical care units and should not be used in conjunction with the Registered Nursing Associates role within critical care.

Further skills to be undertaken by Registered Nursing Associates

Registered Nursing Associates are encouraged to develop further skills and knowledge beyond their initial qualification and training. This may include but not be limited to intravenous medication administration, intravenous fluid administration, and blood and blood product administration. Training and the application of further skills and knowledge will be in accordance with local patient need as well as being compliant with organisational policies and training pathways. Other complementary competency or proficiency packs may therefore form part of these competencies for the nursing associate in critical care.

UKCCNA recommended staffing establishment for Registered Nurse Associate's in critical care units

Registered Nursing Associates are a valued member of the team with a position on the NMC register allowing direct patient care under the supervision of a registered nurse. The role of the Registered Nursing Associates is assistive. The supervision required should not impact on the care of other patients under the direct care of other band 5 or 6 nurses respecting the 1:1 and 1:2 ratios, therefore nursing associates should be supervised by any additional supernumerary coordinators (Bates 2019). With this in mind the amount of Registered Nursing Associates on a critical care shift will vary with the amount of additional supernumerary coordinators available to supervise the RNA's.

The table below outlines the recommendations around the Registered Nursing Associate role taken from the UKCCNA Critical Care Nursing Workforce Stabilisation Plan 2024-2026, published in May 2024. The full plan can be downloaded at https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/ukccna_workforce_optimisation_plan_2024-2027.pdf

9.Assistive and supportive staff must not be used to replace RN roles. The role of a Registered Nursing Associate (NAR, England only) is assistive in care delivery and should not be used as a substitution for Registered Nurses [42, 43].	This includes registered and unregistered nursing assistive roles who should only support RNs to deliver direct care[40, 42, 44]. These roles must be underpinned by appropriate training and assessment of basic specialist competency (using the national competency frameworks[45-47]) is required[40, 41, 43]. Registered Nursing Associates in England require supervision and support in the delivery and planning of patient care The supervision required should not impact on the care of other patients under the direct care of other RNs respecting the recognised nurse patient ratios[40, 41, 43] therefore registered nursing associate supervision should be provided by the supernumerary Enhanced Critical Care RNs in units with >10 beds; in units with less than 10 beds this will need to be agreed locally. It might be more appropriate in those smaller units to have the NAR as supernumerary supporting the Enhanced Critical Care Nurses at the bedside. Where staff undertaking assistive and supportive roles that involves direct care, specific critical care training and assessment is required. (CC3N Registered Nursing Associate

	and Health Care Support Worker in Adult Critical Care Assistive Level (Band 3) and Supportive Level (Band 2) Competencies)[45-47]
Registered Nursing Associates will be provided with a period of supported induction and training required to undertake the assistive role.	It is acknowledged that NARs appointed to critical care will come with varying degrees of critical care experience[42]. As such there should be a minimum period of 3 months supported induction and training for any NAR appointed.

References

1. NHS Employers (2023) Nursing Associates https://www.nhsemployers.org/articles/what-nursing-associate , accessed February 2023.
2. Health Education England (2015) Shape of caring review (Raising the bar) HEE, March 2015.
3. Health Education England (2022) Growing Your Own or Developing Existing Staff and Retaining Talent, HEE 2022.
4. NMC (2018) Standards of proficiency for nursing associates, NMC 2018.
5. NMC (2019) What's a Nursing Associate blog https://www.nmc.org.uk/news/news-and-updates/blog-whats-a-nursing-associate/ accessed February 2023.
6. CC3N 2021 National Competences for Critical Care Registered Nursing Associates, CC3N 2021.
7. Bates L (2019) Developing the nursing associate role in a critical care unit, Nursing Times 115: 10, pages 21-24.
8. UKCCNA (2024) Critical Care Nursing Workforce Stabilisation Plan 2023-2026 UKCCNA 2024. UKCCNA Workforce Optimisation Plan 2024-2027.pdf (ficm.ac.uk) accessed May 2024

Whilst these guidelines are applicable in England, other UK countries are welcome to adopt it as required.

Critical Care National Network Nurse Leads Forum
Website: www.cc3n.org.uk
Contact us: www.cc3n.org.uk/contact-us.html