“Sorry ICU, I’m an Ophthalmologist!”

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That’s my opening line to everyone in the intensive care unit (ICU) at Northwick Park Hospital, London North West University Healthcare NHS Trust (LNWH).

I’m a 4th year ophthalmology registrar working in LNWH eye department at Central Middlesex Hospital. Here’s what I’ve learnt from being deployed to ICU during the Coronavirus pandemic.

Why would they ask you?

I have been out of “real medicine” since starting ophthalmology training with no prior ICU experience. Rapid expansion of the hospital’s ICU beds at Northwick Park from 22 to 60 required rapid expansion of staff. On 27 March 2020 I started the ICU rota with much apprehension and fear.

Did they teach you anything beforehand?

During the 1-day induction, I apologised repeatedly about being an ophthalmology registrar knowing nothing about critical care. However, the ICU consultant patiently explained about lung physiology, ventilator functions and drug infusions.

Do you wear enough personal protective equipment (PPE)?

All patients on ICU are COVID-19 positive, requiring many aerosol generating procedures. There are designated “donning” (putting on) and “doffing” (taking off) areas

where enhanced PPE is worn with a buddy to ensure correct processes.

What happens in ICU?

ICU receives extremely unwell COVID-19-positive patients who struggle to breathe. Almost all patients are intubated and on a ventilator. They have central and arterial lines for drug administration, blood gases and monitoring. Intubated patients are sedated and may be pharmacologically paralysed or ventilated in prone position.

ICU consultants finely balance drug and ventilator settings to keep the patient alive and treat their respiratory, and other organ, failure. Highly skilled ICU nurses monitor and document hourly parameters onto a chart, manage most situations and know everything about their patients.

What do you do every day?

At the start of every 12-h day or night shift, there is a hand-over. I then review each patient’s issues overnight, oxygen requirements, ventilator settings, fluid balance, inflammatory markers and any other problems. Two of us currently cover ten patients on one ICU ward, but this may expand with time.

Subsequently, the ICU consultant leads a ward round where plans are made. These patients can be very unwell and in multi-organ failure, who require complex management. I’ve had the opportunity to learn new skills such as inserting arterial and central lines. ICU consultants are very approachable and support every shift.

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Each day I telephone the next of kin who are always grateful to hear from me, even when there isn't always good news.

Conclusion

As well as a dramatic change to my normal life, I have entered a steep learning curve into an environment where I've acquired new skills and gained deep appreciation and respect for the ICU team. I certainly miss operating in eye theatre and, surprisingly, the busy clinics, and am concerned about my training. However, I feel that for the moment, it is more important to help fight the biggest fight the world has ever seen.

Maybe after this I can stop apologising for being an ophthalmologist!

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Compliance with ethical standards

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