

# SICU ORIENTATION

## Attendings:

Alison Wilson, MD -- Chief  
Daniel Grabo, MD – Director  
Kennith Coleman, DO  
Lauren Dudas, MD  
Allen McElroy, MD  
Amanda Palmer, MD  
Gregory Schaefer, DO

## Mid-levels and staff:

Minta Bibb, NP ..... 75148  
Stan Timinski, NP ..... 75147  
Megan Davis, NP.....73953  
Ashley Miranov, NP.....72787  
Rachel Statler, NP.....79457  
Anna Reece, PA.....41710  
Josh Brewer, APRN.....78774  
Becky Richards, RN (nurse manager) .....78745  
Holly Riley, RN (nurse manager) ..... 73297/78085  
Trudy (trauma office) ..... 74659  
Pharmacy (Christina).....79957

## Other useful numbers:

Senior ..... 78742  
Junior..... 78740  
Intern..... 76112  
SICU Resident ..... 78743  
OR Front Desk..... 74150  
OR Charge RN ..... 76212  
OR Charge Anesthesia ..... 76364  
CT Scanner..... 74257  
ED ..... 74172  
Weekend CM..... 76101  
Xray ..... 74258  
Radiology.....79729  
ENT.....73525  
Neurosurg res.....75397  
Ortho Res.....78615  
Blood bank.....74023  
Speech Language Pathology.....76207  
Wound Ostomy.....74337  
Pain APP.....79933  
ED RT.....72682

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## Conferences

- **Tuesday 8 am** in Trauma office
- **Wednesday:** must see patients and sign out to PA team prior to didactics. On call pager to PA.
- **1<sup>st</sup> Thursday** each month at **noon:** combined ER conference in HSC
- **1<sup>st</sup> Friday** each month at **1pm:** Sim lab
- **Tuesday/Thursday 1:15-2:15:** ICU conference in MICU conference room

## Note Templates

- TES H&P
- TES progress note
- TES discharge summary
- TES clinic note

## Order sets

- ED TRAUMA: Adult P2 orders PART B (CT scan orders)
- ED TRAUMA: PEDS P2 ORDERS PART B
- ED TRAUMA: XR ORDERS RUE, LUE, RLE, LLE (extremity film)
- ED RIB FX – FORCED VITAL CAPACITY: IP (used to eval rib fx)
- TRAUMA: DISCHARGE ORDERSET ADULT TRAUMA: IP
- TRAUMA: ROUTINE TRAUMA ADMIT: IP (used for floor, observation, stepdown patients)
- TRAUMA: SICU TRAUMA ADMIT: IP (SICU admission)
- TRAUMA RIB FX PROTOCOL (used for pts with rib fx after FVC is obtained)
- TRAUMA: SPLEEN INJURY VACCINATIONS
- TRAUMA: ACUTE SPINAL CORD INJURY
- TRAUMA: TLSO – THORACOLUMBAR SACRAL ORTHOSIS DEVICE/BRACE
- TRAUMA: HYPONATREMIA
- TRAUMA: TUBES AND DRAINS

## ROUNDING

- Two staff daily: one on service and one on back up.
  - Backup sees outlier patients with APP.
  - Midlevel and Chief see all new patients (nonICU) from overnight.
  - Junior/Senior sees ICU patients – Important to pay attention on rounds here so you know the patients when they transfer out of ICU.
- Daily patients to see listed under your name on white board on 7E.
- Table rounds with staff at 8 am in trauma office.
  - Patients should be seen and ideally notes written.
  - If patient is sick and needs attention, call sr/jr/anyone PRIOR to 8 am (ASAP).
- Rounds then occur as a team with staff. Traumas are run by PA/backup staff during AM rounds.

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More tips:

- **Update problems list daily and thoroughly.**
- Update DC summary narrative routinely.
- Home meds must be verified by pharmacy prior to starting.
- Sample patient presentation (system-based presentation):
  - “Mr. X is a 48 yo M post trauma day 3 s/p ATV crash. No acute events overnight.”
  - Then go to injury/system based presentation: “Neuro – subarachnoid bleed, repeat CT brain stable, NSG signed off, GSC 14. Pulm – R rib fx 3-8, last FVC...”

## Traumas

- P1 (highest level): full trauma team activation
- P2: partial trauma team activation
- P3/consult: Must see within 60 minutes of arrival (often transferred from another center).
- Intern on call (day or 24) responds to trauma pages
  - Go to the ED on the 3<sup>rd</sup> floor.
  - Get PPE/lead and sign in with documenting ED RN
  - Make sure you sign in so trauma nurses know you were there.
- Responsibilities: Primary survey, orders, H&P, calling consults/admissions (ED residents may help with calling consults)
- Perform primary survey: ABC, expose, get HPI information, roll. Be systematic.
  - Shout all findings out loud for the documenting nurse to record them (i.e. breath sounds clear bilaterally, 3 cm laceration over the right hand).
- Don't forget to add patient to the trauma rounding and trauma attending list (peds traumas go on the ped surgery list)
  - 7am-5:30 pm age <17 goes to pediatric trauma service
  - 5:30pm-7am age <17 are triaged by adult service and go on both lists. They are reviewed at trauma table rounds, where the patient will be signed out to the pediatric trauma service.
- Use order sets to place orders for CT scans/imaging.
  - Call CT and ask them if they are ready, and accompany patient to the scanner.
  - No need to accompany stable patients to X ray or go with the P3/consults.
  - Once images are back, page consulting services and place orders.
- All protocols are in the online handbook, which can be found online. WVU Critical Care and Trauma Institute Website **Google: WVU TRAUMA HANDBOOK**
- If pt is going to SICU, call 78743 and tell them about the patient. The senior will call ICU staff and get a bed.
- If P1, you still have the same role. Junior will do lines/tubes.

## Trauma H&Ps

- TES HPI is unique. Use note template. MUST have times of page, initial vitals, etc from trauma sheet.
- Must get PMH, SocHx, FMH. If pt is intubated or unable to give history, must document, “unable to obtain due to patient intubated/unresponsive/sedated etc”.
- Must fill in problem list with problems and info (i.e. right tib fib fracture: ortho consulted, OR 4/23, Non-weight bearing R LE) for all problems.

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- **Important\*** On trauma transfers, must have copies of any XR/CT reads as well as making sure the images are up on Synapse (call 7HELP to get Synapse access). If no reads were sent with the outside records, have the ED clerk call the transferring hospital and fax copies of the reads. No release of information consent is needed as this is an acute transfer.
- After finishing with outside paper record, these need to go to medical records to be scanned into the chart. Typically, the APPs will want them to go over the new traumas, so you can drop them off in the APP workroom as well.
- **Pro tip\*** You should be able to complete the H&P including imaging result in the CT scan room. There is a computer designated for your use in the back of the CT control room.
  - Start by adding in times/fluids/vitals from nursing sheet, then fill in the rest.
  - **Pro tip\*** Get sticker from trauma pt and write pertinent info next to the sticker to keep organized.
  - H&P goes to trauma staff on call. Ask someone if you are unsure.

## Call



- Call is 6am – 6am.
- Day call is 6 am to 5:30 pm (only cover trauma during this time) –you’re responsible for all traumas paged.
- If multiple traumas come at once, senior will delegate, and other intern and junior on call may need to help.
- Interns carry 76112 all night.
- Senior (78742) will be called with trauma issues, and HVI junior (78620) should be called for vascular issues on call.



## Staff Preferences

- Dr. Wilson will ask “what did you read last night” every day that she is on service. Make sure you’ve read something trauma related and can tell her about it.
- **Pro tip\*** The mid-levels are your lifeline. Help them in any way possible, and they will help you.