SICU

ATTENDINGS

SURGERY

Jim Bardes, MD
Nina Cohen, MD
Conley Coleman, DO
Lauren Dudas, MD
Brett Floyd, MD
Daniel Grabo, MD
Brone Lobichusky, MD
Matthew Murray, MD
Amanda Palmer, MD
Gregory Schaefer, DO - Director
Alison Wilson, MD

ANESTHESIA

Kathrin Allen, MD

EMERGENCY MEDICINE

Emily Wheeler, MD

USEFUL PHONE NUMBERS

Trauma Senior	178742
Trauma Junior	178740
Trauma Intern	176112
SICU Clerk	174314
SICU Charge RN	176116
OR Front Desk	174150
OR Charge RN	176262
NSGY	175397
Gen Surg Blue	173374
Emergency Department	178300
Ortho	178615
Surg Onc	178627
Vascular	175279
Anesthesia STAT	178663
3rd Floor CT	174257
Xray	174258
Blood Bank / MTP	174239

SERVICE OPERATION

- Order sets:
  - SICU: ADMISSION ORDER SET: IP

- Note Templates (Find under SmartText Search Box)
  - SICU H&P
  - SICU NEW PROGRESS NOTE

- Procedure Documentation Templates

.SICUARTLINE	.SICUINTUBATION
.SICUBRONCHOSCOPY	.SICUMISC
.SICUCARDIOVERSION	.SICUPIGTAILEFF
.SICUCHESTTUBE	.SICUPIGTAILPTX
.SICUCLR	.SICUPLEURALTPA
.SICUCVL	.SICUSEDATION

- Schedule:
  - Sign-out from night team @ 0530
    - Significant events & follow-up items from overnight
    - Identify potential extubations
    - Identify OR cases for that day & ensure readiness
  - Assignment of patients – Assigned by SICU Chief or most senior resident in their absence
  - Medical Students
    - MS3 should have 1 low-mod acuity patient
    - MS4 should have 2 mod or 1 high acuity patient
  - Pre-rounding
    - Review labs, imaging studies, and notes written since yesterday
    - Check-in with RN & RT for interval events
    - Talk with consulting teams regarding daily plans
      - These are generally tentative until staffed
    - Use time between pre-rounds and rounds to update problem lists, get final reads on imaging studies, talk with consulting teams, and clean up orders

- Rounding
  - Rounds will typically be between 0830 and 0900
  - Computers
    - Presenting provider
    - Orders provider
    - Problem/task list resident
    - Faculty
  - If the on-call resident is presenting, another should cover the SICU phone
  - Rounds
    - General Update
      - New Patient – Review HPI, Surgeries, Injuries
      - Established Patient – Interval Updates
    - RN Bundle
    - RT Inspiratory Pause
    - System Based Rounding by Provider
      - Includes input from Dietician and Pharmacist
  - Families are invited to participate in rounds
  - Keep a list of questions for consulting services – non-urgent queries should be pooled and called after rounds
  - Touch base with consulting services at least daily to ensure coordination of plans.

- After Rounds
  - Run the Task List – assign items to be completed and followed up on.
  - Assign responsibility for removal of lines/drains/tubes
  - Obtain consents for procedures and obtain necessary equipment and medications; notify respiratory for bronchoscopy and coordinate a specific time for procedure
  - Ensure orders have been placed or discontinued as decided upon during rounds
  - Contact primary and consulting teams to coordinate plans of care if not already completed
  - Notes can be completed at this time
  - Update the SICU M&M list with any deaths/complications

- Duty Hours/Scheduling/Vacations
  - Please refer to Department of Surgery and WVU GME Resident and Student Duty Hour policies

PATIENT MANAGEMENT

- The SICU is an open unit, and the SICU service is a consulting service. Primary teams determine when to transfer out, but the SICU team should let the primary team know when a patient may be ready to transfer.
- **Management is collaborative – Primary Team has FINAL SAY on all aspects of management**
- SICU manages vents, electrolytes, pressors, antibiotics, blood transfusions, etc.
- Primary team will usually manage diet, chest tubes, drains, and overall big picture plan.
- All patients will need a SICU consult order – this is part of the SICU Admission orderset
- All patients are followed by SICU until transferred off of ICU status – SICU does not signoff on ICU patients

IMPORTANT THINGS TO KNOW

- **ABSOLUTE Staff notifications:**
  - New admissions – within 20 minutes of arrival
    - See the patient & give a brief outline & plan
  - Hypotension persisting after 1 liter fluid bolus
  - Starting or adding additional vasopressor
  - All procedures (lines, bronch, chest tube, etc.)
  - Transfusion of blood or blood products
  - Results of Spontaneous Breathing Trial
  - Worsening oxygenation or ventilation
  - Need for intubation.

- Orientation will occur on the first business day of your service month.

- **Keep the Handoff / To-Do List updated.** The sign out has a list of all patients, their problems, what was changed that day, and what needs to be done. You should check the sign out before leaving every day to ensureany important follow up items are listed for the night float resident. Additionally, this fulfills the ACGME requirements for a sign-out list.

- While you will call staff with questions, recommend that you run things by your SICU Chief (daytime) or Surgery Junior (Night) before calling Staff unless you have an emergency.
  - When you present a new admission – focus on why the patient is in ICU, i.e. acute respiratory failure, septic shock, etc. This should guide your thinking when making an assessment and developing a plan
  - Use SBAR to guide your report
    - Situation
    - Background
    - Assessment
    - Recommendation

- Evening rounds will typically occur between 2200 and 0100 with the faculty, charge RN, and RT – these should cover interval diagnostic results and address any issues developing since sign out. Also, a good time to review who is getting an SAT/SBT or going to the OR in the morning.

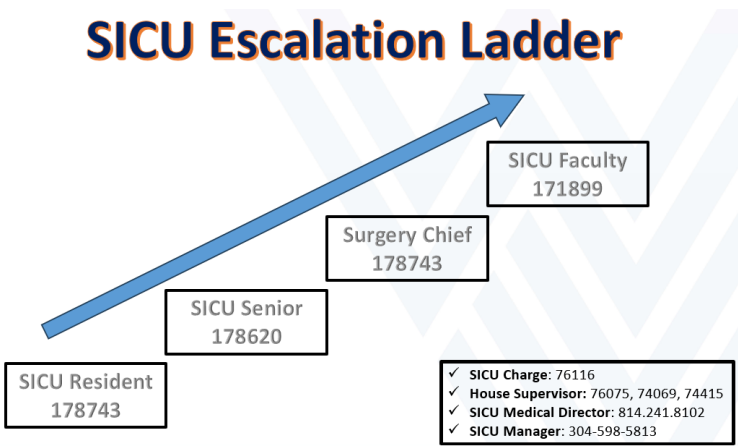
- Didactics / Education
  - Attend your home department's scheduled didactics
  - You will be notified of time/date for CCTI Didactic Lecture events - mandatory conference for PGY1 and MS in the CCTI conference room (end of long hallway in MICU). All are welcome.

- Engagement with RN's and RT's
  - **Essential for your success and for good care of our patients**
  - Listen to the nurses and respiratory therapists. Most of them have been working with ICU patients for a long time and are attuned to subtle findings that a young resident may miss. You should listen to their ideas and consider if it would be appropriate for thepatient. You can learn a great deal from them. Disrespect of RN's and RT's will not be tolerated!

  - Procedures
    - Procedure carts with everything you need for central lines, arterial lines, & chest tubes. Additional items can be found in the Clean Utility room or in the cabinets at the end of the SICU by beds 11 and 12
      - Use procedure tables stored in clean utility rooms
      - Check with CA's if you can't find what you need
      - Please DO NOT take supplies from SICU / 5EICU for patients on other units
      - **Hand Hygiene, Pre-Procedure Huddle, and Time-Out are ESSENTIAL for patient safety**

STAFF PREFERENCES

- NEVER hesitate to escalate a question to someone more senior or to faculty
- Primary contact with faculty will be the 171899 phone. If that fails, call them on cell phone or page them.
- Avoid texting and secure chat unless explicitly requested by faculty.
- If you text / secure chat faculty, you must close the loop with a coherent response from them in a timely fashion.
- Do not send critical patient info or protected health information via text or secure chat
- Staff cell phones are in the workroom.
  and on the list at the bottom of the sheet



CALL

- One resident will be on call for the SICU patients during the day. The on-call/night float resident will be listed on the ‘On-call’ page on the Connect website. The on-call/night float resident should carry the SICU phone (178743). Typically, you don’t receive many pages during call as most nurses will just call the SICU phone or find you in the workroom.
- Stay close to the SICU. It is fine to leave to get food, but you shouldn’t be down in ED or up on another floor. You are there to be close by in case something happens. Again, these are sick patients.
- After 1730, the Surgery Junior on call is around to help (178740). You should call the junior with any questions first. If you are unable to reach the junior you can try the surgery senior (178742).