SICU

ATTENDINGS

Surgery
Jim Bardes, MD
Conley Coleman, DO
Lauren Dudas, MD
Daniel Grabo, MD
Allen McElroy, MD
Amanda Palmer, MD
Gregory Schaefer, DO - Director
Alison Wilson, MD

Anesthesia
Kathrin Allen, MD
Michael Russel, MD

MIDLEVELS

Trell Stowell, PA
Brad Johnson, NP
Julie Koerner, NP
Stellman Teter, NP
Dustin Fortney, NP

USEFUL PHONE NUMBERS

SICU Resident.....78743
SICU Chief.....78620
Trauma Senior.....78742
Trauma Junior.....78740
Trauma Intern.....76112
SICU Clerk.....74314
SICU Charge RN.....76116
OR Front Desk.....74150
OR Charge RN.....76212
NSGY.....75397
General Surgery Blue.....73374

Emergency Department.....78300

Ortho.....78615
Surg Onc.....78627
Vascular.....75279
Anesthesia for stat pages and intubations.....78663
CT scanner.....74257
Xray.....74258
Massive Transfusion.....74239
Blood Bank.....74023

TIPS FOR SERVICE

- Helpful order sets:
  - SICU: ADMISSION ORDER SET: IP
- Documentation Templates
  - .SICUARTLINE
  - .SICUBRONCHOSCOPY
  - .SICUCVL
  - .SICUCHESTTUBE
  - .SICUPIGTAILEFF
  - .SICUPIGTAILPTX

- Schedule:
  - Sign-out from night team @ 0530
  - Assignment of patients – attempt to balance patient acuity and ability to follow patients for continuity.
    - SICU Senior/Chief will assign patients
  - Medical Students
    - MS3 should have one (1) low-mod acuity patient
    - MS4 should have 2 moderate acuity or 1 high acuity patient
  - Pre-rounding
    - Review labs, imaging studies, and notes written since yesterday
    - Communication with bedside RN and respiratory therapists essential for interval events

- Talk with residents from consulting teams to get idea of daily plans including OR plans, etc.
- 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 commence between 0830 and 0900
  - Bring computers – one is for the presenting provider, one is for the orders resident, and one for the problem/task list resident. Reserve one WOW for the faculty.
  - If the call resident is presenting, another provider should cover the SICU phone
  - One resident should be entering orders and another should be updating the problem list and task list
  - We round as a team with our Dietician, Clinical Pharmacist, Students, and Residents
  - Rounds begin at each bedside with nursing 'Daily Dozen' followed by the 'Inspiratory Pause' report from RT. Be sure to check with Pharmacist and Dietician for recommendations before moving to next patient.
  - 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.

- Duty Hours/Scheduling/Vacations
  - Ideally two (2) residents available to round every day.
  - May be supplemented by Rapid Response APPs when residents have didactics
  - Refer to Department of Surgery Resident Handbook and WVU Graduate Medical Education Office for details regarding duty hour requirements. Compliance with duty hour guidance is YOUR responsibility as a professional adult. If you anticipate a problem, notify SICU Sr. Resident, SICU Faculty, and your Program Director in ADVANCE. We will work to accommodate you.
  - There is typically one resident on night float. The night float resident doesn't stay to round. Usually on their last day of night float they will stay and round. If post-call, can stay and round, but **do not violate the 28-hour rule**. If this is the case, the team should round on the post-call resident's patients first so they can leave.
  - The Chief will be the Senior Surgery Resident.
    - They will make the schedule the month before.
    - Day off requests should be sent to the academic chief by the 5th of the month prior (i.e. If you have a requestfor August, then it needs to be submitted by July 5th).

- 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 at this time.

SICU

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 primaryteam know when a patient may be ready to transfer.
- The SICU manages vents, electrolytes, pressors, antibiotics, blood transfusions, etc.
- The Primary team will usually manage diet, chesttubes, 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

- **Treat the whiteboard in the SICU workroom as gospel.**
- **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
  - Escalating to BiPAP
  - Need for intubation.

- Orientation will occur on the first business day of your service month.
- **Keep the Handoff report 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.
- On Tuesdays and Thursdays @ 1330 there is mandatory conference for PGY1 and MS in the CCTI conference room (end of long hallway in MICU). All are welcome.

- There is an ultrasound available solely for SICU use. This should stay in the unit and brought with team on daytime rounds. There are also two procedure carts with everything you need for central lines, arterial lines, and 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.
    - Please use the procedure tables stored in the clean utility rooms – patients and beds are not tables.
    - Check with CA's if you cannot find what you need.
- 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.

ROUNDING

- Be prepared to round at 0830. Again, the exact time can vary based on the staff.
- Patients are presented in a systems-based manner. Typically head down (Neuro>Resp>CV>GI>renal>Endo>Heme>ID>MSK> Lines).
    - Synthesize the data you present with exam findings and knowledge – present your plan for each problem or system. Don't just regurgitate data
- Your progress note can help you stay organized during presentation but do not be solely dependent upon that.
- The call resident is responsible for keeping the task list updated during rounds. They will also see new admits and carry the phone to address patient care issues.
- Try to stay engaged, these can be tough rounds whenthere are 15+ patients on the service. Keep in mind they are the sickest patients in the hospital.

NOTES

- There are two templates on EPIC: Type SICU in smarttext box. Will get "SICU H&P, and SICU Progress note. These are essentially the same, only difference is H&P will have PMH, PSH, etc.
- These notes are long and very data heavy. Write yournote out as you go through patients in the morning, try to have them finished by 0830 for rounds. Sometimes you will not be able to do this.
- Notes are systems based, same as presentations
- It is not your responsibility to document the updated plan of care from rounds as decided by the faculty – you are not scribes. The faculty is responsible for documenting their plans of care and exam findings.
- Make your plan for the day for the patient and just sign your note. The attendings will update the notes when they sign their notes with their plans. The idea is to begin to formulate plans for the patient and learnwhy a certain plan may or may not be appropriate.

STAFF PREFERENCES

- Primary contact with faculty will be the 71899 phone. If that fails, call them on cell phone or page them.
- If you text 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.
- Staff cell phones are on the board in the workroom. and on the list at the bottom of the sheet. Occasional-

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 (78743). 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 (78740). You should call the junior with any questions first. If you are unable to reach the junior you can try the surgery senior (78742).
- Never hesitate to call staff. Better to call about some-thing that may be stupid than not call about a serious issue and harm the patient.
- **Most importantly, please treat the work room like it is your own. We were lucky enough to have it completely re-done so please keep it clean andorganized.**