

Chief Notes: ICU Resident Guidelines

(last updated 6.2011)

General:

- ICU team consists of a 1st and 3rd year resident for the entire 4 week block. The ICU attending will be different on a weekly basis (every 7 days).
- The ICU is a "closed" unit, ie there is a specific ICU attending that is primary on the ICU cases. However, the surgery patients' surgical issues are covered by the surgery attendings in most circumstances, with the rest of the ICU care provided by the ICU attending. This should be clarified at the time of ICU admission. Regardless of the primary attending, all surgeons should be updated with any changes occurring with their patients.
- During the week both residents are assigned in the ICU until 1 pm when one resident will be scheduled for AFMC. Thus, make sure you know your co-resident's patients, as you will be taking care of them when your resident is in AFMC. The attending is available at all times for questions, discussions, and back-up. The ICU attending must stay in the hospital until the third year returns from clinic, so try to get back to the ICU by 5pm if AFMC allows.
- Weekend rounding usually consists of 1 ICU resident and the ICU on call resident (from a different service). On weekend days that the ICU resident is the sole resident rounding, the attending may be asked to help with notes.
- The 3rd year resident supervises the intern during procedures and answers any questions first before asking the attending to promote 3rd year involvement and learning/teaching.
- As with any other service, the nurses are a great resource for learning...treat them with respect at all times. They are a major source of support and help. But as always, run questions/uncertainties by your 3rd year and attending.
- Do not change ventilator settings. Talk to RT first.
- TPN (PPN/CPN) orders have to be in before noon so that the pharmacy can make them.
- Ventilated patients usually need daily ABGs and CXRs
- IF YOU HAVE QUESTIONS OR ARE UNCERTAIN ABOUT ANYTHING IT IS IMPORTANT TO ASK ANYONE FOR HELP!!!!!!!!

Pre-rounding

- Arrive to ICU by 6 AM to receive sign out from the night float resident and start pre-rounding.
- Each resident follows their own assigned patients and presents them at rounds. The 3rd year resident (chief of service) will make the assignments and is responsible for having a working knowledge of all the ICU patients.
- Pre-rounding consists of collecting data, formulating a problem list and plan. The general outline which you will present and document as a progress note is as follows. 1) Overnight events/complaints 2) Vital signs, Is and Os including any drain output 3) Vent settings/O2 sat/ABG 4) Physical exam 5) Radiographic data/Labs 6) Assessment/Plan by SYSTEM for many patients, though by PROBLEM if preferred by the attending.
- Keep track of albumin/prealbumin, nutritional status/ feeds of ICU patients.
- Keep track of how long trach's, lines, ET tubes, drains are in place and # days patients are on antibiotics.
- ICU progress note sheets are available to use if desired. Blank notes are available on the computer under "my documents", "resident progress notes". Some residents also use

Meditech bulletins to write their notes on. If you choose to do this, your bulletins *must* be up to date daily.

Rounding

- Formal rounding with the attending begins at 9 am. Weekends are generally the same, but should be verified with the attending.
- Presentations:
 - First the RN gives overnight events, and current med/drip dosing
 - Second, the RT gives vent settings, ABG results and overnight vent events
 - The resident presents the rest of the information with a concise plan by system including prophylaxis.
 - The goal is to take only 15min of non-teaching rounding per patient. Occasionally there is a timer set as a reminder.
- Trauma rounds: Monday, Wednesday, Friday to start around 8:30 to 8:45
 - The surgery team should call about 5-10 min before arriving in the ICU, so you can call your ICU attending to join rounds if they desire to avoid duplicate rounding.
 - If the trauma surgeon for that patient is not present, double check all trauma related orders with that particular surgeon.

Code Responsibilities

- Rapid Response: Respond with ICU Attending, nurse.
- Code Blue: Respond to all Code Blue calls. During day, encourage intern to intubate, place lines. ICU team will typically run the code when they arrive.
- Code Yellow:
 - Tier I: respond to all. Only 2nd or 3rd residents can intubate. ICU team is responsible for airway, maintaining C spine and getting an AMPLE history.
 - Tier II: respond if able/time allows or if MCI.
- Code Sepsis: pending point of care lactate in ER triage to begin early goal directed therapy.

Step Downs

- ICU step-downs: All ICU step-downs to med/peds team on call should have an accept note by the resident/attending that is accepting the patient.
 - As a general rule there should be no more than 2 step-downs per call team. Step-downs must occur before 5PM.
 - If there are step-downs after 5PM or more than 2 they go to the next day's call team. The team should be notified as soon as possible so they are aware they have a patient to round on in the morning, though most prefer not to be called after leaving work about this.
 - Tuesday step-downs should go to the attending service. Bounce backs to the same medicine team that took care of the patient prior do not count in your step down numbers.
 - If the patient steps "down" to a team and is re-admitted to the ICU before the medicine attending on call is able to see that patient then the patient will not be a bounce back but will be stepped down to the on call team on the day that the patient steps down again.
 - If a patient's H+P is done in the ER by a med/peds resident, a patient can bounce back to them from the ICU if their medicine attending has seen them or at the discretion of the resident's involvement.

- Please Update all trauma face sheets, or discharge face sheets prior to transfer, especially procedures done at the time of admission and during their ICU care.
- Dictate a transfer summary for all patients in the ICU longer than 48 hours or as clinically indicated. The bulletins should be up to date for the med/peds team to use at time of transfer.

Signing out

- Please make sure the signout list is updated by the end of the day
- The first and third year must be present at signout at 6pm each day