

ICU ORIENTATION PACKAGE

WELCOME TO PSMMC ICS DEPARTMENT

ICU TEAM - MULTIDISCIPLINARY

- So the ICU TEAM is the primary team, However collaborates with several services.
- Communicate regularly with other teams as required to coordinate patient care.
- Only ICU TEAM writes orders (with rare exceptions)
- 7am to 7pm – 7pm to 7am ICU TEAM coverage schedule.
- All morning and evening ICU team to attend endorsement in conference room building 4 , third floor starting at 7.30 am.
- Morning detailed and Evening brief multidisciplinary ICU TEAM round.

PRE-ROUNDS TASKS

See and examine each of your patients:

- Must do a physical exam.
- Obtain a neuro exam off sedation as planned.

Review all of your patients labs and radiology:

- Do not forget about the microbiology.

ICU Specific Tidbits:

Drips: Know which drips are running and their rate.

Ins & Outs:

- **Urine output:** Total & hourly
- **Drains:** where the drains are, how much and what is coming out
(*serous, sero-sang, bilious, etc*)

Ventilator settings:

Should know: Mode, FiO₂, respiratory rate (set & actual), PEEP, tidal volume or pressure

Tubes, lines and drains:

- Know what kind of access your patient has and how long it has been there
- Central lines? A lines? Foleys? Chest tubes?

PRE-ROUND CHECK LIST

- Can we decrease sedation?
- Can we extubate the patient?
- Can Foley be discontinued?
- Can central line be removed?
- Can antibiotics be narrowed/discontinued?
- Is the patient receiving DVT ppx?
- What is the patient mobility level?
- Is patient receiving adequate nutrition?

PRESENTATIONS

- Keep them short and organized.
- Do not need to present every normal value.
- Organize your plan by system.
- Always have an assessment of the patient:
 - What is this patient underlying disease?
 - Why is this patient in the ICU?

At the end of each assessment please go through: ICU CHECK LIST

1. IV Access
2. Foley/Drains
3. DVT PPX/GI PPX/Feeding goal
4. Skin issues
5. Sedation vacation/pressure support trial
6. Able to stop any antibiotics?
7. CVVH flow sheet
8. PT/OT

POST ROUNDS

- Ensure all orders discussed on rounds were placed correctly on your patients.
- Perform any procedures discussed on round.
- Call consults as early as possible.
- Update families.
- Finish your notes.

NURSING

- ICU nurses work here permanently, you are the visitor.
- Please treat our nursing colleagues with respect.
- If a nurse questions an order, always reconsider it.
- Regularly communicate with patient's bedside nurse and inform them of all new orders.

PATIENT FAMILIES

- Be careful about the information you provide to families, especially concerning prognosis.
- When families are frustrated or hostile, allow the team leader or the consultant to speak with them to avoid mixed messages.
- Write the family updates on your notes.

DO NOT FORGET

EVERY TIME YOU ENTER AND LEAVE A ROOM, YOU NEED TO WASH YOUR HANDS.

“WHEN TO ASK FOR HELP AND WHO TO ASK”

- As a rule of thumb for any minor questions ask an upper level resident
- Call the team leader / consultant if any life threatening problems arise or if a major decision regarding patient care must be made.

i.e. Hypotension, airway issues/respiratory failure, massive GI bleeding, etc