Welcome to the ICU
The Jack E Zimmerman Intensive Care Unit

3 1/2 Fellows

GW ICU Rotation Handout
February Call and Conference Schedules Posted

ACLS FORMS
Virginia

DC

GWUH Employee

http://www.gwicu.com/Assets/Schedules/FA-Fellow schedule.xls

Section Links
Schedules
Articles
Resident Education
Research
Nursing Page
Nurse Education Page
Orders & Forms
Phone #s & Pagers
Fellowship Information

Yahoo!
Google
UpToDate
MobiHealth
<table>
<thead>
<tr>
<th>Critical Care Admission Orders</th>
<th>Heparin Infusion</th>
<th>Argatroban Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU Standard Progress Note</td>
<td>IV Insulin Protocol</td>
<td>IV Medication Drip Chart</td>
</tr>
<tr>
<td>Procedure Note (print two sided)</td>
<td>ICU Charge Voucher (print two sided)</td>
<td>Brain Death Policy and Protocol</td>
</tr>
<tr>
<td>ICU Sedation Orders (orders only, for protocols see the Nursing Page)</td>
<td>Burst-Suppression Protocol</td>
<td></td>
</tr>
<tr>
<td>Cardiothoracic Pre-Op Checklist</td>
<td>Nursing Transfer Summary</td>
<td></td>
</tr>
<tr>
<td>Cardiothoracic Standard Progress Note</td>
<td>Daily Collaborative Note</td>
<td></td>
</tr>
</tbody>
</table>

[Links to Home, Schedules, Articles, Resident Education, Research, Nursing, Orders & Forms, Phone #s & Pagers]
# The Jack E Zimmerman Intensive Care Unit Nursing Page

## Announcements
- NTI 2004 Conference Form
- Critical Care January sign off

## Critical Care Nursing Progress Note
- Information on the Non-Teaching Service
- Tracheostomy Information
- Ostomy Supplies
- Tracheostomy Study Guide
- Sedation Orders with Protocol
- Advanced Directive
- Proposed Brain Death Policy and Protocol

## Cardiothoracic Pre-Op Checklist
- Nursing Transfer Summary
- Heparin Infusion
- Intravenous Flush Chart
- Tracheostomy Orders
- Argatroban Protocol
- Controlled Substance Count

## Electrolyte Replacement Protocol
- Intravenous Insulin Protocol
- Burst Suppression Protocol
- Central Line Policy Quiz
- Tracheostomy Documentation
- Proposed Physician Order Sheet
- IV Medication Drip Chart

## Section Links
- Schedules
- Articles
- Nurse Education
- Research
- Orders & Forms
- Phone #s & Pagers

## External Links
- Yahoo!
- Google
- UpToDate
- MobiHealth

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DIVISION OF CRITICAL CARE MEDICINE  GWUMC
• Your rotation
  – will be a great experience
  – very different from your usual duties

• You will learn a great deal

• You will become comfortable with caring for critically ill patients
Goals of The ICU Rotation
• ICU is multidisciplinary
  – patients are under the care of the ICU housestaff, usually in collaboration with the admitting service

• Communicate with the admitting service
  – Coordinate care, avoid duplication of efforts
  – Essential when significant changes in clinical status occur

• **Only** ICU Team and occasionally admitting service are allowed to write orders
ICU TEAM

- Attending (Monday switch)
- Critical Care Fellow (Friday switch)
- 4 Residents (Anesthesia, Surgery, Medicine)
- 3-4 Interns
- ICU Physicians Assistants
- 4th year medical students
- Night Float Fellow
DAILY SCHEDULE

• 0700-0800 – Housestaff pre-round
  – Review overnight events
  – Patient exams and review of pertinent data
    • labs, consults, X-rays, ventilator adjustments, medication changes, extubations, etc..
    • MUST document:
      Cultures
      Antibiotics
      Line day #
All patients need daily Progress Note
DAILY SCHEDULE

• 0800-1130 – Rounds
  – Interns/students assemble the barge
  – Interns not presenting are responsible for finding the chart and flow sheets for the next patient
  – Order writing is done by anyone not presenting
    • If you have any questions about what to order or you missed something ASK
  – Everyone assists in calling in tests, consults, gathering additional information, keeping rounds moving

– YOU MUST PAY ATTENTION

– New admissions are presented in H&P format
– All others in ICU Standard Progress note format
DAILY SCHEDULE

• 1130 – 1200
  – Signout then post-call team sent home

• 1200 – 1300 Lunch
  – Noon Conference (Tu - Fr)
    • Tuesday – Fellow lecture
    • Alternate Thursdays Journal club and M & M
DAILY SCHEDULE

• 1300 – 1630
  – Work time

• 1600-1630 – Evening signout
  – Review events of afternoon, lab studies, radiology
  – Establish plan for overnight
  – Non-call housestaff leave

• The goal is to get Pre call housestaff out before 1700, but **the patients come first**
Admissions

- All admissions go through ICU (DUCK) Pager 741-1234
- **Duck Pager**
  - Carried by the ICUPA until completion of rounds, sign out and Noon conference
  - Carried by on call resident during the afternoon and overnight
  - Never carried by Intern
- On call resident sees admissions in the ER and Floor
- PACU admits seen by pre call residents and ICUPA
- **OVERALL GOAL**: Take care of patients
Admissions

• The charge nurse must be notified ASAP when an admission is likely

• The fellow must be notified for every admission

• Admitting intern or resident is responsible for ensuring the patient's primary care physician is aware of the ICU admission
Admissions

ICU admission form MUST be used if ICU is admitting service, additional sheets can be added.
REQUIRED for
- ICU primary from ER
- Psych
- Rehab
- Outside hospital transfers
REQUIRED for post-op / PACU transfers from floor CCU or CT transfers
### Pre-Op Information

#### Patient Information:
- **Name:** [Redacted]
- **Age:** 67
- **Gender:** M
- **Date of Birth:** [Redacted]
- **Date of Surgery:** 1/31/22
- **Scheduled Procedure:** Cholecystectomy

#### Medical History:
- **Allergies:** Penicillin, Celebrex
- **Medications:** None

#### Preoperative Evaluation:
- **Past Medical History:**
  - **Cardiovascular:** Hypertension
  - **Renal:** None
  - **Neurologic:** None
- **Social History:** Non-smoker

#### Anesthesia History:
- **Complication:** None

#### Surgical History:
- **Previous Surgery:**
  - Cholecystectomy
  - Gallstone, cholestasis

#### Physical Examination:
- **BP:** [Redacted]
- **HR:** [Redacted]
- **Respirations:** [Redacted]
- **ABG:** [Redacted]

#### Surgery and Postoperative Plans:
- **Review of OR Team Evaluation:**
  - Patient at risk
  - Immediate reevaluation
- **Discharge Plan:**
  - Home with support

#### Additional Information:
- **Signature:** [Redacted]
- **Physician Signature:** [Redacted]
- **Post-Op Note:** [Redacted]
PACU Record
Orders

- Must follow the standard unit designation (list of prohibited abbreviations on Orders Page)

- No PRN medication ranges w/o strict clarification
  - Labetalol 10 mg iv q2H for SBP>180 & 20 mg q2H for SBP>190
  - **Not** labetalol 10-20mg IV 22H for SBP>180
ORDERS

All orders require:
- Signature
- Pager number
- Date
- Time
- Stamp

Please write legibly
Ask for help if you do not know
Verbal Orders

- Should only be given in emergency situations and not used as a convenience

- Do not handle problems over the phone from the call room, our nurses do not call more than once for a trivial problem

- Verbal orders must be countersigned with date and time within 24 h

- On rounds, sign verbal orders from overnight
Protocols and Extra Forms

- Electrolyte
- Sedation
- Heparin
- Insulin
- Withdrawal of support

- Transfusion
- Antibiotics
- Nebulizers
- IR
- TPN
Labs

- Do not assume that every patient needs every lab test every day
  
  AVOID MEDICAL VAMPIRISM

- Not every patient needs a daily chest X-ray
- Very few vent changes require an ABG
- Not all patients need arterial catheters or central lines
Procedures

• Safety is the primary concern

• Do not attempt a procedure that you are not familiar with or certain about
  
  GET HELP

• All invasive procedures require a standard procedure note
Multiple procedures can be documented on 1 form
Infection Control
Preferred practices
Preferred practices
Clean up your mess
Bad form
IV Medication Drip Chart
Discharges

• **Transfer notes - Medicine ONLY**
  – summarize important events and ongoing issues
  – provide information essential for continuity of care

• The TR should be notified early in the day when a medical patient is ready for discharge

• Call early when ICU is full
Dress Code

- Business attire preferred when not on call

- Scrubs must be worn with white coat
  - No sweats or t-shirts worn outside scrubs
  - No mixed scrubs and street clothes

- Nose, lip, and tongue piercings must be discreet and tasteful
Nursing

• ICU nurses work here permanently
• You are the visitor
• If a nurse questions an order, always reconsider it
• There is a charge nurse for every shift
  – They are chosen for their experience, and are a valuable resource for both in unit operations and specific patient difficulties
Nursing

- Barbara Jacobs director of Nursing and Respiratory Therapy. She has the ultimate 24/7 responsibility for the nursing care in the unit.

- Barbara Jacobs and the Charge nurses have a large responsibility for maintaining many of the standards here in the ICU.
Nursing

• Nursing shift changes occur at 0700-0730 and 1900-1930
  – An important time for to relay patient information
  – Do not interrupt the nurses or take flow sheets and charts at this time
  – The entire report on a particular patient takes about 10 minutes if the nurses are not interrupted
Nursing

- Provide valuable information about patients
- Usually present on rounds
- Keep nurses informed
- Tell them about any new orders
Relations with other services

• Keep the primary service informed of status

• Do not engage in prolonged controversies with consultants

• Involve the fellows, who can mediate and facilitate a spectrum of clinical and personal issues.
Relations with families

- Be careful about the information you provide to families, especially concerning prognosis.
- When families are frustrated or hostile, allow the fellow or attending to speak with them to avoid mixed messages whenever possible.
- Keep the case manager informed about family dynamics.
- If you are uncomfortable or unsure about discussions involving prognosis.

KICK IT UPSTAIRS
Ventilators

- Respiratory therapists are in charge of all ventilators and O2 equipment 24/7
- They assist with treatment decisions, assist with intubations, extubations, and codes

- **Only the ICU attending and fellow may make ventilator changes**
  - All others must inform the respiratory therapist
  - Make sure that the nurse is aware of all ventilator changes.
  - Write orders for all vent setting changes
Code Blue

- ICU team attends all codes
- Call the team if anyone is missing
- If no one else has taken charge – you do it
- On the floor – attendance will depend on time of day
  - Critical care nurse always present to help you out
  - An anesthesiologist will arrive quickly
  - Eventually you will likely take the patient to the ICU so stick around
- In ICU – the attending, fellow, or resident is in charge
- Gold team carries the code pagers and will attend
- The entire team does not need to attend the codes when they occur during rounds
ICUPA Service

- In house 8am-6pm, daily, except holidays
- Sees new consults and follows ICUPA patients
- When PA Service is already seeing acutely ill pt, a resident may see an admission or consult
- Patients #25-34 are assigned by fellow to PA Service
- The PA follows these patients during the day and sign the patients out to depart at 6pm.
- To avoid frustrating the nursing staff, please address ANY critical issues
- Routine matters can be directed to the PA’s but offer to help
GOLD Team Consults

- All Gold Team patients on a ventilator are required to have an ICU consult
- The ICUPA Service will see new consults and follow
- Overnight consults should be seen by the nightfloat fellow
- If no in-hospital fellow, then the resident briefly evaluates, and make recommendations after talking with the fellow
- Resident DOES NOT have to do the official consult
- The PA Service will take over in the morning, be sure to have the intern update the census
Deaths

• The death packet MUST be filled out
• The physician section NEEDS to be filled out by the person pronouncing death = YOU
  – Time of death recorded in progress notes
  – Family notified – do not forget to ask about autopsy so we can avoid repeat calls
  – Attending notified – document once you tell the fellow
  – Autopsy ? – Ask the family
  – Call medical examiner if appropriate – LIST in packet
  – ANY death from trauma, ICH or ETOH MUST be reported to medical examiner
• Fellows / Attendings are responsible for signing death certificate and causes of death
• The intern or resident on for the day will usually be assigned the discharge summary
# DEATH CHECKLIST AND INFORMATION SHEET

<table>
<thead>
<tr>
<th>RN RESPONSIBILITY</th>
<th>DATE</th>
<th>TIME</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Admitting Dept notified</td>
<td></td>
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<tr>
<td>2. Washington Regional Transplant Consortium (WRTC) notified</td>
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<tr>
<td>(703) 644-5100</td>
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<tr>
<td>3. House Operations Supervisor or Director/designee notified</td>
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<td>4. Patient discharged from computer using death codes. Discharge time entered in the computer – actual time of death</td>
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<tr>
<td>5. Body to morgue</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIAN PRONOUNCING DEATH RESPONSIBILITY</th>
<th>DATE</th>
<th>TIME</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time of death recorded in progress note</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Attending physician notified</td>
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<tr>
<td>3. Family notified (or verification that family will be notified by another physician i.e., attending)</td>
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<tr>
<td>4. FOR EVERY PATIENT, Medical Examiner (OCME) sheet completed and OCME notified when appropriate Office of Chief Medical Examiner = 202-698-9000</td>
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<tr>
<td>8. FOR EVERY PATIENT, autopsy requested if not a Medical Examiner's case (form “Disposition of Remains”)</td>
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</table>

<table>
<thead>
<tr>
<th>ATTENDING PHYSICIAN(S) OR PHYSICIAN WITH CURRENT D.C. LICENSE RESPONSIBILITY</th>
<th>DATE</th>
<th>TIME</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death certificate signed</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2. Death certificate reviewed with OCME as appropriate</td>
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</table>

*If patient meets Medical Examiner acceptance criteria, please inform family that they will be called by the Medical Examiner’s office and that someone will need to identify the body at their office. The person identifying the body can be anyone who can definitively identify the body and give patient’s full name. The person identifying the body, also, must have identification of their own.*
Evaluations

• After 2 weeks on the ICU rotation
  – contact the fellow from first week for informal feedback
  – Attendings complete official evaluation
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