ICU Policies & Procedures

Updated June 2019

GENERAL STRUCTURE

ICU LAYOUT

- 5B-North: 4 isolation + 8 non-isolation beds
- 5B-South: 6 isolation beds

OV CRITICAL CARE CORE FACULTY

- Dr. Nader Kamangar (Chief of Pulmonary and Critical Care)
- Dr. Vincent Chan (Housestaff Education Coordinator)
- Dr. Dennis Yick
- Dr. Nikhil Barot
- Dr. Keren Fogelfeld
- Dr. Kathryn Melamed
- Pulmonary Critical Care Fellows – UCLA

ICU TEAM STRUCTURE:

- 3 ICU teams (A, B, C)
    - 1 resident and 1-2 intern per team (occasionally will have 2 interns, 1 non-IM)
    - 1 night call (admitting/crosscover) intern at all times, generally rotating every 4 nights
    - Medical student may join teams

CALL SCHEDULE:

- ICU teams take q3 day call
- Resident is on call for 24 hours starting at 8 am
- Day Call Intern on pager from 8am-8pm
- Night call intern on pager from 8pm-8am

NUTS & BOLTS

Daily Routine

- **6:30-7:00 am:** receive signout from overnight intern
- **8:00 am: Fellow Lecture** (every Monday, Wednesday, and Friday). Attendance is MANDATORY
- **8:30 am:** Attending rounds start in conference room
    - Generally night intern presents new patients first
    - Post-call intern (prior day's call intern) will assume responsibility for patients admitted overnight (*unless workflow)
    - Night intern generally leaves after presenting new overnight admissions

*** NOTE: once during rotation, the night call intern will transition to days and will stay through the next day to assume care of the post-call team's patients as the primary intern*

  - Day call team should ACTIVELY LISTEN to all patient presentations in order to ensure safe and effective care while cross-covering
  - Entire ICU team will then walk round, prioritizing to see the post-call team's patients first
  - During walk rounds, utilize 1-2 WOWs (workstation on wheels) for placing orders and pull up imaging/labs
  - Post-call team breaks off after rounding on their patients in order to finish tasks
  - ***Post call resident should leave no later than 11:00 AM to ensure duty hour compliance***

- **11:30 AM: Radiology Rounds**

- **3:00 PM:** sign out to on call intern IF ALL WORK IS FINISHED
  ***** For post-call intern transitioning to days should sign out by 12-2 pm.***

Admissions

- **Day Call Intern admits all patients called out from 6:30 am – 6:30 pm**
  *** Admissions from 6:30 pm – 8:00 pm will be triaged by call resident/intern, and may either be admitted directly by call resident or holdover for night intern on call to admit at 8:00 pm (depending on workflow)*
- **Night Call Intern admits all patients from 8:00 pm – 6:00 am**
- **New Admissions**
  - ED requests will be seen by team within 30 minutes
  - Resident will determine priority if there are multiple requests
  - **All ICU-level patients boarding in the Emergency Department will be managed by ED physicians (including all order placement) until they physically arrive to ICU**
    - ICU team can make recommendations to ED while patients are still in the ED

Transition from Night to Day

- At the beginning of your last night before switching to days, you will get sign-out on the patients you will assume as primary:
  - This sign-out will be from the intern switching to nights.
  - The night intern switching from nights to days will be expected to also present the patients on the team they are taking over for.
- Spend time getting to know these patients on your last night shift

CODE BLUE & RRTS

- Call team (resident & intern, fellow/attending if available) respond to all Code Blue/RRTs
- Call resident is Code/RRT leader
- Interns are expected to assist with looking up relevant clinical patient information (problem list, recent labs, medications, orders)

- Important Numbers:
    - Anesthesia on-call (if need to intubate): 818-529-0372, type call back number then #
    - Call code blue or RRT: tell operator or dial x114
- Call residents are expected to document significant event (code blue or RRT) note for every patient triaged. Note should include time/date, reason code was called, course of action, disposition plan for patient and be sent to attending for review

TRANSFER OUT OF ICU

- In order for patients to be transferred to a ward team, they must be **physically on the floor (medical ward or step-down unit)**
- ICU team should page 24-hour Medicine On-call (818-372-6803) early at appx 7-7:30 AM to notify day hospitalist of downgrade.
- Hospitalist will call/page back with team assignments if downgrade accepted
- **Bounceback Rules:**
    - Patients transferred from Ward team will bounce back to intern if the transfer is within 14 days and intern is still on service
    - **Bouncebacks from ICU to Ward team must be called out before 2:00 pm on Weekdays and 12:00 PM on weekends**
- Patients admitted directly to the ICU will be transferred to new ward team and can be downgraded at any point during the day (or until Long Call caps), at the discretion of hospitalist attending.

- **Documentation/Orders**
    - ICU team (generally Intern) is responsible for transfer ORDERS and TRANSFER SUMMARY on the day patient is transferred to medicine
    - Verbal sign outs should be resident-to-resident
    - Accepting service should complete Transfer medication reconciliation

MISCELLANEOUS

- Use ICU Progress Note Type & Template**;** do not use Critical Care Daily Progress Note
- Must document *ICU required details* note prior to creating progress note
- Procedure notes must be completed for all procedures
    - Document "*Procedure Note Required Details*" Ad hoc form, followed by completion of a "Procedure Note" under "Documentation". Make sure the attending of record is always listed in the Ad hoc form.

- **ICU Intern Call Room**: 5B-117, Door code: 145
- **ICU Resident Call Room Suite**: 5B-106, Door code: 325
- **ICU conference room**: 5B-118, Door code: 4321
- **ICU Pulm fellow room**: 5B-108, Door code: 4321
- **Cafeteria closes daily at 7:30pm DON'T MISS DINNER!!**