ICU Cheat Sheet

ICU: 5B-North: 4 isolation + 8 non-isolation beds and 5B-South: 6 isolation beds
OV Critical Care Core Faculty: Drs. Nader Kamangar, Dennis Yick, Nikhil Barot, Keren Fogelfeld
Vincent Chan, Kathryn Melamed (starting July 30)
    3 ICU teams (A, B, C)
        1 resident and 1 intern per team (occasionally will have 2 interns, 1 non-IM)
        1 night admitting/cross cover intern
    Call Schedule
        ICU teams take Q3 Day Call
        Day Call Intern is on call 8am-8pm, Night Call Intern is on call 8pm-8am

Schedule

6:30-7:00: Get signout from night intern -> preround -> talk to nurse/RT/see patients -> run list with resident

Call team can start taking admissions. Call team goes to RRTs/Code blues.

8:00 (MWF): Fellow lecture in conference room

8:30: Attending rounds in conference room -> night intern presents new patients -> post-call intern listens because he/she will be assuming care of that patient -> whole team sees new patients

9:30ish: bedside rounds with entire team (post-call team's new pts -> post-call team's old pts -> other team's patients)
- Get 1-2 COWs -> put in orders for pt being rounded on, pull up imaging
- Night intern leaves after new patients seen (Note: once during the rotation the night intern will stay through the next day to continue with a new team to care for that post-call team's patients)
- ICU pharmacist Younhee -> medication/dosing/route modifications -> put in orders

11:30 radiology rounds in conference room

14:00 signout to on call intern IF all work is finished. Call intern cross covers other 2 teams' patients.

18:30 on call intern stops admitting, finishes all pending admissions/H+Ps

20:00 night intern arrives -> gets signout on all patients from day call intern -> cross covers all patients overnight, does requested tasks/follow up

6:30 night intern stops admitting, finishes all pending admissions/H+Ps, prepares to present new patients admitted overnight

6:30-7:00 day interns get signout on their patients from night intern

Codes/RRTs

Call team (resident and intern) go to all (fellow and attending will come during the day)

- Intern: get on computer in pt room; look at note for 1 liner/problem list, recent labs, meds; put in orders

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

After the code, intern documents reason code was called, course, outcome. Use free text note now, Code documentation template in process.

Transfers out of ICU

Patient may be transferred to a Ward Team after the patient is <u>physically</u> in the medical ward or step-down unit.

> ICU Team should page <u>Medicine On-Call</u> to notify of the transfer and get a ward team assignment. If a patient is transferred late in the day (after the Ward Team is capable of accepting the transfer), the ICU Team continues patient care until a Ward Team receives sign-out the next morning.

> Patients admitted directly to the ICU will be transferred to a new ward team. Patients transferred from a Ward Team will bounce back to the intern if the transfer is within 14 days and the intern is still on service

> ICU intern writes the transfer ORDERS and TRANSFER SUMMARY on the day the patient is called out

> Sign-outs should be resident-to-resident

Misc:

Use ICU Progress Note type and template; do not use Critical Care Daily Progress Note

Use ICU required details note prior to creating progress note.

Procedure notes must be done for all procedures. Complete "*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 Resident Call Room Suite: 5B-106, Door code: 325

ICU Intern Call Room: 5B-117, Door code: 145

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!!