Welcome to the ICU

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Address http://www.gwicu.com/ Go Links Site pop-ups allowed

The Jack E Zimmerman Intensive Care Unit

GW ICU Rotation Handout

February Call and Conference Schedules Posted

ACLS FORMS

Virginia

DC

GWUH Employee

3 1/2 Fellows

Section Links

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

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

Forms page - Microsoft Internet Explorer

Address http://www.gwicu.com/Pages/forms.htm

Critical Care Admission Orders	Heparin Infusion	Argatroban Orders
ICU Standard Progress Note	IV Insulin Protocol	IV Medication Drip Chart
Procedure Note (print two sided)	ICU Charge Voucher (print two sided)	Brain Death Policy and Protocol
ICU Sedation Orders (orders only, for protocols see the Nursing Page)	Burst– Suppression Protocol	
Cardiothoracic Pre-Op Checklist	Nursing Trasfer Summary	
Cardiothoracic Standard Progress Note	Daily Collaborative Note	

Home	Schedules	Articles	Resident Education	Research	Nursing	Orders & Forms	Phone #'s & Pagers

http://www.gwicu.com/Pages/articles.htm

Nursing - Microsoft Internet Explorer

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Address http://www.gwicu.com/Pages/nursingpage1.html Go | File | Links

The Jack E Zimmerman Intensive Care Unit

Nursing Page

Announcements

NTI 2004 Conference Form

Critical Care January sign off

Critical Care Nursing Progress Note	Cardiothoracic Pre-Op Checklist	Electrolyte Replacement Protocol
Information on the Non-Teaching Service	Nursing Transfer Summary	Intravenous Insulin Protocol
Tracheostomy Information	Heparin Infusion	Burst–Suppression Protocol
Ostomy Supplies	Intravenous Flush Chart	Central Line Policy Quiz
Tracheostomy Study Guide	Tracheostomy Orders	Tracheostomy Documentation
Sedation Orders with Protocol	Argatroban Protocol	Proposed Physician Order Sheet
Advanced Directive		
Proposed Brain Death Policy and Protocol	Controlled Substance Count	IV Medication Drip Chart

Section Links

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

External Links

http://www.gwicu.com/Pages/residenteducation.htm Internet

Start 11:56 AM

- 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

icurotation.htm

- 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 #

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

UHS

ICU STANDARD PROGRESS NOTE MUST BE SIGNED WITH DATE AND TIME

ICUD# POD# S/P

Principal Diagnoses:
1. 2. 3. 4.

24° Events/Special studies:

Medications:

LINES: Central Site(s): Date(s) ☐ Fresh Stick or ☐ Exchange over guidewire
Arterial: Site: Date

☐ Patient restrained/Indication ☐ Patient Isolated/Indication:

NEURO: GCS: E__ V__ M__ Total GCS: ____ PE:
Sedation:

CV: P: BP: / MAP: PE:
PA CATH PAS/D __/__ WP: ____ CO/CI: ____ SVR: ____ CVP: ____ SVO_2: ____% Lactate: ____
Vasoactive infusions:

PULM: RR: ____ PE: ____ PulseOx: ____% Sat CXR: ____
ABG: pH: ____ $PaCO_2$: ____ PaO_2: ____ BE: ____
O2: ☐ Rm Air Nasal Can @ __ liter/min FM @ ____ $\%O_2$ ☐100% NRBM Trach Collar @ __ $\%O_2$
Ventilator settings: ☐SIMV ☐A/C ☐CPAP TV: ____ RR: ____ FiO_2: ____% PEEP: ____ PS: ____
☐ Press. Control RR: ____ Insp Press: ____ Insp Time: ____ secs Peak/plateau Pressure: ____/____
Head of Bed Elevated ≥ 30° ? ☐Yes ☐No, ____ Meets phase 1 weaning criteria? ☐Yes ☐No(see reverse)
Nebulizers: ☐Albuterol + Atrovent ☐Albuterol ☐Racemic epinephrine ☐q ____ hrs ☐ continuous

GI: PE: ____ BM's: ____ GI Prophylaxis: ☐Pepcid ☐Protonix ☐ Other: ____
Nutrition: ☐NPO ☐PO ☐Tube Feeds: ☐Low ☐Advance ☐At goal ☐TPN
Bili T/D/I: / / AST/ALT: / Alb: AlkPhos: Amylase/Lipase: / Other:

RENAL: IVF ☐NS ☐LR ☐1/2NS ☐D5W ☐Other ____
Rate: ____ cc/hr Additives: ____
24 H Colloid: ____ I/O: ____/____
NGT: ____ cc Chest tube drainage: ____ cc

Ca++ ____ Mg++ ____ PO_4 ____

ID: Tmax: ____ °C
Cx: ____

HEME: PRBC: ____ Plts: ____
FFP: ____ Cryo: ____
Bands ____% Segs ____% PT/PTT/INR: __/__/__
D-dimers ____ Fibrinogen ____

Antibiotics: Agent/indication/day#
____ for ____ day # ____
____ for ____ day # ____
____ for ____ day # ____
____ for ____ day # ____

DVT prophylaxis: ☐SCD ☐SQHeparin ☐Enoxaparin ☐Heparin gtt rate ____ ☐Warfarin ☐Argatroban gtt rate ____ ☐N/A

Skin-decubiti ☐Yes ☐No Location: ____ Stage: ____

A/P:

Physician Signature: Pager#: Date: Time: Attending:

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

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

UHS

CRITICAL CARE ADMISSION ORDERS

Patient Identification

Admit ICU Attending: ☐Seneff ☐Junker ☐Chawla ☐Abell ☐Gutierrez ☐Rose ☐ ______

Diagnosis: ______

Need for Critical Care: ☐ Respiratory insufficiency ☐ Hemodynamic instability ☐ Major post-op < 2 days ☐ Potential for rapid decompensation ☐ Electrolyte instability ☐ ICP monitoring ☐ Suctioning > 2H

Condition: Critical Vital Signs: Per ICU protocol. Continous cardiac and pulse oximtery

Activity: ☐ Bedrest with HOB elevated 30° if intubated ☐ Other

Isolation: ☐ None ☐Contact ☐Airborne ☐Neutropenic Restraint: ☐ None ☐ Per restraint protocol

ALLERGIES: ☐NKDA ☐Unknown

Nursing: ☐ NGT to LCS ☐ Foley catheter to gravity ☐ Chest tube to 20 cmH$_2$O suction ☐ other:

Diet: ☐NPO ☐clear liquids ☐ other:

GI Prophylaxis: ☐ Protonix 40 mg IV Daily Other:

IVF: ☐NS ☐LR ☐1/2NS ☐D$_5$W ☐ Add per Liter IVF: ☐20mEq KCL ☐ 1 ½ Amps bicarb ☐ 3 Amps bicarb
Bolus: ______cc X ______ now, then Rate: ______cc/hr

O2: ☐ Nasal cannula @ ___liter/min ☐FM @ ______%O2 ☐100% NRBM

Ventilator settings:
☐SIMV ☐A/C TV:_____ml RR:_____bpm PS: ____ cmH$_2$O FiO$_2$: ____% PEEP: ____cmH$_2$O
Hi-Lo Evac ETT to 20 cmH$_2$O

BiPAP at Ins: ____ Exp: ____ FiO$_2$: ____%

Nebulizers: ☐Abuterol+Atrovent ☐Albuterol ☐Racemic epinephrine per nebulizer protocol
☐q____hrs ☐ continuous

Tests on arrival: ☐ Metabolic panel ☐ Chem 7 ☐Mg++ ☐CBC ☐PT/ PTT ☐ABG
☐ MvO2 Sat ☐Cardiac enzymes ☐Lactate ☐ Random cortisol level ☐T&S ☐T&C X __units
☐ EKG ☐ PCXR, R/O: ______ Other: ______

Tests in AM: ☐ Metabolic panel ☐ Chem 7 ☐Mg++ ☐CBC ☐PT/ PTT ☐ABG
☐Cardiac enzymes ☐ Lactate ☐ Random cortisol level ☐T&S ☐T&C X __units
☐ EKG ☐ PCXR, R/O: ______ Other: ______

Protocols: ☐ Electrolyte ☐ Intravenous insulin ☐Sliding scale insulin ☐Intravenous heparin ☐ Sedation

DVT prophylaxis: check one
☐ Lovenox 40 mg SC Daily ☐ Lovenox 30 mg SC Daily for Cr > 2.0 OR ☐SCD

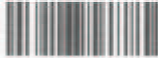
Other Orders / Medications:

Physician Signature: Pager#: Date: Time:

Nurse Signature: Date: Time:

The George Washington University Hospital

MEDICAL DATA BASE



(PATIENT IDENTIFICATION)

PATIENT NAME	DATE

INFORMANT	CHIEF COMPLAINT

HISTORY OF PRESENT ILLNESS

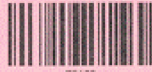
REQUIRED for

- ICU primary from ER
- Psych
- Rehab
- Outside hospital transfers

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

UHS Universal Health

PROGRESS NOTES



(PATIENT IDENTIFICATION)

Date	Time	ALL PROGRESS NOTES MUST BE SIGNED WITH *DATE* AND *TIME*
		ICU ACCEPT NOTE
1/29/05	S:	82 y.o. woman c PMH of osteoporosis s/p ex-lap, resection of sigmoid diverticulitis, diverting colostomy ⊕ Hartman's pouch. Pt originally presented to ED on 1/28 c acute onset abd pain. ⊕ vomiting. On CXR, abd series pt found to have free air beneath the diaphragm. CT showed sigmoid inflammation c free air. Pt taken to OR immediately. Intraop, pt found to have stool throughout abdomen, perf in sigmoid colon, stool @ vocal cord level on intubation. Surgery done by Brodsky c EBL 300cc.
	O:	VS P 132 BP 168/82 RR 12
		Gen intubated
		CV regular, tachy ⊖ murmur
		Pulm clear on A/C 500/RR 12 / 60% FIO2 / PEEP 5
		Abd ⊕ JP drain. ⊕ bandage C/D/I. ⊕ colostomy & colostomy bag
		Ext Ø tender
		Labs: 1/28 5:30p 141 / 101 / 20 / 9.9 ; 3.6 / 21.7 / 0.0 / 167 ; T Bili 6.3 ; Alk Ø 93 ; Alb 4.3 ; ALT 24 ; AST 24 ; 14.5 / 18.4 / 46 / 451 ; lactate 5.5
	A/P	82 y.o. c sigmoid diverticulitis c perf s/p resection of sigmoid diverticu, diverting colostomy c Hartman's pouch
		Neuro: propofol, fentanyl for sedation & pain
mixed acid/base disorder ←		CV: stable. Cont IVF. s/p TLC placement - SC. ✓CXR.
		Pulm: Cont vent at current settings, ✓ABG ✓PCXR r/o aspiration of fecal contents
		GI: NPO, s/p operation. Start Protonix. NGT to suction.
		GU/renal: stable.
		Heme/ID: Follow H/H. Broad spectrum Abx IV. Follow lactate. Heparin DVT ppx
		F/E/N: IVF D5LR @ 150 cc/hr. Lyte protocol.
3.12		142 / 114 / 15 ; 3.2 / 21.2 / 0.6 ; 242 ; lactate 5.0 ; pH 7.186/49/273/-9.6/99.2%
		ALL PROGRESS NOTES MUST BE SIGNED WITH *DATE* AND *TIME*

DO NOT WRITE ON REVERSE SIDE

75-129 (09/04)

REQUIRED for

- post-op / PACU
- transfers from floor
- CCU or CT transfers

ANESTHESIOLOGY
PREOPERATIVE EVALUATION

75-800A

SN 562

PATIENT IDENTIFICATION

CARDIOVASCULAR (NONE)
A Hypertension
B Chest pain undiagnosed
C Coronary artery disease
D Angina
E Prior MI (date
F S/P PTCA (date
G S/P bypass (date
Evaluation:
H Pericardial disease
I Congestive heart failure
J Hypotension
K Arrhythmia (type
L Pacemaker (type
M Congenital heart disease
N Functional class I II III IV
Exercise tolerance
O Other:

PULMONARY (NONE)
A Asthma
B COPD
C Cigarettes ____ pack year
D Restrictive lung disease
E Pneumonia
F Acute URI
G Sleep apnea
H Other:

RENAL (NONE)
A Renal insufficiency
B Renal failure, complete
C Single kidney
D Other:

METABOLIC (NONE)
A Obesity
B Electrolyte abnormality
C Cachexia/muscle wasting
D Burn (date
E Other:

NEUROLOGIC (NONE)
A Vascular insufficiency
B Altered consciousness
C Elevated ICP
D Spinal cord problem
E Seizure disorder
F Neuromuscular disorder
G History of CVA/TIA
H Vascular abnormality
I Backache
J Other:

GI (NONE)
A Reflux
B Hiatal hernia
C Ulcer
D GI bleed
E Esophageal disease
F Nausea/vomiting
G Obstruction/ileus
H Hepatitis
I Cirrhosis
J Other:

ENDOCRINE (NONE)
A Diabetes NIDDM
B Hyperthyroid
C Hypothyroid
D Adrenal disease
E Parathyroid
F Other:

RHEUMATOLOGY (NONE)
A Rheumatoid arthritis
B Systemic lupus
C Other:

HEMATOLOGY/ONCOLOGY (NONE)
A Anemia/blood dyscrasia
B Sickle cell disease
C Sickle cell trait
D Malignancy
E Hx chemo (? adriamycin?)
F Coagulopathy/thrombocytopenia
G Other:
H HIV +

FORM # 75-800A (6/95)

Age 87 YR.
Sex ___ M F
Females LMP ____ Preg. Y N
Wt 115 lb Ht 5'5 in.
Race B W Other

Date of evaluation 10/30/2 Date of surgery 10/31/2
Diagnosis Cholecystitis
Scheduled procedure Lap Chole c̄ Cholangiogram

Alcohol None Social Heavy
Drugs ____ None
FAMILY HISTORY: None
Anesthesia problems
If Yes Specify:

AIRWAY EVALUATION: Airway class 1 2 3 4
A Dec. ROM neck/mandible
B Anatomic distortion
C Hoarse, croup, stridor
D Poor dentition
E Trach/ET tube
F Other:
G Normal
H Dental appliance: Location
Heart
Lungs

MEDICATIONS: None

Drug	Schedule
Plendil	
Zocor	
Avandia	
HCTZ	
Remeron	
Zofran	

ALLERGIES/DRUG REACTIONS: NKDA
List drugs and reactions

ANESTHESIA HISTORY complications None

PAST SURGICAL HISTORY
Ⓛ eye removal 2° to Melanoma
Ⓛ nephrectomy (1990)
Ⓡ Partial Mastectomy (Breast)

NARRATIVE SUMMARY MEDICAL HISTORY:
87 yo F c̄ HTN, NIDDM, c̄ gallstone dz.

EXAM/LAB DATA:
BP ____ CXR Normal LFT's
HR ____ EKG – No Δ in EKG from 8/6/99.
RR ____ ECHO
T ____ US – Gallstones
SAT ____ CATH

ASA: 1 2 3 4 5 6 E
Pain management options discussed?
Patient acceptance:
Autologous blood: T&C
Signature: Date:
(Initial evaluation)

REVIEW BY OR TEAM: NPO: ✓ Time NPO:
Evaluation and plan:
84 y/o ♀, HTN
single kidney
GETA explained
Signature: Date: 10/31/02

PACU NOTE: Date 10/31/02 Time
transfer to ICU w/ Art monitors
Physician Signature:

POST-OP NOTE: Date Time
Physician Signature:

Pre-Op Information

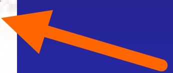
Anesthesia Record

The George Washington University Hospital

ANESTHESIA RECORD

75-800B

DATE 10/31/02



WASHINGTON UNIVERSITY HOSPITAL

UHS

POST ANESTHESIA CARE RECORD

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

75017

GEORGE WASHINGTON UNIVERSITY HOSPITAL

PHYSICIAN ORDER SHEET

DATE	TIME		Patient Identification
7/15/02	1625	Give somethingamine [illegible] 5 mg IV x 1	

NURSE SIGNATURE: [signature] Date: 7-15-02 Time: 1700

PHYSICIAN SIGNATURE/BEEPER #: [signature] 1141

Required for countersignature on telephone/verbal orders: Date: Time:

DATE	TIME		Patient Identification
7-18-02	1800	V.O. Dr Junker: give MSO4 2 mg IV q2° prn for pain.	

NURSE SIGNATURE: [signature] Date: 7-18-02 Time: 1800

PHYSICIAN SIGNATURE/BEEPER #: [signature]

Required for countersignature on telephone/verbal orders: Date: 7/18/02 Time: 2135

DATE	TIME		Patient Identification

NURSE SIGNATURE Date: Time:

PHYSICIAN SIGNATURE/BEEPER #

Required for countersignature on telephone/verbal orders: Date: Time:

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

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DATE: ________ TIME: ________ **PROCEDURE NOTE**

☐ Patient ID verified by two identifiers
☐ Time out conducted immediately prior to starting procedure to verify correct patient, procedure, site and necessary equipment.

CVP/Pulmonary artery catheter
Transvenous pacemaker/Hemodialysis catheter
Indication: ________
☐ Fresh Stick or ☐ Exchange over guidewire
Device: ☐AVAD ☐Edwards TLC ☐ Arrow Introducer
☐VIP Swan ☐Pacing Swan ☐ Regular Swan
☐HD catheter –☐12 ☐16 ☐20
Anatomic location ☐Left ☐Right
☐Subclavian ☐Int Jugular ☐Femoral ☐Ext Jugular
Analgesia: ________
Technique: ☐Prep and full body drape ☐ Emergency Prep
☐ Seldinger over wire technique
Wire out? Yes N/A
CXR: ☐N/A ☐Yes, result:: ________
Complications: ________

Endotracheal intubation
Indication: ________
☐ Pre O2 ☐ Cricoid pressure
Induction: ________
☐ Mask vent ☐ Easy ☐ Difficult
Airway ☐ Oral ☐ Nasal
ETT # ______ @ ______ cm
☐ Oral ☐ Nasal ☐ Trach
☐ Awake ☐Rapid Sequence ☐Direct Vision
☐ Blind ☐Fiberoptic ☐Stylette
Blade ☐Mac ☐Miller # _____ Attempts________
Grade: I II III IV
CXR: ☐Yes, result:: ________
Complications: ________

Arterial line
Indication:
☐ Frequent blood sampling
☐ Hemodynamic instability
Device: ________
Anatomic location: ☐Left ☐Right
☐Radial ☐Brachial ☐Femoral ☐Other:________
Analgesia: ________
Technique: ☐Prep and drape
☐ Seldinger over wire technique
Complications: ________

Lumbar puncture
Indication: ________
Position: ☐Left Lateral ☐Right Lateral ☐Upright
Technique: ☐ Prep and drape
Analgesia: ________
Interspace: ________ Needle: ________
Opening pressure: ________
Fluid quantity: ___cc Appearance: ________
Sent for:
☐Gram stain ☐ C&S ☐ Cell count
☐ Protein ☐ Glucose ☐ India ink
☐ Other________
Complications: ________

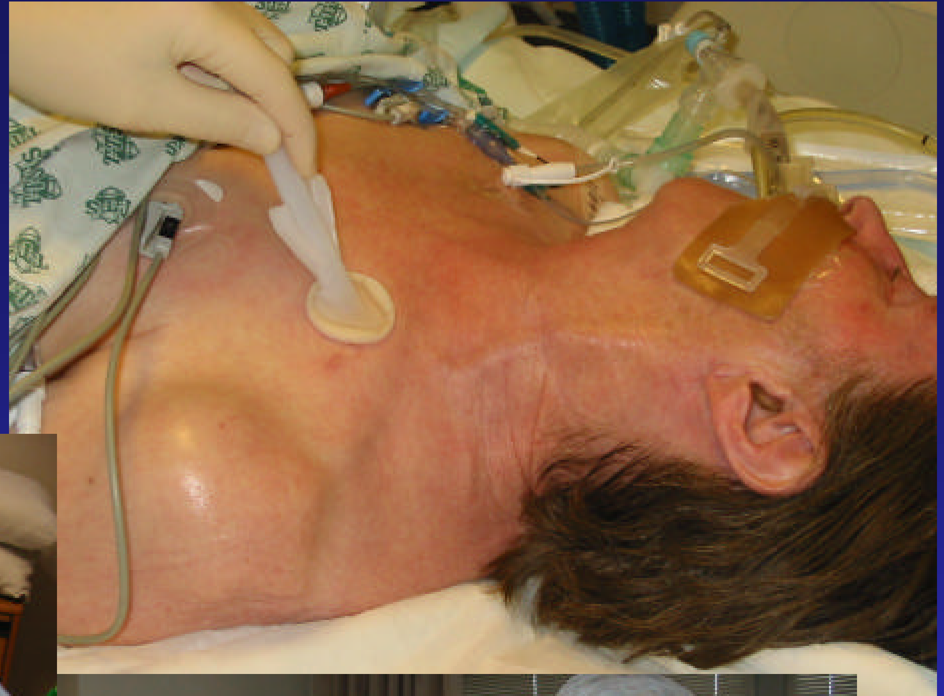
Drains:
☐Chest tube ☐Thoracentesis ☐ Pericentesis
Device : Chest tube FR:___ ☐ Str ☐ Angled
Anatomic location:
Indication: ________
Analgesia: ________
Technique:
CXR: ☐N/A ☐Yes, result:: ________
Complications: ________

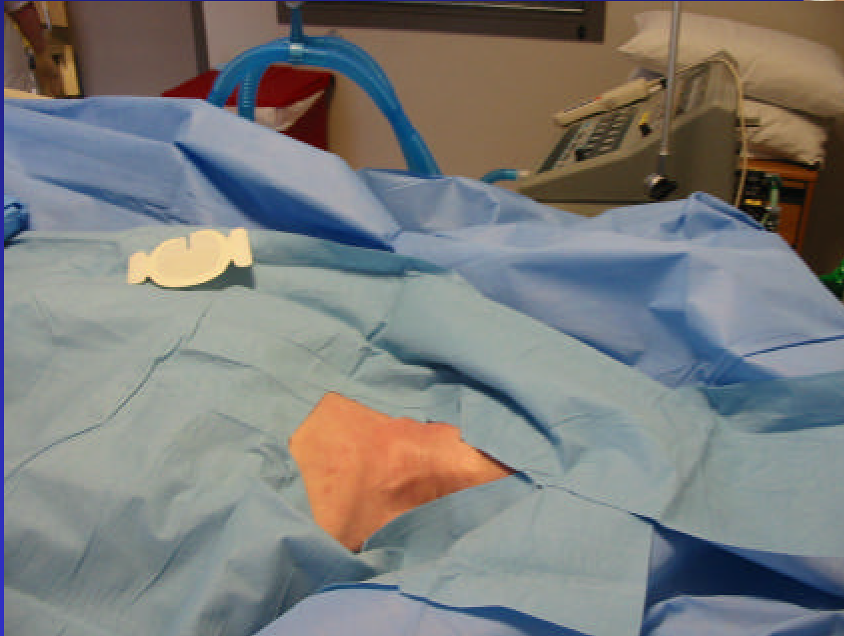
Other:
Device: ________
Anatomic location: ________
Indication: ________
Analgesia: ________
Technique:
Radiological Exam: CXR CT scan other:
Complications: ________

Operator: ________ Attending: ________
Signature: ________ Signature: ________

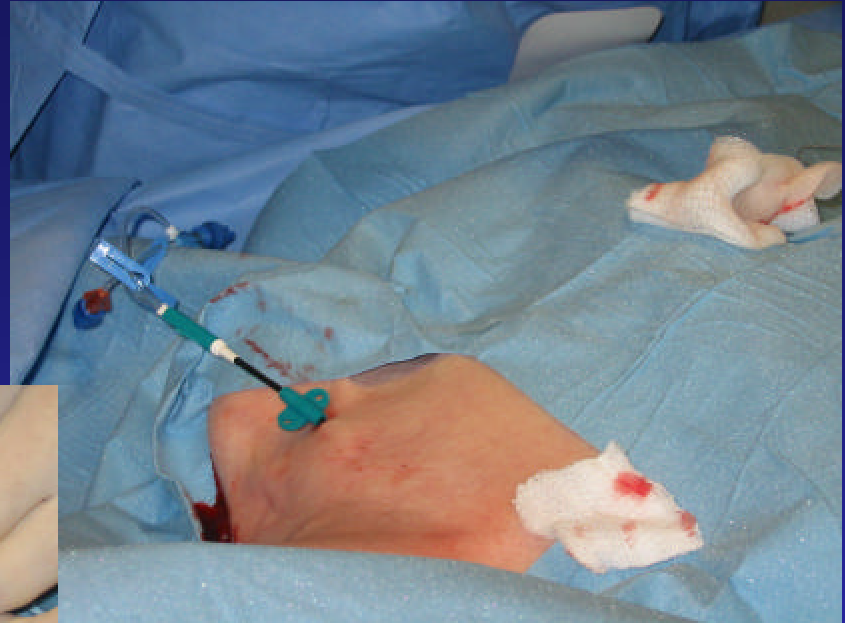
Multiple procedures can be documented on 1 form

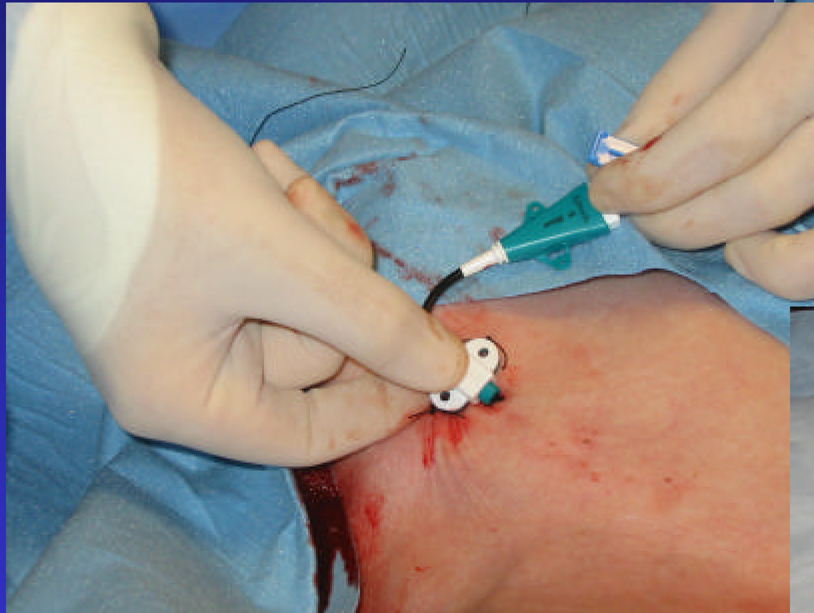
Infection Control

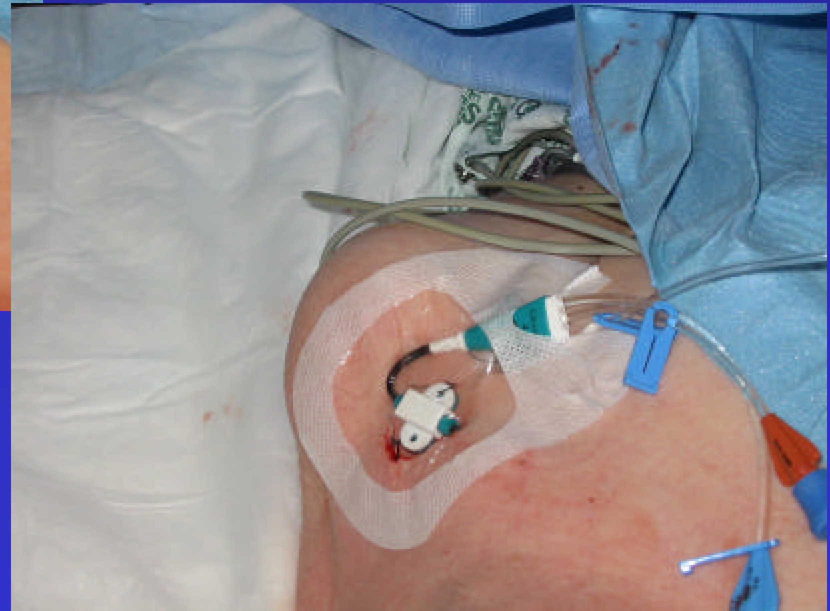




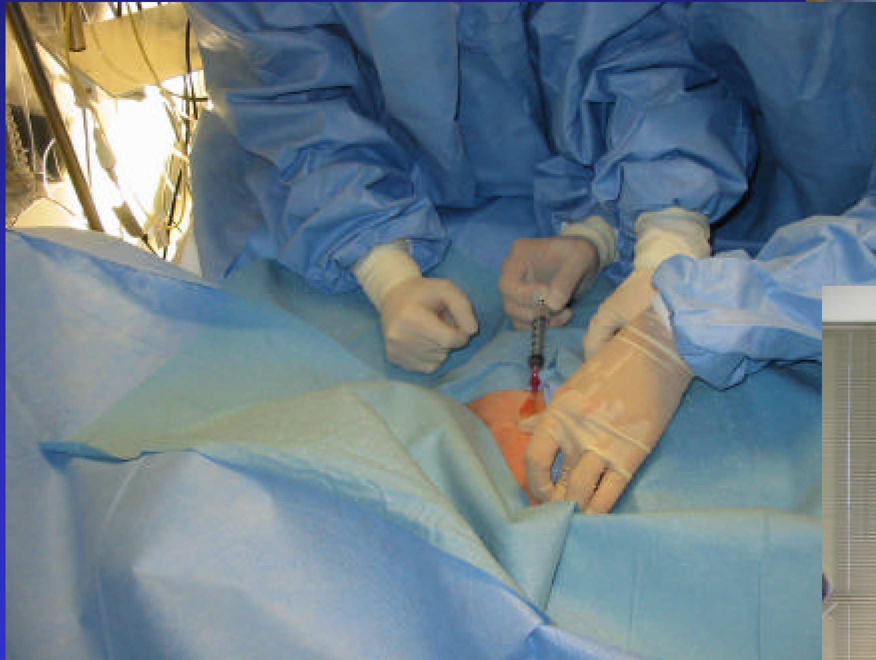
Preferred practices

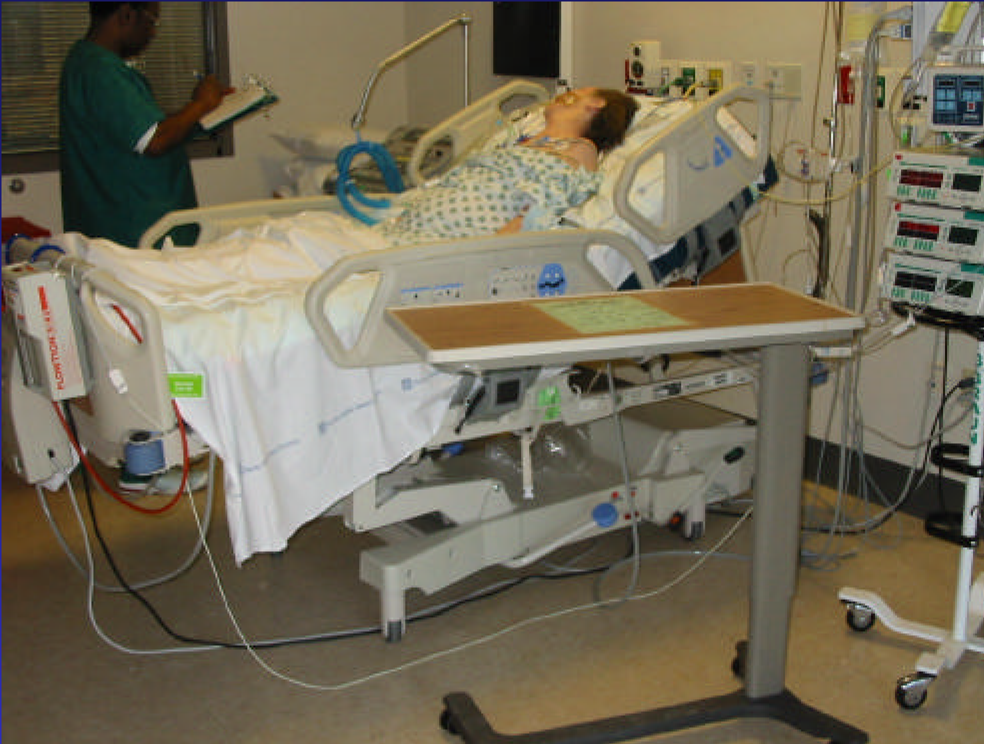




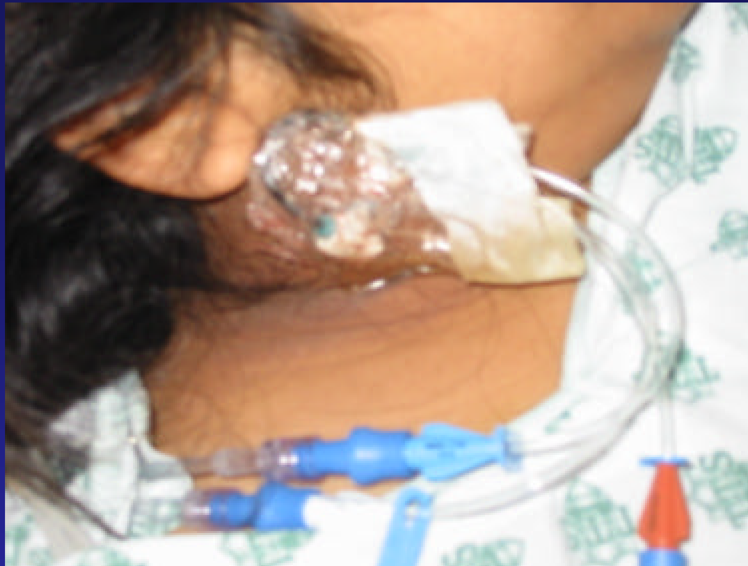


Preferred practices

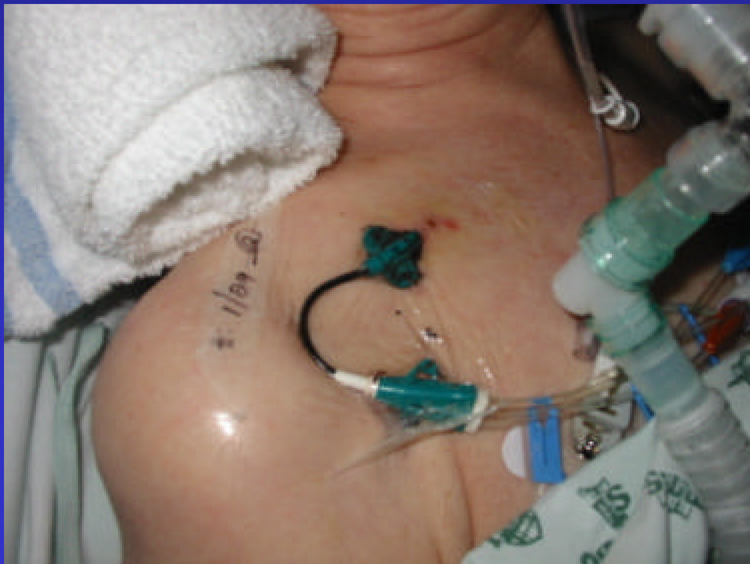


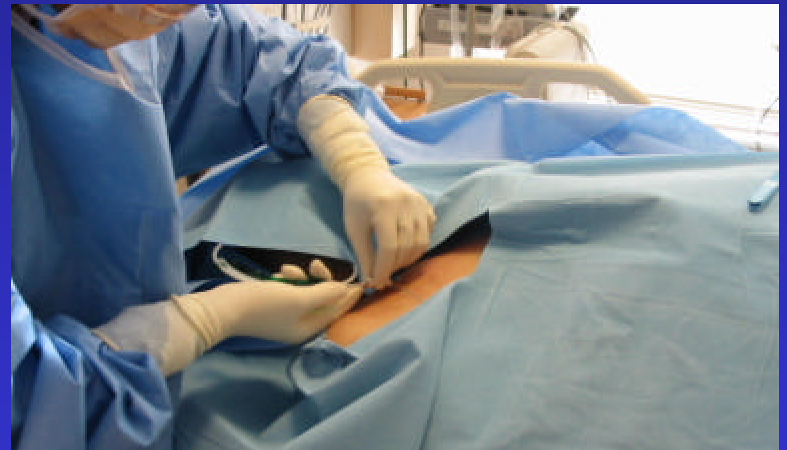


Clean up your mess



Bad form





IV Medication Drip Chart

IV Medication Drip Chart.htm

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 your 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

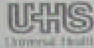
GOLD Team Consults

- 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

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



Patient Name Plate

DEATH CHECKLIST AND INFORMATION SHEET

RN RESPONSIBILITY	DATE	TIME	SIGNATURE
1. Admitting Dept notified.			
2. Washington Regional Transplant Consortium (WRTC) notified. (703-641-0100) Whom? ____			
3. House Operations Supervisor or Director/designee notified			
4. Patient discharged from computer using death codes. Discharge time entered in the computer = actual time of death.			
5. Body to morgue			

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

ATTENDING PHYSICIAN OR PHYSICIAN WITH CURRENT D.C. LICENSE RESPONSIBILITY	DATE	TIME	SIGNATURE
1. Death certificate signed			
2. Death certificate reviewed with OCME as appropriate			

*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.

EMERGENCY DEPARTMENT STAFF	DATE	TIME	SIGNATURE
MEDICAL EXAMINER NOTIFIED			
2ND DISTRICT NOTIFIED			

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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