

SICU ORIENTATION

Welcome to the SICU!! We hope you have a busy and educational month. You are vital to the care of these patients. Communication is key. Below are a few guidelines to help you.

Critical care admissions:

The categorical surgery resident rotating on the ICU is responsible for submitting the case log for the critical care admissions. Remember that you must check off at least 2 areas of critical care to be able to get credit. **These case logs are expected to be submitted to Dr. Wilson by Friday of each week.**

Expectations Daily:

- Participate in morning and afternoon rounds.
- **Discuss your patient, problems, and plans with primary services each morning** and check for their plan, etc.
- **Discuss the patient status and plan with the family each day.**
- Perform bedside procedures as needed and appropriate.
- **A procedure note must be written for each procedure.**
- Assist other team members with procedures, admission, orders, etc
- Prior to leaving in the afternoon, review and checkout all of your patients, procedures, orders, films to check, etc with the on call person.
- At the end of your shift- **CHECK OUT** thoroughly with the on call resident so that patient care can be continued in your absence.
- If you are unsure how to do a procedure- ask for help/notify the attending.
- **All patients in the ICU need to have an entry on the ICU daily patient update sheet with key diagnosis and plan.**
- **Add all key issues and problems on the problem list.**
- **Update important events/new diagnosis for your patients each day on the SICU daily patient update list each day.**
- When rounding, the **“To Do”** list needs to be completed.

Notes:

- Write notes on all your patients. Be sure to have clear **diagnosis** and plan.

Be sure the problem list is up to date prior to transfer.

Curriculum: You have an assigned online curriculum. This needs completed by the last day of the rotation to pass the rotation. There are conferences on Tuesday and Thursday a schedule should be posted.

Administrative:

2nd Year – Surgery Resident Responsibilities:

- Administrative chief of the service for the month.
- Responsible for call schedule
- Weekly proposed hours for team to be submitted to Dr. Graves every Monday by 8 am.
- Oversee case distribution and preparation for SICU M&M.
- Other responsibilities as deemed by the service attending.

On Call: Arrive by 5:30 to the resident work room to do handoffs and rounds.

Admit all new patients, assess them on arrival and develop a plan.

- Discuss and review each patient with the primary service when the patient arrives. If no representative is available- page him or her. Communication with the primary service is vital.
- **Contact the attending and review patient and plan.**
- Write a note detailing history, physical, X-rays, labs, plan and discussion with the Attending.
- Round on all patients throughout the night- whether you get called or not.
- Document all changes in patient status, problem, intervention and plan.

Notify SICU Attending and primary service chief of any change in status.

- After am rounds, the on-call resident is in charge of delegating the work. The on-call resident should also talk with the social service person to notify them of social issues, family needs, health care surrogates, etc.
- You should be notified of any patient who will be transported out of the unit for any reason. Assess if the patient is stable enough for

transport and communicate that with the bedside nurses. Let the attending know if there is an issue.

Emergencies

- Attend to the patient first.
- **Notify attending and primary service immediately** (paging can be done by clerk or nurse while you address problem)
- The **in-house surgery chief is your immediate back up for all emergencies** in the ICU.
- In addition the surgery third year is available if more manpower is needed immediately.
- Anesthesia faculty is in house and can also assist until the ICU/Primary attending arrives.

Document the issue, how it was dealt with and the result.