

ICU Tips and Tricks

Donning in antechamber (in PACU; for ICU do this outside the patient's room)

Put on cap, PAPR or Dräger, 2 pair of gloves, surgical gown (yellow gown if in ICU), another pair of gloves

Also yellow gown if you anticipate getting splashed. Purell and change gloves between patients (don't have to wipe face shield or change gowns between patients)

Doffing

Inside PACU (or in patient's room in ICU) – Purell, remove outer gloves and then gown (with buddy watching you!) and Purell again.

In antechamber – buddy wipes down PAPR and removes, then Purell and remove other gloves, cap, Purell.

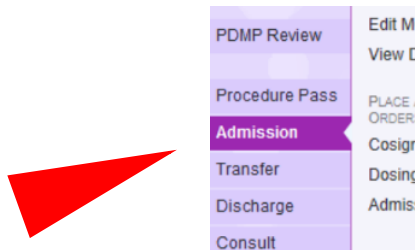
Charting

Login as **“AMB/IP DISASTER RESPONSE”** OR **“JHH-BMC AMB/IP NP DISASTER RESPONSE”** (CRNA's)

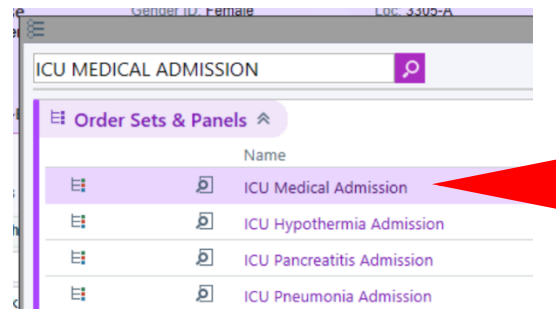
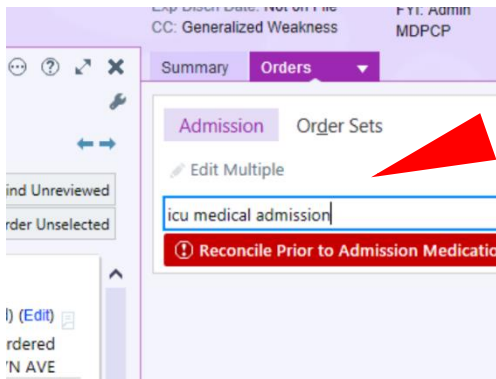
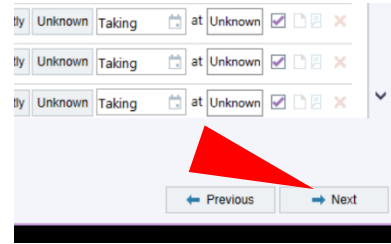
Department is **“HCGH OVERFLOW PACU ICU”**

Routine – arrive dressed at 0700 or 1900. First you have sign out rounds. Then review Epic charts in detail (imaging, labs, C&S, other results). The idea is to take care of necessary things early. Then see and examine each patient and write notes. See the guide on the HCAA website. Touch base with the intensivist. You should not have to write a lot of orders, maybe vent changes (in that case use the order set “Initiation of Mechanical Ventilation Focused”). The admission orders will take care of routine labs and the PA's and NP's will check all the charts to see if we missed something.

You shouldn't have to admit anyone. But if you do, click on the admission navigator. Fill out whatever you think you need. You can add the admission note using the “Consult” note type and using Athir's smartphrase .HPCOVIDICU. You have to do “Admission Med Reconciliation” and say which of the meds should be continued in hospital.



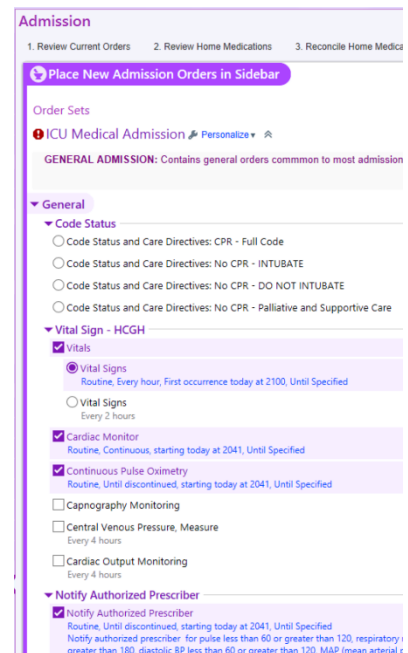
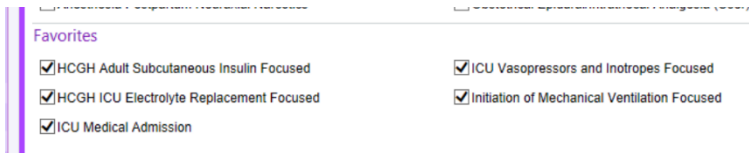
After you make your choices and push “Next” a few times, you search for the order set “ICU Medical Admission.”



Then fill out the various sections (ask for help here).

On admission, in addition to “ICU Medical Admission,” Dr. Nazarian frequently uses the order sets:

- “HCGH adult SQ Insulin”
- “ICU electrolyte replacement”
- “ICU vasopressors and inotropes”
- “initiation of mechanical ventilation”



For Billing, the codes for Critical Care Admission are 99221 (simple), 99222 (moderate), and 99223 (complex – probably what we will use the most) and the Bill area is “HC Critical Care.” The diagnosis is “Acute Respiratory Disease” or whatever’s appropriate.

PS if you’re not sure what code to use, then enter “UCODE” and the coders will figure it out.

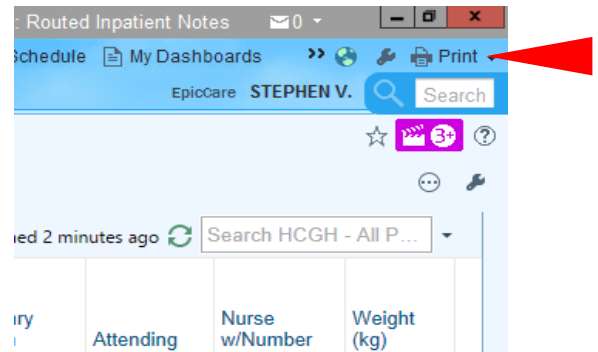
Other stuff

ID will round in the overflow ICU daily.

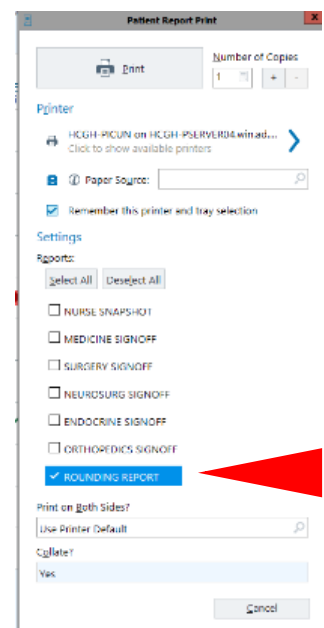
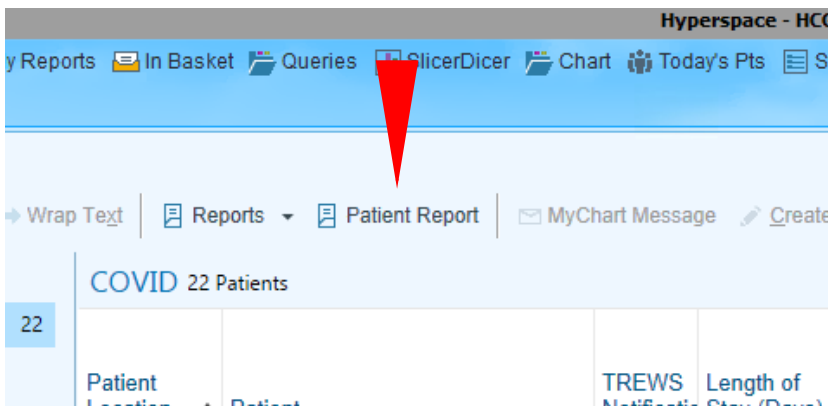
Call for help a lot. Don’t be afraid to ask for consults.

See the guide on the hcaa website for the quickest way to document intubations and other procedures. You need to be logged in as an Anesthesiologist in “HCGH Anesthesiology” to use this method.

When you are in Patient Lists, go to “Print” in the upper right corner and select “Current List” to print a list of patients.



For a thorough handoff report, go to “Patient Report” and choose “Rounding Report.” This gives a detailed report on each patient.



Sedation can be ordered in the Ventilation order set. They don't use as much Propofol because of hypotension. But you can order continuous or prn Ativan, Versed, Fentanyl or Precedex.

They use the RASS score for sedation (+4 for combative to 0 for awake and calm to -5 for completely obtunded). They usually titrate the sedation to a RASS score of -4 after intubation and 0 to -2 when weaning off the ventilator.

If the ETT is too far down, order "Reposition Endotracheal Tube" and the RT will fix it.

To document a discussion with the family, choose the note type "Family Conference."