WELCOME TO YOUR CRITICAL CARE ROTATION!
The First Day – WELCOME!

Format of your first day in ICU at LHO:

- **8:00-8:45**: morning sign over in ICU conference room
- **8:45-9:30**: orientation presentation / tour of ICU
- **9:30**: join your team in the ICU for rounds
- **Late morning**: meet Gail Patterson for further orientation
  - Computer training
  - Hospital tour
- **When not at orientation**: remain in the ICU with your team
- **2:00-4:00**: airway sim session in LHEARN centre
The Critical Care Oshawa Staff

**Dr. Randy Wax**  
Critical Care Medicine/Internal Medicine - Medical Director/Chief, Section of Critical Care

**Dr. Kavita Sridhar**  
Critical Care Medicine/Internal Medicine – Education and High-Fidelity Simulation Lead, Section of Critical Care

**Dr. Lisa Huzel**  
Critical Care Medicine/Respirology - Medical Director Quality, Safety and Patient Experience

**Dr. Jonathan Eisenstat**  
Critical Care Medicine/Internal Medicine - Research Lead, Section of Critical Care

**Dr. Ashiq Islam**  
Critical Care Medicine/Internal Medicine - Interest in Echocardiography

**Dr. John Maybee**  
Critical Care Medicine/Anesthesia - PGY-1 Airway Rotation Site Preceptor, Section of Critical Care

**Dr. Karim Soliman**  
Critical Care Medicine/Internal Medicine – TGLN Regional Medical Lead & CCRT Physician Lead, Section of Critical Care

**Dr. Carolyn Tram**  
Critical Care Medicine/Internal Medicine
There is a list of phone numbers at each nursing station

- **Main number:** 905-576-8711
- **Locating:** 3200 (to page people)
- **Operator:** 0 (eg. for long distance calls)

- **Charge nurse:** 7215, 7370 – number can vary so please check daily
- **Staff phones:** 7378 & 7379 during daytime only
- **Resident phones:** 7375 & 7196 & 7373 – number can vary

- **Site coordinator:** Amanda Milburn x2308, ammilburn@lakeridgehealth.on.ca
- **Medical trainee liaison:** Gail Patterson x4203, gpatterson@lakeridgehealth.on.ca

- **Education Lead:** Dr. Sridhar – page via locating or ksridhar@lakeridgehealth.on.ca
8:00-8:30: sign over rounds in CrCU (ICU) conference room * PLEASE BE PUNCTUAL
8:30-9:15: scheduled lecture as per teaching schedule
9:00-12:00 (or later): rounding on patients in the ICU

~ 12:00 or when convenient: lunch

~ 1:00-4:00: see new admissions, consults, f/u investigations, procedures
~1:00-4:00: informally meet with Abx Stewardship team to discuss Abx choices
~4:00-4:30: team sign out and complete remaining work

Specific sessions:
Monday 1:30-3:00: simulation session in LHEARN centre
Thursdays at 12:00: Queen’s CCM Grand Rounds broadcast to CrCU conference room
STRUCTURE OF CrCU at LHO

- We have 3 PODs with a total of 24 ICU beds
- Occasionally we can accommodate more patients
- There is a nursing station in each POD
- Often a desk clerk for admin purposes / POD

- We function as 2 ICU teams – each with a staff + residents
- Each team rounds on their assigned patients Mon-Fri
- On the weekend, the CrCU is run as one unit by one staff/one senior resident (a CCCA resident)
**BEING ON CALL**

- Usually 2 residents on per night (in house), along with one ICU staff
  - Finalized weeks before start of the block
  - Further changes need pre-approval
  - Notify Amanda Milburn / Dr. Sridhar of any potential changes
  - ICU staff is not in house but is readily available at all times on call
  - At times, residents may be on solo call (with staff back-up)

- Attending are on call as follows:
  - Short week = M/W/F
  - Long week = T/T/S/S
On Call...

- **While on call:**
  
  - **~4pm: Sign out** from both staff after rounds, with all residents presents
    - Cover the main CrCU issues for each patient, don’t recap whole history/admission
  
  - **See all new consults** from ER/ward/OR
    - Consults called will be screened by staff → residents then asked to see consult
    - Review all consults with attending staff on call prior to making admission decisions

  - **~9pm: Tuck-in rounds** with Charge RN – walk bed to bed and address issues in CrCU
    - Then review w/ staff via phone if they are not still in hospital
    - If significant change to patient status/management plan – write a quick progress note in chart
On Call ...

Your pager is not listed on the call schedule
- You must still carry your pager AT ALL TIMES
- Carry your resident phone at all times as well (batteries in room behind desk in POD 2)

Deal with overnight issues for admitted ICU patients as they occur
- At night, page staff with any concerns and to review new patients
- Page attending staff via locating (they also have our cell #s if needed)

If you are paged directly for a new consult, please direct the call to your attending. He/she will then call you to give you details

The morning of your call day, you must:
- Fill out the “daily On-Call schedule” (see next slide) and give it to the clerk in POD 3
- Be attentive to issues discussed that may be important when you are on call later that day

Post call morning, you must:
- Bring the set of new patient lists (from POD 3 clerk’s desk) to the handover room
- Bring the new “daily On-call schedule” form to the handover room to be filled out
- Hand over your portable phone
DAYTIME ATTENDINGS:  1._________________________   Phone___________
(8:00 am – 5:00pm)

2._________________________   Phone___________

ON CALL ATTENDING: ___________________________

RESIDENTS:  1._________________________   Phone___________

2._________________________   Phone___________
There is an official Code Blue/Code Stroke doctor on call at night.

You are not responsible for “CODE BLUE” coverage on wards/ER but will have to take the patient in transfer to the ICU if resuscitation is successful – so attend them if free.

You are however responsible to attend to Code Blue calls in the ICU. The official Code Blue doctor will sometimes show up, however, ICU residents should run these codes if possible. If you need assistance, ask for the Code Blue doctor to be paged to the ICU.
Admissions come from: ER, ward, scheduled post op (eg. Thoracic patients), Critical, code stroke service, etc.

Patients admitted to ICU need a full consult note (done on our computer system) and full set of admission orders (preprinted order sets + extra handwritten orders)

One you have seen the consult, you review with staff – plan for admission, management plans, and orders

Staff involvement in cases will vary

Admission pre-printed order sets – many of them – get familiar with them
- General ICU admission order set – includes pain control, VTE prophylaxis, mechanical ventilation
- Post TPA / stroke admission order set
- DKA protocol – stage 1 filled out by ER, stage 2 continues in ICU
- Many others – when you have a moment, familiarize yourself with them
**DAILY PROGRESS NOTE**

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Dr. K. Sridhar MD, MSc, FRCPc
9:26:05 AM

**CRITICAL CARE UNIT PHYSICIAN NOTE**

[Logo] Laseridge Health
PROCEDURES

- Formal teaching on procedures (“line/airway sim sessions”)
- Informal teaching at bedside
- Prior to performing procedures:
  - Review the procedure
    - Central Lines – NEJM video
    - Arterial Lines – info included with orientation
  - Observed $\rightarrow$ Assist $\rightarrow$ Perform
  - Consent obtained
  - Supervision until competent – get signatures from staff
- Log book – have it updated every time a procedure is done
  - PGY1 Airway residents – must hand in log book to Amanda/Dr. Sridhar at end of rotation
- Safety first – if having difficulty – call for help, abort procedure, etc.
PROCEDURES ...

- **Procedure Manual**
  - Distributed at the start of the rotation
  - To be completed
  - Need to have procedures observed and signed off before performing autonomously

- **Lots of opportunity depending on patient population**

- **SAFETY FIRST!**
  - Central lines: please use kit and additional curved suture needles and needle drivers
  - **DO NOT USE STRAIGHT NEEDLE IN KIT**
  - Always ask for help if needed
  - Always consider the clinical scenario and the patient – there is a balance between learning a procedure and getting things done efficiently to manage the patient
Transferring patients out of ICU

4 Steps to complete when patient ready for transfer and bed is available/assigned:

1) Write: “transfer to [service/doc]” on an order sheet
2) Fill out transfer medication list
   Ensure all “protocol” meds (eg. Electrolyte protocol) discontinued
3) Fill out 2 page transfer orders
4) Once bed assigned, call receiving physician to give handover
   Call locating and ask who the physician taking care of that ward is

All this must be done PRIOR to patient leaving ICU

NB. If post-op Thoracics patients have an order from the Thoracic surgeon stating “may transfer to ward 7G”, there is no need to page them (step 4) when the patient physically goes out of the unit, to the ward
TEACHING SCHEDULE

- **Formal teaching:**
  - Morning lecture series – FCCS + guest lectures
  - Simulation sessions Monday afternoons
  - Procedural sim stations during the block

- Residents here for 2 months are expected to give one teaching session to the ICU team at morning handover – interesting topic, case based, etc.

- Informal teaching on rounds and during procedures. Senior residents are encouraged to teach junior colleagues when appropriate
PGY1 IM – Airway / ICU rotation

- **PGY 1 Airway rotation residents:**
  - Will be scheduled for 3 OR days and 1 RT day
  - OR days - scheduled in coordination with Dr. A. Puzio
  - RT day - contact person is Jane Heath (office outside the ICU – near POD3 entrance)

Priority is to be in the OR the whole day (ie. you will miss morning handover)

If on call that day, we will handover at ~4pm when you return to ICU after your OR day

See insert in your orientation package for details regarding OR day

You MUST be ready for your OR day by 7am such that you can meet patients, RN staff, etc. prior to the start of the first OR day – do not be late or you will miss opportunities

ECT occurs M/W/F at 7am and these are opportunities you to take advantage of

Try to do some reading of basic Anesthesia concepts prior to your first OR day
Expectations of all residents

- Be enthusiastic and interested in learning
- Take responsibility for patients in the ICU
- Be an active participant in daily rounds – writing the progress note, writing orders, following up on investigations, calling consultants, coming up with management plans, facilitating patient transfers, etc.
- Address RN concerns about their patients
- Write a note in the chart when doing a procedure or if something changes with your patient overnight
- Be respectful of the ICU team, families, and patients
- Be aware of the ICU environment and conduct yourself in a professional manner at all times
- Respect confidentiality
General Expectations of Senior Residents

Expectations of all residents (see previous slide) and...

- Once comfortable in the ICU setting, taking on more of a leadership role during morning rounds
- Being proactive and take the initiative in getting things done for your patient (eg. arranging imaging with Radiology if appropriate)
- When appropriate and needed, update families and patients about their care (often done informally at the bedside)
- Teaching junior residents informally – eg. on daily rounds, at the bedside, while on call, etc.
- Once comfortable with procedures, supervising junior residents while they do the procedure
Seek feedback with procedures and presentations from staff
Weekly assessments by the attending staff
Informal input from allied health, RNs, RTs
Ensure you fill out rotation/supervisor evaluations
Feel free to give us feedback about the rotation so we can improve!

Dr. K. Sridhar will do both mid-rotation and final evaluations
- mid rotation feedback is usually given if there are concerns; suggestions for improvement
- Final evals will be done in person or on the phone or via email depending on convenience
RESOURCES

- Your attendings... ask us anything!
- Charge Nurse / nurses
- Dr. Kavita Sridhar – Education Lead / Preceptor
- Amanda Milburn – Specialty Discipline Site Coordinator
- RTs
- Pharmacists
- Social worker
- Etc...

- If there are concerns throughout your rotation, please contact Dr. Sridhar or feel free to address issues with your current attending
ENJOY YOUR ROTATION!