WELCOME TO YOUR CRITICAL CARE ROTATION AT LAKERIDGE HEALTH OSHAWA

LAKERIDGE HEALTH

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  - WE ARE A TERTIARY ACADEMIC- AFFILIATED 26-BED MEDICAL/SURGICAL CRITICAL CARE UNIT (CRCU) SUPPORTING A POPULATION OF OVER 600,000 RESIDENTS IN DURHAM REGION
  - WE PROVIDE DIALYSIS, CARDIAC CARE AND HAVE ALL MEDICAL SUBSPECIALTIES AVAILABLE WITH THE EXCEPTION OF RHEUMATOLOGY
- ASSOCIATED HOSPITALS
  - LAKERIDGE HEALTH IS ONE OF ONTARIO'S LARGEST COMMUNITY HOSPITALS. WE DELIVER SERVICES TO PEOPLE ACROSS DURHAM REGION WITH FIVE HOSPITAL SITES, FOUR EMERGENCY ROOMS, AND MULTIPLE COMMUNITY CLINICS.IN TOTAL, 812 STAFFED BEDS
  - AJAX PICKERING
  - BOWMANVILLE
  - PORT PERRY
  - WHITBY

CONTACT INFORMATION

List of physicians on call each day posted at each nursing station

- Main number: 905-576-8711
- Locating: 33200 (to page people) – pre-fix 3 is for all Oshawa numbers
- Operator: 0 (eg. for long distance calls)
- Charge RN, CCOT nurse and on-call residents all carry portable phones

- Education Lead: **Dr. Kavita Sridhar** – page via locating or ksridhar@lh.ca
- Specialty Disciplines Site coordinator: **Patricia Sherwin** x32308, psherwin@lh.ca
- Medical Ed. Coordinator / Regional Learner Advocate: **Heidi McHattie** x34203, hmchattie@lh.ca

Structure of CRCU

- 3 PODs with a total of 25 ICU beds. ICU has now expanded up to G9
- Nursing station in each POD
- Often a desk clerk for admin purposes / POD
- We function as 3 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 two staff and a CCCA

THE FIRST DAY

- 8:00-8:45 : morning sign over in ICU conference room
- 8:45- 10:00 orientation presentation / PPE training / tour of ICU
- 10:00: join your team in the ICU for rounds
- Late morning: meet Heidi McHattie for further orientation
  - Computer training and hospital tour
- When not at orientation → remain in the ICU with your team
- 2:00-4:00: airway sim session in LHEARN centre

DAILY ICU SCHEDULE

- 8:00-8:30: SIGN OVER ROUNDS IN CRCU (ICU) CONFERENCE ROOM
- 8:30-9:15: SCHEDULED TEACHING
- 9:15-12:00: ROUNDING ON PATIENTS IN THE ICU
  - CONCURRENTLY SEE NEW ADMISSIONS, CONSULTS, PROCEDURES
- ~12:00: LUNCH
- ~1:00-4:00: SEE NEW ADMISSIONS, CONSULTS, F/U INVESTIGATIONS, PROCEDURES
- ~4:00-4:30: TEAM SIGN OUT TO ON CALL TEAM

- OTHER SESSIONS
  - SIMULATION SESSION IN LHEARN CENTRE
  - THURSDAYS AT 12:00: QUEEN'S CCM GRAND ROUNDS BROADCAST TO CRCU CONFERENCE ROOM
  - ANTIMICROBIAL STEWARDSHIP ROUNDS: DAILY

ON CALL

- Usually 2 residents and CCCA on per night (in house), along with one ICU staff
  - Finalized weeks before start of the block
  - Further changes need pre-approval by Dr. Sridhar/P. Sherwin
  - Notify Dr. Sridhar/P. Sherwin of any potential changes
  - ICU staff will be in house until further notice

ON CALL

- 4PM : SIGN OUT
  - COVER THE MAIN CRCU ISSUES FOR EACH PATIENT,
- 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 NECESSARY
  - IF SIGNIFICANT CHANGE TO PATIENT STATUS/MANAGEMENT PLAN – WRITE A QUICK PROGRESS NOTE IN CHART

ON CALL

- Carry your pager at all times – this is how you will be contacted via locating
- At night, page staff with any concerns and to review new patients (locating also has our cellphone #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
- Post call morning, you must:
  - Bring the set of new patient lists (from POD 3 clerk's desk) to the CrCU conference room

CODE BLUE

- There is an official Code Blue 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 on the wards – so attend them if free
- However you **ARE RESPONSIBLE** to attend to Code Blue calls in the ICU***. The official Code Blue doctor is supposed to 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

Cardiology patients admitted to ICU

- Occasionally Cardiology patients are admitted to the ICU (bed-spacing, temporary transvenous pacer, etc.)
- The MRP for these patients is the Cardiologist
- The ICU team/ICU residents are not responsible for these patients, don't round on them, and are not on call for them (if the RNs have questions while you are on call, they are to call the MRP)
- If the patient worsens (especially from an airway/breathing perspective), ICU may be consulted by the Cardiologist, in which case staff ICU will decide the level of our ICU team's involvement

ADMISSIONS / DOCUMENTATION

- Admissions/Consults come from: ER, ward, scheduled post op (eg. Thoracic patients), CritiCall, code stroke service, etc
  - All new consults are to go through attending
  - **If you feel uncomfortable or don't know the process, procedure or management, please reach out to attending at any time**

- Patients admitted to ICU will need
  - A full consult note (done on our computer system under templates)
  - Full set of admission orders (preprinted order sets often in Entry Point + extra handwritten orders)

- NOTE: Admission pre-printed order sets
  - General ICU admission order set – includes pain control, VTE prophyaxis, mechanical ventilation
  - Post TPA / stroke admission order set
  - DKA protocol – stage 1 filled out by ER, stage 2 continues in ICU
  - Many Others
- One you have seen the consult, you **review with staff** – plan for admission, management plans, and orders

Progress Note and Admission Note

- Similar format / template for both
- Please complete with as much detail as possible
- To access:
  - Access I:// Drive (private drive for which you are given access)
  - Choose ICU MD Progress Notes
  - You will see all currently admitted patients' progress notes
  - You will also see a folder with Templates for a blank admission note
  - Discharged folder - where old notes are saved from previous admissions
  - Always print and place a copy of the note in the patient's chart, then sign it

PROCEDURES

- Formal teaching on procedures (“ line/airway sim sessions”)
- Informal teaching at bedside by ICU staff and Senior residents
- Prior to performing procedures
  - Review the procedure
    - Central Lines – NEJM video
      - https://www.youtube.com/watch?v=IO0eiqhpA-A
      - https://www.youtube.com/watch?v=HE5QhsPRaPU
    - Arterial Lines – info included with orientation
  - Observed→ Assist → Perform
  - Consent obtained
  - Supervision until competent
  - Log book – to keep track of procedures done; may need to submit it at the end of the rotation
- Safety first – if having difficulty – call for help, abort procedure, etc.

PROCEDURES

- Procedure Manual
  - Distributed at the start of the rotation
  - Need to have procedures observed and signed off before performing autonomously
- 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 TO WARD" ORDERS ON ENTRY POINT
4) ONCE BED ASSIGNED, CALL RECEIVING PHYSICIAN TO GIVE HANDOVER

   CALL LOCATING AND ASK WHO THE PHYSICIAN TAKING CARE OF THAT WARD IS TO FIND MRP

EXCEPTIONS

THORACICS PATIENTS WHO HAVE AN ORDER FROM THORACIC SURGEON STATING "MAY TRANSFER TO WARD 7G" – DO NOT CALL THORACIC SURGEON TO GIVE HANDOVER (STEP 4) WHEN THE PATIENT PHYSICALLY GOES OUT OF THE UNIT, EVEN IF THIS OCCURS AT NIGHT!

STROKE UNIT HAS ITS OWN SET OF "TRANSFER TO WARD" ORDERS – ASK DESK CLERK FOR ORDER SET

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 2 OR days and 1 RT day
  - OR days - scheduled in coordination with Dr. John Maybee
  - RT day - contact is Ananta Sawh (office outside the ICU – near POD1 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
- 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

EVALUATIONS

- Seek feedback with procedures/presentations from staff during the week
- Assessments done via Elentra or One45 or other (eg. POWER)
- If triggering assessments for a specific case/event, please do so the week that the event occurred and add details to the assessment before sending it. Then verbally inform your staff to the fact that there is an evaluation to be filled
- 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 may be done in person or on the phone or via email depending on convenience. Often if there are no issues or concerns, it is completed online without a one-on-one meeting

DOCUMENTATION AND MEDICO-LEGAL ISSUES

- "STAT" order: ensure you alert the bedside RN of the order (whether in ER or ICU), otherwise it will be missed
- Updates in patient charts (eg. at night, when on call): **DO NOT** write on the back of the progress note, but rather on a separate lined progress note paper especially if it is an important event
- Ensure your progress notes are accurate and updated daily (including imaging and microbiology results)– these are medico-legal documents
- Record trends in bloodwork and don't simply write "reviewed"
- You are NOT obligated to talk to police if they are at a patient's bedside. If approached for information about one of your patients, call your attending and discuss plan of action.

Additional points

- Intubations: ***
  - Daytime: resident to intubate while staff are present in the unit
  - At night: RTs generally will intubate as we are not there to supervise you
  - Some flexibility especially for senior residents / ICU fellows
  - Suggest open communication between RTs and resident at bedside

- Thoracic patients transferred to floor:
  - When filling out "medication transfer form" do not discontinue "held" meds
  - When ordering a CXR for the next day, patients with chest tubes need a "portable" CXR and not a "PA/lat CXR"

- If you are planning on paging a staff consultant in the middle of the night, you should discuss this plan with Staff ICU on call prior to calling the consultant

- Ensure bedside RN knows you have written orders in the chart

Additional Points

- Ensure you are familiar with transfusion guidelines
- Consider using LMWH for DVT prophylaxis in renal failure
- RN mandated to contact TGLN for all end-of-life situations
- Always think about whether a Coroner should be call after a death (eg. Patient had a fall preceding their admission)
- Familiarize yourself with commonly used ICU protocols/order sets
  - Admission order set, post tPa stroke order set.
  - DKA protocol
  - Ventilation order set, ARDS ventilation order set.
  - IV Heparin, insulin, and Enteral feeding protocols

RESOURCES

- Your attendings… ask us anything!
- Charge Nurse / bedside nurses
- Dr. Kavita Sridhar – Education Lead / Preceptor
- Patricia Sherwin and Heidi McHattie - Coordinators
- Respiratory Therapists
- Pharmacists
- Social worker
- Ethicist
- If there are concerns throughout your rotation, please contact Dr. Sridhar (ksridhar@lh.ca) or feel free to address issues with your current attending