

The image shows the exterior of a modern hospital building. A large, curved, white canopy structure with a ribbed underside covers the entrance area. The canopy is supported by several white, angled structural beams. Below the canopy, there are large glass windows and glass doors. A person in a white shirt and dark shorts is walking towards the entrance. The sky is blue with some white clouds. The building's facade is made of red brick and white panels.

**WELCOME TO YOUR CRITICAL
CARE ROTATION AT LAKERIDGE
HEALTH OSHAWA**

WELCOME TO LAKERIDGE HEALTH OSHAWA

WELCOME

- Lakeridge Health Oshawa: Tertiary academic affiliated 38-bed medical/surgical ICU
- Our ICU is a major referral site for critically ill patients from Durham region and our affiliated hospitals in Ajax/Pickering, Bowmanville, Port Perry and Whitby
- This is a big and busy ICU!
- The ICU is a multidisciplinary team including learners, nurses, pharmacists, RTs, PTs, dieticians, social workers, ethicists and many others
- You are an integral part of our team, and the skills you will learn during this rotation will help you take better care of your patients, regardless of where your career takes you!

SCHEDULE FOR ORIENTATION DAY

- Morning sign over in ICU conference room
- Orientation presentation / PPE training / tour of ICU
- Meet Brandi McLaughlin for further orientation: Computer training and hospital tour
- Airway sim session in LHEARN centre
- When not at orientation join your team in ICU

CONTACTS



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

- Locating: 33200 (to page people) – pre-fix 3 is for all Oshawa numbers
- Operator: 0 (e.g. for long distance calls)
- Main ICU number: 905-576-8711
- 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: **Katelyn Barker** x32308, lhregional@queensu.ca
 - Issues like absences, call schedule, OR/RT days, time off requests, teaching schedule
- Medical Ed. Coordinator / academic affairs coordinator: **Brandi McLaughlin** x36037, bmclaughlin@lh.ca
 - Issues like badge access, IT access, orientation modules

EPIC INSTRUCTION DOCUMENT



tinyurl.com/epicccu

EPIC INSTRUCTION VIDEOS



https://youtube.com/playlist?list=PL_mhibFB33QNdV1iLAJav7UOUByhgvHcO

STRUCTURE OF THE ICU

- 3 PODs in main unit on 2N, satellite unit on F6
- During weekdays we function as 3 ICU teams
 - Team 1 and 2 each have an ICU staff and residents, rounding in the main unit
 - Team 3 is led by the Critical Care Outreach Team ICU staff who rounds on F6 satellite unit and reviews new consults
- On the weekend there are two ICU staff and a CCCA (licensed physicians or senior trainees from various base specialties)

TYPICAL ICU DAILY SCHEDULE

- 8:00-8:30: sign over rounds in ICU conference room
- 8:30-9:15: Scheduled teaching for residents +/- fellows
- 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, update families
- ~4:00-4:30: team sign out to on call team

TEACHING SCHEDULE

- Formal teaching
 - Morning lecture series – Fundamentals in Critical Care + guest lectures
 - Simulation sessions Monday afternoons in LHEARN centre
 - Procedural sim sessions during the block
 - Queen's CCM Grand Rounds Thursdays 12:00pm
- 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 and fellows are encouraged to teach junior colleagues when appropriate

ROUNDING IN THE ICU

- You will be assigned patients that you will be responsible for
- Please physically examine each patient each day before rounds and try to get familiar with their “main” ICU issues
- **You** will give the “one line” for the patient when it is time to round
 - e.g. “Mr. Smith is a 55M admitted with respiratory failure secondary to pneumonia, intubated last night”
- The bedside **nurse** will provide a “head-to-toe” update of the patient’s main systems, relevant details of which should be captured in the rounding note being concurrently completed by one of your teammates
- The team will review the labs, micro, imaging and any other investigations
- Medication review with the team pharmacist

ROUNDING IN THE ICU

- Back to **you** for your issue-based plan
 - Issue 1: Pneumonia complicated by ARDS: I would like to obtain sputum cultures and legionella antigen, broaden coverage to include atypicals with azithromycin. I would like to obtain another blood gas at 1pm to see if ventilation is adequate.
 - Issue 2: Acute kidney injury: This is likely pre-renal, I would like to rule out post renal causes with an ultrasound and give a 500cc bolus.
 - Best practices: I would like to initiate feeds, and start stress ulcer and DVT prophylaxis. I will call the family for an update this afternoon.

ROUNDING IN THE ICU

- Don't worry if your plan is adjusted by the staff!
- Remember, we work as a team, you are here to learn, and patients in the ICU can be quite complex
- Make note of specific tasks or issues for your patients that you will need to follow-up or address after rounds

ROUNDING IN THE ICU – EPIC NOTES

This screenshot shows the top navigation bar of the Epic ICU Rounds interface. The tabs include 'Chart Revi...', 'Su...', 'Results', 'Proble...', 'Notes', 'Orders', 'ICU Ro...', and 'Admissi...'. The 'Orders' tab is circled in red. On the left sidebar, under the 'DAILY ROUNDING NOTE' section, the 'Progress Note' option is circled in red.

This screenshot shows the 'Progress Note' section of the Epic ICU Rounds interface. The 'Progress Note' header is circled in red. Below it, there are two buttons: '+ Create Note in NoteWriter' and '+ Create Note'. The text below the buttons reads 'No Progress Notes have been filed for this patient within th...'. The 'Notes' tab in the navigation bar is also visible.

ROUNDING IN THE ICU – EPIC NOTES

The screenshot displays the Epic NoteWriter interface. The top navigation bar includes tabs for Chart Review, Su..., ICU Ro..., Proble..., Orders, Transfer, Results, Notes, and Chart... The 'NoteWriter' tab is active. The main content area is divided into two columns. The left column contains a 'Neurological Review' section with sub-sections: 'Neurological Flowsheet', 'Complete ICU Rounding Report', 'Level of Consciousness' (with a table of states), 'Glasgow Coma Scale' (with a table of scores), and 'Neurological comments' (with a text box containing 'Progressively encephalopathic throughout the day today with asterixes and drowsiness.'). The right column contains a 'Quick Exam' section with checkboxes for 'Normal', 'Unchanged', and 'No deficits', and tables for 'Motor Weakness' (Right and Left) and 'Speech' (Deficit and Status). The right sidebar shows 'My Note' details, including 'Date of Service: 25/12/2022 21:03' and 'Service: Critical Care'. Below this is a 'Systems Review' section with a note: 'This is a partial systems review. For complete clinical documentation please refer to the relevant portions of the electronic chart.' The 'NEUROLOGICAL' section lists 'LOC: Alert, Awake (25/12/22 1100)', 'GCS: 15 E4V5M6 (25/12/22 1100)', and 'RASS: Alert and calm (25/12/22 1100)'. The 'CARDIOVASCULAR' section lists 'NIBP: (!) 143/84(102) [131/70 - 182/75] (25/12/22 1800)', 'ART: 188/78(116) [131/49 - 202/86] (25/12/22 1800)', and 'HR: (!) 113 [82 - 131] (25/12/22 1800) Normal sinus rhythm'. The 'RESPIRATORY' section lists 'O2 Therapy: SpO2: 98 % [94 % - 100 %] (25/12/22 1800)'. The bottom right corner has buttons for 'Pend', 'Share', 'Sign', and 'Cancel'.

Go through each system (neurological, cardiac, respiratory, etc.) as nurse is giving head-to-toe and fill in the relevant details from this information, as well as your own assessment. It is not necessary to have every single domain from each system completed.

ROUNDING IN THE ICU – HOSPITAL COURSE

The screenshot shows the EHR interface for ICU rounds. The top navigation bar includes tabs for Chart Review, Sur..., ICU Ro... (circled in red), Proble..., Orders, Transfer, Results, Notes, Chart..., and Proble... The left sidebar lists various options, with 'Svc Hospital Cou...' (circled in red) selected. The main content area is titled 'Service-Specific Hospital Course' and contains a text editor with the following text:

55M admitted to ICU for pneumonia Dec 11. Medical History: hypertension, dyslipidemia, diabetes. Initially admitted to ward with pneumonia on Dec 10 and started on ceftriaxone but rapid escalation in FiO2 requirements. Transferred to the ICU for high flow Dec 11.

Dec 12: Intubated
Dec 13: Proned
Dec 16: CRRT started for anuria and progressive volume overload
Dec 18: Upper GI bleed, 4x units PRBC, endoscopy showing high risk duodenal ulcer started on panto infusion x72hr

At the bottom, it states 'Last Modified by Alyssa Louis at 25/12/22 1905 (Critical Care)'. There are buttons for 'Close', 'Cancel', 'Previous', and 'Next'.

Update the ICU service-specific hospital course - this should be done at the time of admission **and** populated daily with clinical events!

ROUNDING IN THE ICU – EPIC NOTES

The screenshot displays the Epic EMR interface for ICU Rounds. The top navigation bar includes tabs for Chart, Su..., ICU Ro..., problem..., Orders, Transfer, Results, and Notes. The 'ICU Ro...' tab is circled in red. On the left sidebar, the 'Assessment/Plan' menu item is circled in red. The main content area shows a list of problems under the 'Hospital' tab, which is highlighted by a red arrow. The first problem is 'DKA (diabetic ketoacidosis)' with a priority dropdown menu open, showing options: High, Medium, Low, and Unprioritized. Below this is a 'Preventative health care' problem with a priority of 'Low'. The 'Current Assessment & Plan Note' for the DKA problem contains the following text: 'Jan 13: got treseiba at 16:00, came off insulin infusion at 21:00', 'Jan 14: Gap remains closed but he was nauseated and vomiting this morning.', and 'at noon to ensure gap is still closed. Not quite ready to go home, will re-assess'.

Update the patient's active problem list and ensure that any new problems you add have a "priority" assigned, as "unprioritized" issues will **not** end up in the note!

ROUNDING IN THE ICU – EPIC NOTES

Refresh the smart-links so
that your updated
problem list, course and
vitals populate

Sign off on the progress
note! The note does not
exist in the medical
record until it is signed!

My Note

Note Details

Date of Service: 14/1/2023 16:44

Service: Critical Care

Neurological Cardiac Respiratory

Gastrointestinal Genitourinary Muskuloskeletal

ID Other Assessments Labs Meds

Insert SmartText

ICU Progress Note for 14/1/2023

ICU Day: 1d 7h

ICU Hospital Course

ID 33M presenting with nausea, vomiting DKA from DM1

Jan 13 on insulin infusion, gap closed
Jan 14 On home regimen

Active Problem List and Today's Plan

Problem List as of 14/1/2023

* (Principal) DKA (diabetic ketoacidosis)
Last Assessment & Plan 13/1/2023 Hospi
Jan 13: got treseiba at 16:00, came off
Jan 14: Gap remains closed but he was
today at noon to ensure gap is still clos
afternoon.

Pend Sign Cancel

ICU CONSULTS

- During the day, and on call, you will be notified by your staff or your CCCA about patients that require an ICU consult (in ED, post-op, inter-hospital transfer, patient on the ward, etc.)
- Consults are an excellent learning opportunity!
- This may require you to leave your rounding team, in which case it is your responsibility to ensure any time-sensitive tasks are handed over (i.e. if you were going to call a consulting service after rounds, or your patient needs transfer orders, etc.)

ADMISSION NOTES/DOCUMENTATION

- Admissions/Consults come from: ER, ward, scheduled post op (eg. Thoracic patients), Critical, code stroke service, etc
 - All new consults are supposed to go through attending (if you are called directly, redirect to your staff)
 - **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 + Full set of admission orders in EPIC
- Once you have seen the consult, you **review with staff** – plan for admission, management plans, and orders

ICU CONSULTS

The screenshot displays the Epic Patient Lookup interface. On the left, the 'Available Lists' sidebar is expanded to show 'Units' under 'Oshawa', with 'LHO ED' highlighted. The main window shows the 'Patient Lookup' form with the following fields and options:

- MRN/HCN:
- ID Type:
- First Name:
- Last Name:
- Middle Name:
- Sex:
- DOB:
- Phone #:
- Postal Code:
- Service Area:

Additional options include Use sounds-like and My patients. Buttons at the bottom include Swipe, New, Find Patient, Clear, Accept, and Cancel.

- To find the patient in epic, you can look them up based on location, or perform a manual search

ICU CONSULTS

15/1/23 at 0600 For 3 weeks Specimen Sources - Blood Venous: New

Order and Order Set Search

CONSULT INTENSIVIST

[Browse](#) [Preference List](#) [Facility List](#)

Order Sets & Panels (No results found)

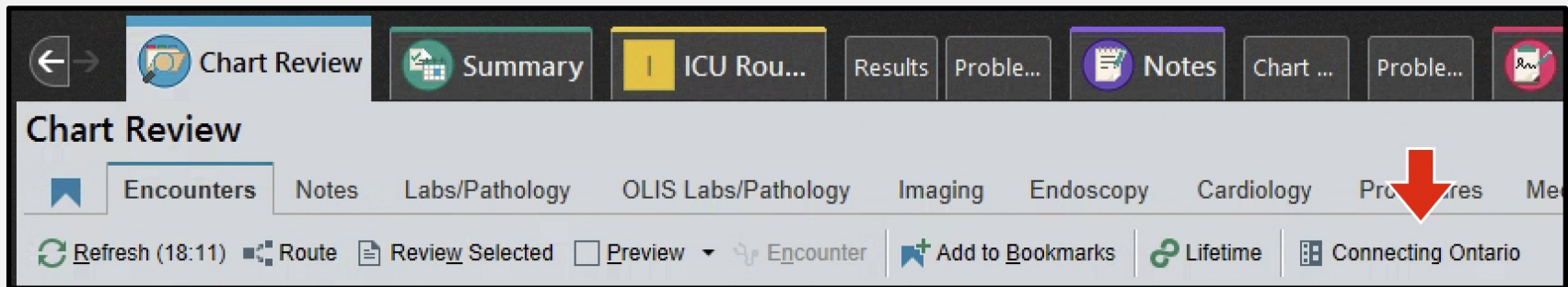
Medications (No results found)

Procedures

Name	Code	Type	Phase of Care	Pref List	Cost to Org
<input type="button" value="🚗"/> Inpatient consult to intensivist	CON6	Consult		CEHC IP GENERAL A...	

- When there is an ICU consult, the consulting service is supposed to place an ICU consult order in epic
- If you do not see an ICU consult order, you must place one so that your note is associated with the order (this is very important)

ICU CONSULTS



- Review all relevant details of the patient's chart, including review of Connecting Ontario, labs, imaging, current orders

ICU CONSULTS

The screenshot displays the EHR interface for the 'Notes' section. The top navigation bar includes tabs for 'Char...', 'Su...', 'ICU Ro...', 'Proble...', 'Orders', 'Transfer', 'Results', 'Notes', 'Chart ...', and 'Proble...'. The 'Notes' tab is active. Below the navigation bar, there are buttons for 'New Note' and 'Create in NoteWriter', with the latter circled in red. A search bar is also present. The main content area shows a list of notes for 'Last Week'. The first note is by Melissa Hamilton, RN, a Nursing Note, dated 14/01 18:51, with a file time of 14/01 19:06, and is marked as 'Incomplete'. The second note is by Daniel James W..., a Physician Hospitalist, dated 14/01 19:06, also marked as 'Incomplete'. A dialog box titled 'Select Note Type & Template' is open, showing a search bar and a table of note types. The search bar is circled in red.

Title	Number
Progress Notes	1
Consults	2
Procedures	3
H&P	4
Discharge Summary	5
Pre-Sedation Documentation	1000013

- When you are ready to make your note, select “Create in Note Writer” And label it as an **“H+P”** if the patient is not yet admitted (i.e. referred from the ED doc) or a **“consult”** if the patient is being transferred from the ward

ICU CONSULTS

The screenshot displays a medical software interface for editing a note. At the top, there are tabs for 'Sidebar Summary', 'Handoff', 'Hospital Course', 'Orders', and 'Edit Note'. Below the tabs, the note title is 'My Note'. The 'Note Details' section shows 'Date of Service: 25/12/2022 20:43' and 'Type: Consults'. The 'Service' is 'Critical Care'. Under 'Consult Orders', there are two entries: 'Inpatient consult to nephrology' (unchecked) and 'Inpatient consult to intensivist' (checked). The 'Inpatient consult to intensivist' entry is highlighted with a red circle. Below the consult orders, there is a rich text editor with a toolbar containing icons for bold, italic, link, and other text formatting options. The 'Reason For Consult' section contains '***', and the 'History Of Present Illness' section contains 'Shekhilele Isakela is a 67 yo female presenting with ***'.

- It is very important to select the associated consult order! If there is no consult order to intensivist, you must place an order and associate it with the note

ICU CONSULTS

Problem-Oriented Assessment/Plan

Search for new problem **+ Add** DxReference

View Drug-Disease Interactions Show: Past Problems

Diagnosis Hospital Principal Sort Priority

Hospital (Problems being addressed during this admission)

Respiratory failure High

Details Code: J96.99 Noted: 24/7/2022 Share w/ Pt: Updated: Today Zamir, Nasim

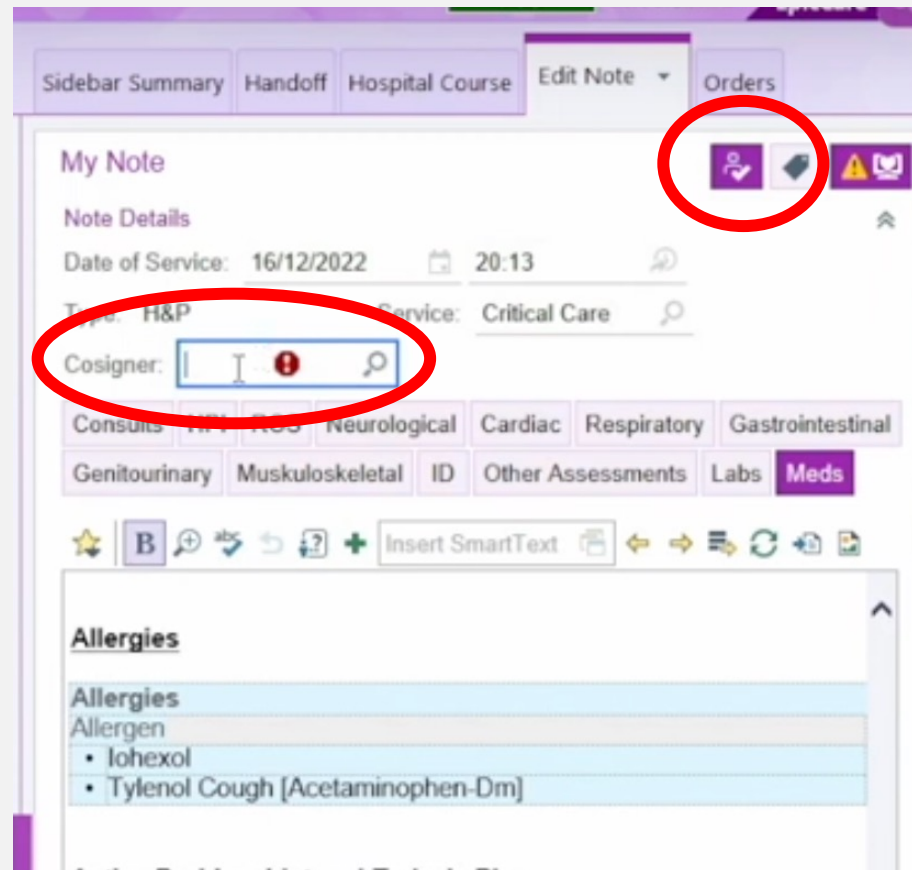
+ Overview

Current Assessment & Plan Note Edited: Nasim Zamir **Today**

Keep off vent - monitor 4 am vbg - episodes of apnea; daily vbg for 5 days with prn
Initially admitted aspiration pneumonia - prolonged ventilation; concern re central apnea
Not good candidate for bipap due to risk aspiration
Has been on night time ventilation
Will trial with extending off vent 1-2 hours with gases in between to see if returns to baseline prior to admission

- Create the problem list ensuring that all issues have an assigned priority
- The diamond icon indicates the “principal” problem

ICU CONSULTS



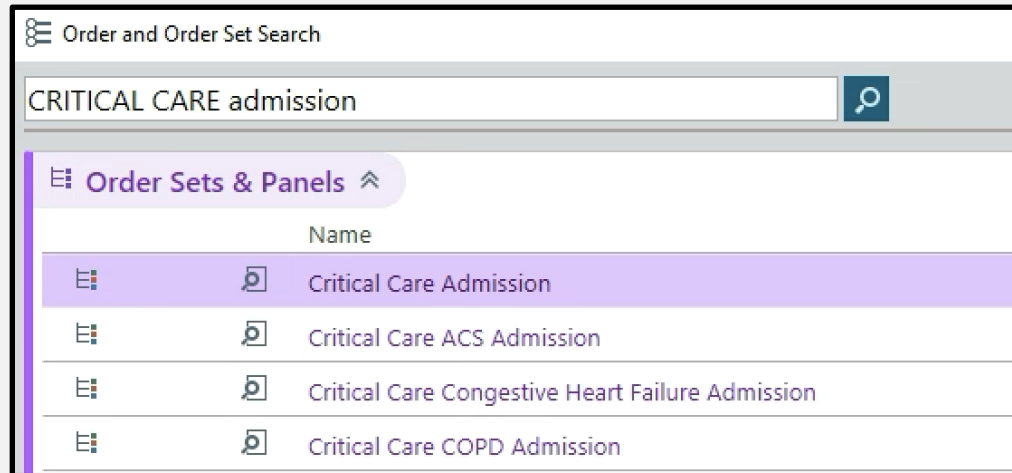
- When you are done the consult note, make sure to refresh the problem list area so that it is updated
- Request cosign from the attending you have reviewed with and sign off on the note

ICU CONSULTS

The screenshot shows an EHR interface with a top navigation bar containing tabs for Chart Review, Sur..., ICU Ro..., Proble..., Orders, Transfer, Results, Notes, Chart..., and Proble... The 'ICU Ro...' tab is circled in red. On the left, the 'ICU Rounds' sidebar lists various options, with 'Svc Hospital Cou...' circled in red. The main content area is titled 'Service-Specific Hospital Course' and contains a text editor with the following text: '55M admitted to ICU for pneumonia Dec 11. Medical History: hypertension, dyslipidemia, diabetes. Initially admitted to ward with pneumonia on Dec 10 and started on ceftriaxone but rapid escalation in FiO2 requirements. Transferred to the ICU for high flow Dec 11.' At the bottom of the editor, it says 'Last Modified by Alyssa Louis at 25/12/22 1905 (Critical Care)'. There are 'Close' and 'Cancel' buttons at the bottom left, and 'Previous' and 'Next' buttons at the bottom right.

- Add the brief story to the ICU service specific hospital course

ADMITTING PATIENTS TO THE ICU FROM THE ED



- All orders are done via epic, and there are specific order sets for a variety of common presentations – select the one most appropriate for your patient

ADMITTING PATIENTS TO THE ICU

Orders Clear All Orders

Critical Care Admission Manage User Versions Remove Order Sets

▼ **ADMISSION**

▼ Admission

Admit to Acute IP
⚠ Service: Critical Care, Level of care: Intensive Care, Chest pain

▼ **PRECAUTIONS**

Admit to Acute IP Accept Cancel


Service: Critical Care

Level of care: Intensive Care
Acute Intensive Care Complex Continuing Care Rehab ALC
ALC - Complex Continuing Care (NTLD) ALC - Long Term Care Stepdown

⚠ Estimated length of stay: ⚠ days

Diagnosis: Chest pain

Admitting provider:

⚠ Attending provider: 

Bed Type:

Comments: Insert SmartText 100%

- Populate the required fields

ADMITTING PATIENTS TO THE ICU FROM THE WARD

The screenshot displays the 'Transfer' tab in a medical software interface. The top navigation bar includes tabs for 'Chart Re...', 'Su...', 'ICU...', 'Results', 'Proble...', 'Notes', 'Chart ...', 'Proble...', 'Orders', and 'Transfer'. The 'Transfer' tab is highlighted with a red arrow. The main content area is divided into several sections:

- BestPractice Advisories:** A section with a refresh icon and the text 'No advisories to address.'
- Problem List:** A section with a refresh icon and a '+ Care Coordination Note' button. It contains a table of diagnoses with columns for 'Diagnosis', 'Hospital', 'Principal', 'Sort Priority', and 'Updated'. The table lists four diagnoses: 'Intracerebral hemorrhage', 'Superficial thrombophlebitis', 'Delirium', and 'Discharge planning issues'. Each row includes a 'Create Overview' button and a 'Mark as Reviewed' checkbox. A 'Last Reviewed by' field shows 'on 11/8/2022 at 12:48'.
- Transfer Notes:** A section with a refresh icon and a '+ Create Note in NoteWriter' dropdown menu. It includes a '+ Create Note' button and a 'Standard 1' dropdown. Below the buttons, it states 'No Progress Notes have been filed for this patient within the last 24 hours.' A red arrow points to the 'Transfer Notes' section.
- Transfer Orders:** A section with a refresh icon and a 'Go to Transfer Orders' button. A red arrow points to this button.

- When transferring a patient to the ICU from the ward, use the transfer tab first to reconcile and clean up orders that are no longer relevant (e.g. your patient who is in hemorrhagic shock will still have their amlodipine ordered if you don't reconcile their prior orders)

TRANSFERS OUT OF ICU

- ICU transfers can occur at any time of day
- When you identify that your patient is stable to be transferred to the ward, place an order and notify the patient's nurse or charge
- Complete and initiate the transfer orders ASAP (it is bad for the patients to have the on-call doing this for patients they are less familiar with – transfers are a big source of medical error)
- When a bed is available, and transfer is imminent the nurse will notify you of the ward the patient is going to
 - double check the transfer orders to ensure no new meds/orders require reconciliation – sometimes the original transfer orders were done *days* prior to transfer
 - Page the hospitalist staff covering the ward they are going to to provide verbal handover “doc to doc” before the patient leaves the ICU **EXCEPT** post op thoracic patients, **DO NOT** call the thoracic surgeons

TRANSFERS OUT OF THE ICU

The screenshot displays a medical software interface for managing orders. At the top, a navigation bar includes tabs for 'Chart Review', 'Sum...', 'ICU Ro...', 'Proble...', 'Orders', 'Transfer', 'Results', 'Notes', and 'Transf...'. The 'Transf...' tab is highlighted with a red circle. Below the navigation bar, the 'Transfer Orders' section is active, showing a list of scheduled orders. The orders include:

- amLODIPine (NORVASC) tablet 5 mg: 5 mg, oral, Daily, First dose on Sat 24/12/22 at 1825. Actions: Continue, Discontinue, Modify.
- dalteparin (FRAGMIN) pre-filled syringe 5,000 Units: 5,000 Units, subcutaneous, Nightly, First dose on Sun 25/12/22 at 2100. Actions: Continue, Discontinue, Modify.
- desmopressin (DDAVP) 2 mcg in sodium chloride 0.9 % 50 mL IVPB: 2 mcg, intravenous, at 111 mL/hr, Administer over 30 Minutes, Every 8 hours, First dose (after last modification) on Sun 25/12/22 at 1145. Infuse entire contents for full dose. Actions: Continue, Discontinue, Modify.
- insulin glargine (LANTUS,BASAGLAR) 100 unit/mL pen 5 Units: 5 Units, subcutaneous, Nightly, First dose on Sat 24/12/22 at 2100. Actions: Continue, Discontinue, Modify.
- insulin lispro (HUMALOG,ADMELOG) 100 unit/mL pen 0-4 Units: 0-4 Units, subcutaneous, Every 6 hours, First dose on Sat 24/12/22 at 1800. Insulin Sensitive (LOW dose) supplemental/correction scale Please apply the insulin supplemental/correction scale regardless of intake. Blood Glucose 4 mmol/L or below, additional instructions: Follow hypoglycemia protocol. Blood Glucose 4.1-10 mmol/L: 0. Blood Glucose 10.1-12 mmol/L: 1. Blood Glucose 12.1-16 mmol/L: 2. Blood Glucose 16.1-18 mmol/L: 3. Blood Glucose 18.1-20 mmol/L: 4. Blood Glucose 20.1 mmol/L and above, additional instructions: Call MD. Actions: Continue, Discontinue, Modify.
- irbesartan (AVAPRO) tablet 300 mg: 300 mg, oral, Daily, First dose on Sun 25/12/22 at 1045. Actions: Continue, Discontinue, Modify.
- magnesium complex elemental tablet 100 mg: 100 mg, oral, Daily with lunch, First dose on Sun 25/12/22 at 1200. Actions: Continue, Discontinue, Modify.
- magnesium sulfate in 50 mL NS (premix/compounded) IVPB 2 g: 2 g, intravenous, at 59 mL/hr, Administer over 60 Minutes, Every 1 hour, First dose on Sun 25/12/22 at 1300, For 3 doses. Magnesium Date Value Ref Range Status 25/12/2022 0.34 (LL) 0.66 - 1.07 mm* Final Comment: Test repeated and results confirmed. The following critical results were read back and acknowledged by KK by SA on 25DEC2022 AT 1223 -----
Order is complete. Action: Reorder.
- pantoprazole (PANTOLOC) injection 40 mg: 40 mg, intravenous, Once, On Sat 24/12/22 at 2310, For 1 dose. Reconstitute with 10 mL of 0.9% NaCl. Order is complete. Action: Reorder.
- potassium chloride (K-10) solution 40 mmol: 40 mmol, oral, Once, On Sun 25/12/22 at 1245, For 1 dose. Action: Reorder.

On the right side, there is a 'Transfer Order Rec' section with a search bar and a 'New' button. Below it, a red banner indicates 'Review Current Orders is incomplete.' A 'New Orders' section lists 'Transfer patient' and 'CCRT Consult'. At the bottom right, there are buttons for 'Remove All', 'Save Work', and 'Sign & Hold - Will Be Initiated by Receiving'.

- Please use the transfer tab and reconcile all orders

ICU TRANSFERS

The screenshot displays a medical software interface for managing ICU transfers. The main section, titled "Transfer Orders", lists various orders under the "Nursing" category. A red circle highlights the "Discontinue" buttons for several "CE-CIS Critical Care Electrolyte Protocol" orders (Calcium, Magnesium, Phosphate, Potassium). The right sidebar shows a "Transfer Order Rec" section with a "Review Current Orders is incomplete" warning and a list of orders. At the bottom right, there are buttons for "Remove All", "Save Work", and "Sign & Hold - Will Be Initiated by Receiving Unit".

- Ensure to discontinue orders that are labelled “critical care” including electrolyte replacement as well as sedative infusions, PRN fentanyl orders, electrolyte replacement protocols and vasopressors

ICU TRANSFERS

The screenshot shows a software interface for managing vital signs. At the top, there is a purple header with the text 'Vital signs' and buttons for 'Accept' and 'Cancel'. Below this, the 'Priority' is set to 'Routine' and the 'Frequency' is set to 'Every 1 hour'. A red circle highlights the 'q4h' option in the frequency dropdown menu. The 'Starting' date is '16/1/2023' with 'Today' and 'Tomorrow' buttons. The 'Next Occurrence' is set to 'As Scheduled'. The 'First Occurrence' is 'Today 2100'. The 'Comments' field contains 'HR, RR, BP, SpO2'. At the bottom, there is a purple bar with 'Next Required' and 'Accept/Cancel' buttons. Below that, a yellow bar shows 'Every shift, First occurrence on Sat 14/1/23 at 0613'. A purple bar at the bottom contains 'Vital signs', 'Every 1 hour, First occurrence today at 2100', 'HR, RR, BP, SpO2', and buttons for 'Continue', 'Discontinue', and 'Modify'. A red circle highlights the 'Modify' button.

- Change vital signs to Q4h
- Discontinue continuous cardiac monitoring (unless your patient actually needs telemetry on the ward)

ICU TRANSFERS

Transfer patient

Service:

Level of care: **Acute** Intensive Care
ALC - Complex Contini

Unit:

Bed Type:

CCRT Consult

Critical Care Response Team Follow-up
Follow-Up Type: 48h ICU discharge follow-up
Reason for Consult: post ICU discharge.

Priority: STA

Frequency: **Once**

At
 Today Tomorrow

Follow-Up Type: **48h ICU discharge follow-up** New cc

Reason for Consult:

Comments: [+ Add Comments](#)

[✕ Remove All](#)

[✔ Save Work](#)

[✔ Sign & Hold - Will Be Initiated by Receiving Unit](#)

- Complete all relevant fields, and then click sign and hold so that the nurse receiving the patient can initiate them when they arrive at their new unit

ICU DISCHARGES HOME

The screenshot displays the Epic EHR interface. At the top, a navigation bar contains several tabs: Chart Re..., Su..., Results, Proble..., Notes, Orders, ICU Ro..., Adm...ission, and Discharge. The Discharge tab is circled in red. Below this, a sub-menu is visible with options: Discharge (circled in red), Discharge Readmit, Discharge as Deceased, and Leave of Absence. On the left side, a vertical menu lists various options, including Discharge Orders (circled in red). The main content area is titled 'D/C Instuctions' and provides instructions on how to use the Discharge Navigator and Discharge Readmit Navigator.

Use the Discharge Navigator to:

- Discharge a patient to home
- Cross organizational transfers within Central East (ex: PRHC to RMH)
 - Place the 'discharge patient' and the 'cross facility transfer' orders
 - Note: If the patient is received within 72 hours at the new organization, orders can be restarted from admission.
- Cross organizational transfers to outside hospital that is not within the same instance of Epic (example: L...)
 - Place the 'discharge patient' and the 'cross facility transfer' orders

Use the Discharge Readmit Navigator to:

- Cross-hospital site transfers within the same organization (ex: SHG to SHB or LHPP to LHB).
- Transfer to/from an "exempt" unit within the same hospital (ex: Acute IP to Mental Health at LHO or Me Rehab at LHO).

- Please use the discharge tab and discharge orders

ICU DISCHARGES – TO ANOTHER LAKERIDGE HOSPITAL, PSYCHIATRY OR PALLIATIVE

The screenshot displays the 'Discharge' section of a medical software interface. At the top, there is a navigation bar with tabs for 'Chart Revi...', 'Su...', 'Results', 'Proble...', 'Notes', 'Orders', 'ICU Ro...', 'Admission', 'Transfer', and 'Discharge'. Below this, the 'Discharge' section is active, showing options: 'Discharge', 'Discharge Readmit' (circled in red), 'Discharge as Deceased', and 'Leave of Absence'. A left sidebar contains a 'REVIEW' section with items: 'D/C Instructions', 'DISCHARGE READMIT ORDERS', 'D/C Readmit Ord...' (circled in red), 'DISCHARGE DOCUMENTATION', and 'Problem List'. The main content area is titled 'D/C Instructions' and includes the heading 'Use the Discharge Navigator to:' followed by a bulleted list of instructions for discharging patients to home or for cross-organizational transfers within Central East.

Use the Discharge Navigator to:

- Discharge a patient to home
- Cross organizational transfers within Central East (ex: PRHC to RMH)
 - Place the 'discharge patient' and the 'cross facility transfer' orders
 - Note: If the patient is received within 72 hours at the new organization, orders can be restarted from previous admission.

- Use the "discharge readmit" for transfers to another lakeridge affiliated hospital/ICU, psychiatry or palliative care unit

ICU DISCHARGES – DECEASED

The screenshot shows a medical software interface with a top navigation bar containing icons for Chart Review, Surgery, Results, Problems, Notes, Orders, ICU Room, Admission, Transfer, and Discharge. The 'Discharge' menu is open, showing options: Discharge, Discharge Readmit, Discharge as Deceased (circled in red), and Leave of Absence. Below the menu, there is a 'D/C Instructions' section with the following text:

Use the Discharge Navigator to:

- Discharge a patient to home
- Cross organizational transfers within Central East (ex: PRHC to RMH)
 - Place the 'discharge patient' and the 'cross facility transfer' orders
 - Note: If the patient is received within 72 hours at the new organization, orders can be restarted from previous admission.

- Please complete your death pronouncement note as a progress note
- Complete a death certificate (unless it is a coroner's case)
- Discharge as deceased for patients who died

PATIENT LIST





















Patient Lists

Edit List | Write Handoff | Add to Reminder List

My Lists

- My Consults
- My Patients
- Shared Patient Lists
 - *LHO ICU LIST 34

LHO ICU LIST 34 Patients Refreshed just now

Patient Name	Primary Problem	To Do On Call	Unsigned Orders - All Users	ICU LOS	Admit Date	Code Status	MD Notifications	Cosign Ord	Resp	O2 Therapy	Isolation/Info
LHO CCU / 163 / 163-01	Cardiac arrest, unspecified (Principal Hospital Problem)	—		3d 15h	13/01/2...	NO CPR	 			Ventilator	—
LHO CCU / 187 / 187-01	Altered level of consciousness (Principal Hospital...)	—		1d 9h	15/01/2...	FULL	 	—		Ventilator	COVID-1...
LHO CCU / 195 / 195-01	Trauma (Principal Hospital Problem)	—		7d 14h	10/01/2...	FULL	 		—	Nasal cannula	—
LHO CCU / 161 / 161-01	Respiratory failure (Principal Hospital Problem)	—	—	5d 2h	26/08/2...	FULL	 	 	—	HHFNC	—
LHO CCU / 165 / 165-01	Acute hypoxemic respiratory failure (Principal Hospital...)	—	—	5d 3h	12/01/2...	FULL	 		—	Nasal cannula	—

- Please regularly check the patient list to see if there are notifications about new or suggested orders (i.e. from consulting services, nursing staff, etc.)
- This is especially important to check during your call shifts

ON CALL

- You are never “alone” there are many layers of backup to support you!
- Usually 2 residents and CCCA on per night (in house), along with one ICU staff (at home, or in-house if no CCCA)
 - Your call schedule was finalized weeks before start of the block
 - Further changes need pre-approval by Dr. Sridhar/Katelyn Barker
 - Notify Dr. Sridhar/ Katelyn Barker of any potential changes ASAP

ON CALL

- 4pm : Sign out in conference room
 - Cover the main 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 the CCCA or attending staff on call prior to making admission decisions
- ~9pm: Tuck-in rounds with Charge RN
 - Walk bed to bed in main unit and satellite on F6 and address issues, order bloodwork
 - Then review w/ staff via phone if necessary
 - If significant change to patient status/management plan – write a quick progress note in chart
- Call rooms are located outside the main ICU (room 220 and room 222)
- 8am post call morning in conference room
 - Bring the set of new patient lists (from POD 3 clerk's desk) to the conference room



ON CALL

- Carry your pager at all times – this is how you will be contacted via locating
- At night, page CCCA/staff with any concerns and to review new patients (locating also has our cellphone #s if needed)
- Your staff is available 24/7, you can contact them directly as required for support, even on nights when there is a CCCA (and if there are any issues or conflicts that arise that you feel need additional review, reach out to Dr. Sridhar)
- 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
- If there are any “big changes” in a patient’s status overnight, please write a brief note in EPIC (i.e. new GI bleed, unplanned extubation, seizure, etc.)
- If you are planning to page a subspecialist for a consult overnight, please discuss this with your staff

CODE BLUE

- The CCCA is the code blue team leader outside of the ICU, and the ED staff is the code blue team leader for any 1st floor codes
- As the resident, 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 (this is a good learning opportunity!)
- You **are responsible** to attend to Code Blue calls in the ICU

PROCEDURE NOTE

The screenshot displays the EPIC Notes interface. At the top, there is a navigation bar with icons for 'Chart Revi...', 'Su...', 'Results', 'Proble...', and 'Notes'. Below this, the 'Notes' section includes a toolbar with 'New Note', 'Create in NoteWriter', 'Filter', 'Load All', and 'Show My Notes'. A tooltip indicates 'Create a new note in NoteWriter (Alt+W)'. The 'NoteWriter' interface is open, showing a 'Procedures' tab. Under 'Select Procedures', there are fields for 'Performing provider' and 'Authorizing provider', both set to 'Keith Gunaratne, MD'. A grid of procedure buttons is visible, with a 'More Procedures' button circled in red. Below the grid, 'Current Orders' are listed: 'ECG 12 lead', 'Discontinue Arterial Line', and 'Remove CVAD (excluding cuffed, dialysis, tunneled)'. On the right, the 'Select Note Type & Template' dialog box is open, showing 'Procedures' in the 'Select a note type:' field and 'PROCEDURE NOTE' selected in the 'Select a NoteWriter template:' field. 'Accept' and 'Cancel' buttons are at the bottom of the dialog.

Select Note Type & Template

Select a note type:
Procedures

Select a NoteWriter template:
 PROCEDURE NOTE

Accept Cancel

NoteWriter

Procedures

Select Procedures

New Procedure

Performing provider: Keith Gunaratne, MD

Authorizing provider: Keith Gunaratne, MD

Thoracentesis	Allergy skin tests alle...	Ingestion challenge t...	Patch or application t...	Nasal airway
Pacemaker external	Immunotherapy pres...	Biopsy	Biopsy lower leg	Biopsy bone marrow
Biopsy endometrial	Biopsy soft tissue of...	Phlebotomy therape...	Cast application	Sebridement and im...
Injection tendon or li...	Wound closure utilizi...	Laceration repair of s...	Laceration repair of...	More Procedures

Current Orders

- + ECG 12 lead ordered by
- + Discontinue Arterial Line ordered by
- + Remove CVAD (excluding cuffed, dialysis, tunneled)

Procedure	
CENTRAL LINE INSERTION	40663
LUMBAR PUNCTURE	72362
ARTERIAL LINE INSERTION	41459

- You must document all procedures in EPIC – use the search to find the correct template for central line, arterial line, etc.

COVID

The screenshot displays a medical orders interface. The top navigation bar includes 'Orders' and 'Transfer Results Notes Chart ...'. Below this, the 'Orders' section is active, showing a 'COVID Swabs Panel' with the following items checked:

- COVID Swabs and Risk Stratification
 - COVID Positive
 - COVID Risk: High
 - COVID Risk Stratification
Until discontinued, Starting today at 1021, Until Specified
COVID Risk Stratification: High
 - PCR, SHL Respiratory Panel
Urgent, today at 1021, For 1 occurrence
Swab, Nasopharynx
 - Initiate contact isolation
Continuous, Starting today at 1021, Until Specified
 - Initiate droplet isolation
Continuous, Starting today at 1021, Until Specified
 - Initiate N95 Required isolation
Continuous, Starting today at 1021, Until Specified
Reason: (combine with Droplet and Contact as appropriate): COVID
 - COVID Risk: Low/Moderate
 - COVID Risk: Screening/Asymptomatic OR Ambulatory

Below the COVID Swabs Panel, there is a 'Next Required' section and a 'Respiratory' section with 'Oxygen Therapy -' listed. The bottom right of the interface shows 'Remove All', 'Save Work', and 'Sign' buttons.

On the right side, the 'New Orders' section is visible, with 'COVID Swabs Panel' circled in red. It lists the same items as the main panel, including 'COVID Risk Stratification', 'PCR, SHL Respiratory Panel', 'Initiate contact isolation', 'Initiate droplet isolation', and 'Initiate N95 Required isolation'.

- Every patient being admitted to the ICU needs a “COVID swabs Panel” and a risk level ordered
- Surgical masks must be **worn at all times** in the hospital and we cannot eat or drink coffee in the conference room
- Follow Lakeridge Health IPAC guidelines/PPE signage for all patient interactions/procedures

WHAT TO DO IF YOU ARE SICK

- If you develop any symptoms of illness or become aware you have had a high-risk exposure to COVID-19 **do not come to work**
- Notify your staff, as well as:
 - Education Lead Dr. K. Sridhar: ksridhar@lh.ca
 - Site Coordinator Katelyn Barker: lhregional@queensu.ca
 - Occupational Health: OHnurses@lh.ca



PGY I IM – AIRWAY / ICU ROTATION

- Scheduled for 2 OR days and 1 RT day
- OR days
 - Must wear lakeridge hospital issued scrubs (if you need access to the scrubs/changeroom, ask at the OR desk)
 - You must be changed and ready to go by 7:15am
 - Goal is to rotate between multiple ORs to maximize airway management experience
 - You are not expected to come to the ICU on your OR day (if you are on call that night, please come for handover at 4pm)
 - Coordinator is Dr. Sam Walsh
- RT day
 - Meet at the ICU RT office room 2-207 outside of POD 1 entrance after handover/morning lecture
 - Knock on the door and let them know you are the resident doing your RT day and they will buddy you with an RT



HAVE A GREAT ROTATION!

- We look forward to having you on our team this block and genuinely hope you have an amazing experience here
- We are happy to complete EPAS (please send them within the week you worked with the staff and remind us if incomplete!)
- Please contact your staff or Dr. Sridhar (ksridhar@lh.ca) with any concerns, questions or feedback