



**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

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 ↻ Search All LHC

Patient Name	Primary Problem	To Do On Call	Unsigner Orders - All Users ▲	ICU OS	Admit Date	Code Status	MD Notifications	Cosign Ord	Resp	O2 Therapy	Isolation/Infe
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...)	—		d 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	—

- You will be given access to the “LHO ICU LIST” which includes a column for orders requiring co-signature (i.e. from consulting services, nursing staff, etc.)
- This **must** be checked regularly, especially on-call

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 team-mates
- The team will review the labs, micro, imaging and any other investigations
- Medication review with the team pharmacist

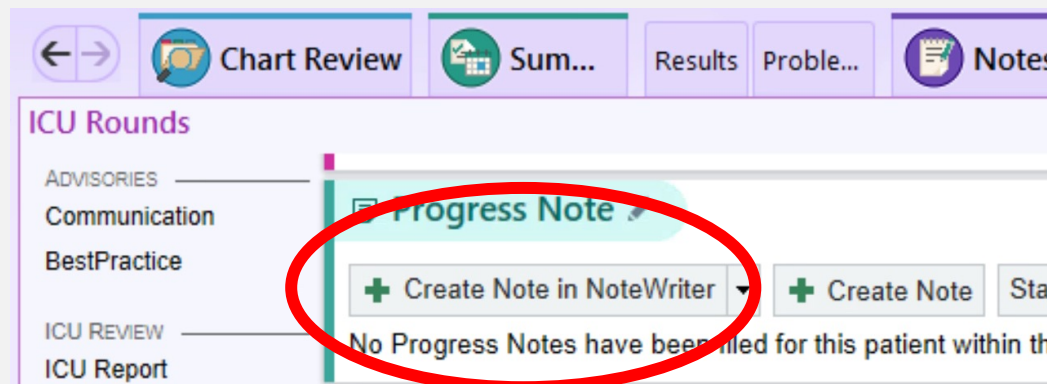
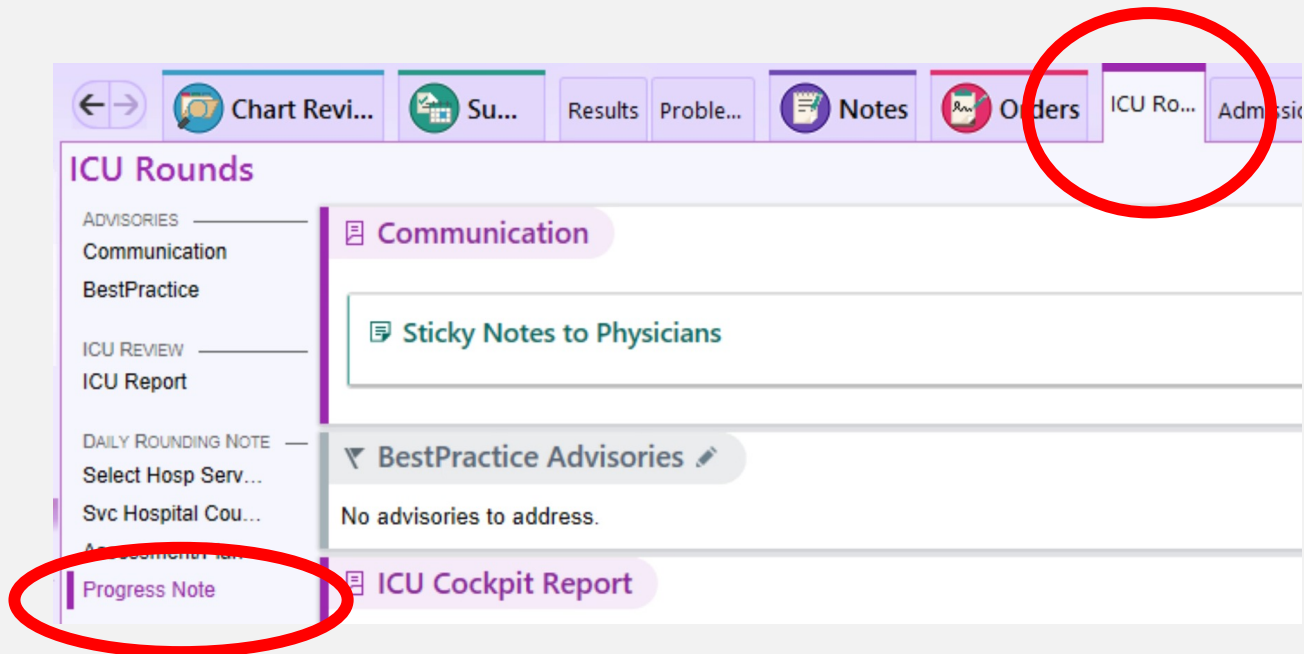
ROUNDING IN THE ICU

- 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



ROUNDING IN THE ICU – EPIC NOTES

NoteWriter

Neurological Review

Neurological Flowsheet
Complete ICU Rounding Report

Level of Consciousness

alert	awake	drowsy
rousable	sedated	obtunded
unresponsive	responding to voice	responding to pain
obeying commands	confused	agitated

Glasgow Coma Scale

Eyes	1	2	3	4		
Verbal	1	2	3	4	5	
Motor	1	2	3	4	5	6

GCS 15

Neurological comments

Progressively encephalopathic throughout the day today with asterixes and drowsiness.

Quick Exam

☐ Normal ☐ Unchanged ☐ No deficits

Motor Weakness ☐ generalized

Right	improving	improved	persistent
	fluctuating	worsening	dense
Left	improving	improved	persistent
	fluctuating	worsening	dense

Speech

Deficit	global aphasia	expressive aphasia	
	receptive aphasia	dysarthria	
Status	improving	improved	resolved
	persistent	worsening	

My Note

Note Details
Date of Service: 25/12/2022 21:03 Service: Critical Care

Neurological Cardiac Respiratory Gastrointestinal Genitourinary Musculoskeletal ID

Systems Review
This is a partial systems review. For complete clinical documentation please refer to the relevant portions of the electronic chart.

NEUROLOGICAL

LOC: Alert, Awake (25/12/22 1100)
GCS: 15 E4V5M6 (25/12/22 1100)
RASS: Alert and calm (25/12/22 1100)

Neurological: GCS eye subscore is 4. GCS verbal subscore is 4. GCS motor subscore is 6.
Progressively encephalopathic throughout the day today

CARDIOVASCULAR
NIBP: (!) 143/84(102) [131/70 - 182/75] (25/12/22 1800)
ART: 188/78(116) [131/49 - 202/86] (25/12/22 1800)
HR: (!) 113 [82 - 131] (25/12/22 1800) Normal sinus rhythm

No additional cardiovascular exam/comments.

Arterial Line 25/12/22 Left Radial (Active)
Number of days: 0

RESPIRATORY
O2 Therapy: SpO2: 98 % [94 % - 100 %] (25/12/22 1800)

Pend Share Sign 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 displays the 'ICU Rounds' interface. The top navigation bar includes tabs for 'Chart Review', 'Sur...', 'ICU Ro...' (highlighted with a red circle), 'Proble...', 'Orders', 'Transfer', 'Results', 'Notes', 'Chart ...', and 'Proble...'. The left sidebar lists various options: 'ADVISORIES', 'Communication', 'BestPractice', 'ICU REVIEW', 'ICU Report', 'DAILY ROUNDING NOTE', 'Select User Group', 'Svc Hospital Cou...' (highlighted with a red circle), 'Assessment Plan', 'Progress Note', 'DAILY ROUNDING ORDERS', 'Cosign Orders', and 'Go to Orders'. 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, there are buttons for 'Close', 'Cancel', 'Previous', and 'Next'. A status bar at the bottom indicates 'Last Modified by Alyssa Louis at 25/12/22 1905 (Critical Care)'.

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 ICU Rounds interface. The top navigation bar includes tabs for Chart, Su..., ICU Ro... (circled in red), problem..., Orders, Transfer, Results, Notes, and Chart ... A red arrow points from the 'ICU Ro...' tab to the 'Hospital (Problems being addressed during this admission)' section. The left sidebar contains a list of options, with 'Assessment/Plan' circled in red. The main content area shows a list of problems. The first problem is 'DKA (diabetic ketoacidosis)' with a status of 'High' (indicated by a blue diamond). A dropdown menu is open next to it, showing options: High, Medium, Low, and Unprioritized. Below this, there is a section for 'Preventative health care' with a status of 'Low' (indicated by a blue diamond). This section includes details for 'DVT prophylaxis 7500 dalteparin', 'Clear fluid diet', 'Listed for ward Jan 14', and 'Full code'. The 'Current Assessment & Plan Note' for both sections is edited by Alyssa Louis today. The note for DKA includes: 'Jan 13: got treseiba at 16:00, came off insulin infusion at 21:00' and 'Jan 14: Gap remains closed but he was nauseated and vomiting this morning. at noon to ensure gap is still closed. Not quite ready to go home, will re-assess'.

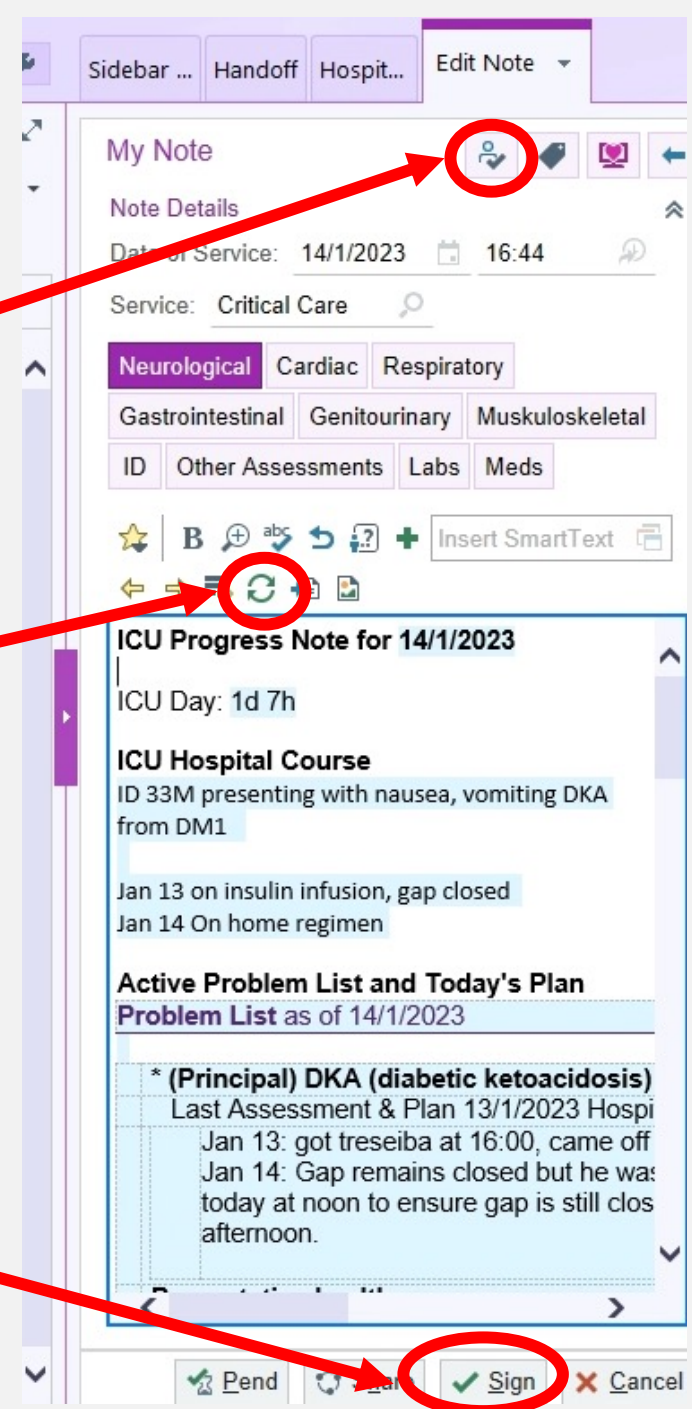
Update the patient's active problem list and ensure that any new problems you add have a "priority" assigned, as "unprioritized" issues will **not** end up in the note!

ROUNDING IN THE ICU – EPIC NOTES

Assign your staff to co-sign the note

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!



The screenshot displays the Epic 'My Note' interface for an ICU Progress Note dated 14/1/2023 at 16:44. The note is for a patient in Critical Care, with tabs for Neurological, Cardiac, Respiratory, Gastrointestinal, Genitourinary, and Musculoskeletal. The 'Neurological' tab is selected. The note content includes 'ICU Progress Note for 14/1/2023', 'ICU Day: 1d 7h', 'ICU Hospital Course' (ID 33M presenting with nausea, vomiting DKA from DM1), and 'Active Problem List and Today's Plan'. The problem list includes '(Principal) DKA (diabetic ketoacidosis)' with a last assessment and plan from 13/1/2023. The note is currently in a 'Pend' (pending) state, and the 'Sign' button is highlighted with a red circle and arrow.

My Note

Note Details

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

Service: Critical Care

Neurological Cardiac Respiratory

Gastrointestinal Genitourinary Musculoskeletal

ID Other Assessments Labs Meds

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 shows the Epic Patient Lookup interface. On the left, the 'Available Lists' sidebar is visible, with 'LHO ED' highlighted by a red arrow. The top navigation bar includes 'Epic', 'Patient Movement Guide', 'Dragon Log-In', and 'Patient Lookup', with a red arrow pointing to 'Patient Lookup'. The main window displays the 'Patient Search' form, which includes a search instruction: 'Search for patients using their 10 digit HCN in the MRN/HCN field and Select the ID TYPE of the HCN. To create a new patient you must enter the patient's first name, last name, sex, DOB, and phone number.' The form fields are: MRN/HCN, First Name, Last Name, Middle Name, Sex, DOB, Phone #, and Postal Code. The 'ID Type' is set to 'ONTARIO HEALTH CARD NUMBER'. There are also checkboxes for 'Use sounds-like' and 'My patients', and buttons for '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) Search order sets by user

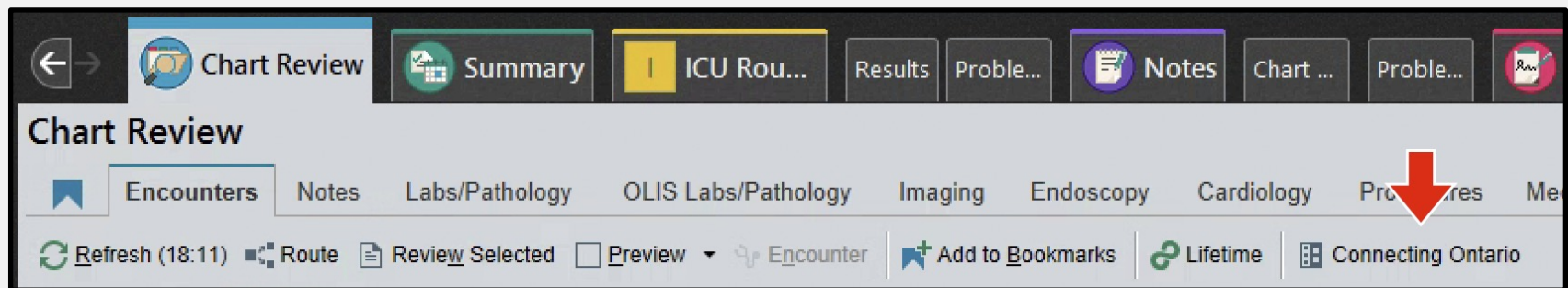
Medications (No results found)

Procedures

Name	Code	Type	Phase of Care	Pref List	Cost to Org
 Inpatient consult to intensivist	CON6	Consult		CEHC IP GENERAL A...	

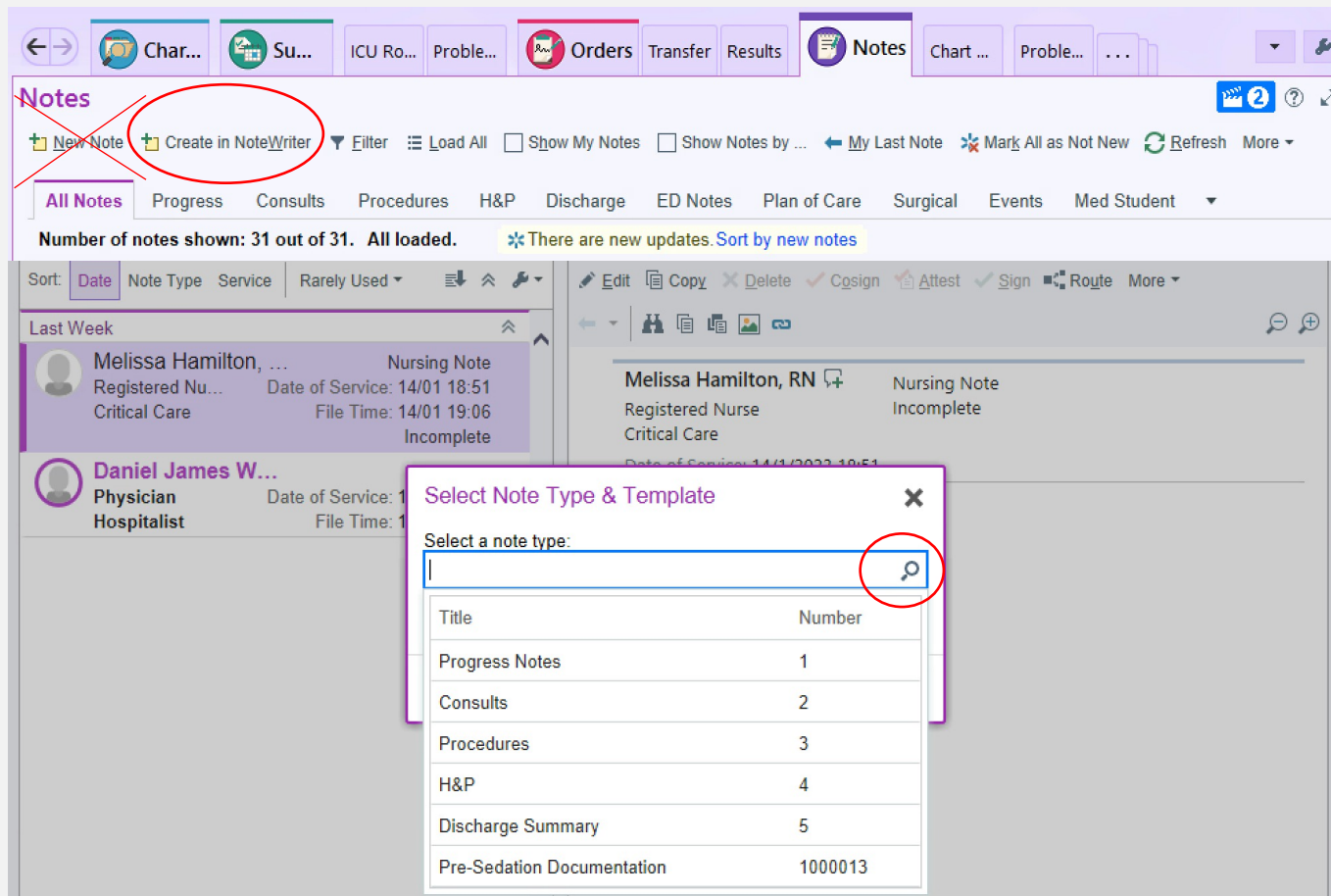
- When there is an ICU consult, the consulting service is supposed to place an ICU consult order in epic
- If you do not see an ICU consult order, you must place one so that your note is associated with the order (this is very important)

ICU CONSULTS



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

ICU CONSULTS



- 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 with a top navigation bar containing tabs: 'Sidebar Summary', 'Handoff', 'Hospital Course', 'Orders', and 'Edit Note'. Below the navigation bar, the 'My Note' section is visible, including 'Note Details' with fields for 'Date of Service' (25/12/2022, 20:43), 'Type' (Consults), and 'Service' (Critical Care). The 'Consult Orders' section lists two items: 'Inpatient consult to nephrology' (24/12/22 1647) and 'Inpatient consult to intensivist' (24/12/22 1559). The second item is selected, indicated by a red circle and a blue highlight. Below the list is a rich text editor with a toolbar and a 'Reason For Consult' section containing three asterisks (***). The 'History Of Present Illness' section is partially visible at the bottom.

My Note

Note Details

Date of Service: 25/12/2022 20:43 Type: Consults Service: Critical Care

Consult Orders

☐ Inpatient consult to nephrology 24/12/22 1647

☒ Inpatient consult to intensivist 24/12/22 1559

Reason For Consult

History Of Present Illness

Shashikala Jagdele is a 67 y.o. 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

The screenshot displays the 'Problem-Oriented Assessment/Plan' interface. At the top, there is a search bar with 'Search for new problem', an '+ Add' button, and a 'DxReference' link. To the right, there are links for 'View Drug-Disease Interactions' and a 'Show: ☐ Past Problems' toggle. Below this, a filter bar shows 'Diagnosis' selected, with 'Hospital' and 'Principal' tabs, and a 'Sort Priority' option. The main section is titled 'Hospital (Problems being addressed during this admission)'. A problem entry for 'Respiratory failure' is shown with a checkmark icon, a diamond icon, and a priority dropdown menu. The dropdown menu is open, showing options: 'High' (selected), 'Medium', 'Low', and 'Unprioritized'. Red arrows point to the '+ Add' button, the diamond icon, and the 'High' priority option. Below the problem entry, there is a 'Current Assessment & Plan Note' section with the text: '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

The screenshot shows the 'My Note' section of the ICU Consults interface. The 'Orders' tab is highlighted with a red circle. Below the 'My Note' section, the 'Cosigner' field is highlighted with a red circle. The 'Cosigner' field contains a search icon and a red exclamation mark icon. Below the 'Cosigner' field, there are several tabs for different medical specialties: Consults, Neurological, Cardiac, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, ID, Other Assessments, Labs, and Meds. The 'Meds' tab is currently selected. Below the tabs, there is a text area for the note, followed by a section titled 'Allergies' which lists 'Iohexol' and 'Tylenol Cough [Acetaminophen-Dm]'.

- 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 displays the 'ICU Rounds' interface. The top navigation bar includes tabs for 'Chart Review', 'Sur...', 'ICU Ro...', 'Proble...', 'Orders', 'Transfer', 'Results', 'Notes', 'Chart ...', and 'Proble...'. The 'ICU Rounds' tab is active. The left sidebar lists various options under 'ICU Rounds', including 'ADVISORIES', 'Communication', 'BestPractice', 'ICU REVIEW', 'ICU Report', 'DAILY ROUNDING NOTE', 'Select Home Care', 'Svc Hospital Course...', 'Assessment Plan', 'Progress Note', 'DAILY ROUNDING ORDERS', 'Cosign Orders', and 'Go to Orders'. The 'Svc Hospital Course...' option is highlighted. The main content area is titled 'Service-Specific Hospital Course' and contains a text field 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.' The text field has a rich text editor toolbar above it. At the bottom of the interface, there are buttons for 'Close', 'Cancel', 'Previous', and 'Next'.

ICU Rounds

ADVISORIES

Communication

BestPractice

ICU REVIEW

ICU Report

DAILY ROUNDING NOTE

Select Home Care

Svc Hospital Course...

Assessment Plan

Progress Note

DAILY ROUNDING ORDERS

Cosign Orders

Go to Orders

Service-Specific Hospital Course

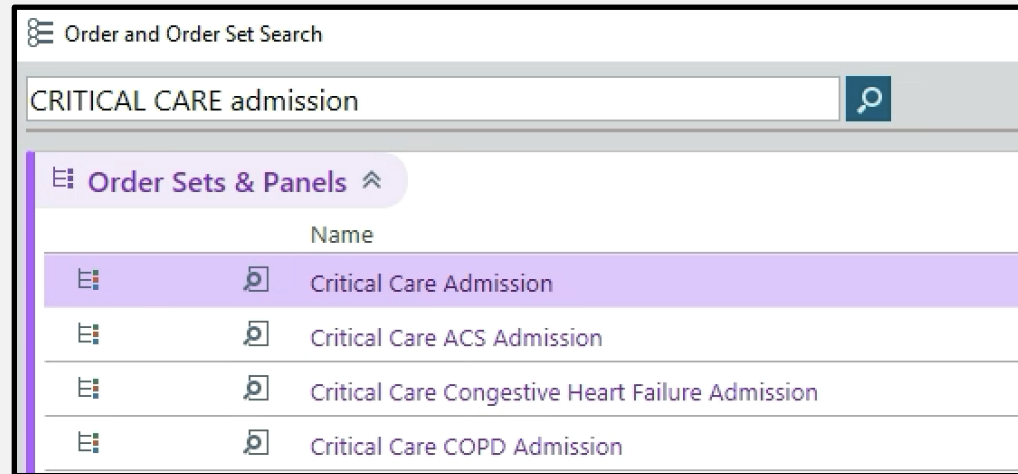
55M admitted to ICU for pneumonia Dec 11. Medical History: hypertension, dyslipidemia, diabetes. Initially admitted to ward with pneumonia on Dec 10 and started on ceftriaxone but rapid escalation in FiO2 requirements. Transferred to the ICU for high flow Dec 11.

Last Modified by Alyssa Louis at 25/12/22 1905 (Critical Care)

Close Cancel Previous Next

- 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:

Level of 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:

Admitting provider:

⚠ Attending provider: ⚠

Bed Type:

Comments: abc undo redo help insert insert SmartText undo redo undo redo 100%

- Populate the required fields

ADMITTING PATIENTS TO THE ICU FROM THE WARD

The screenshot shows the 'Transfer' tab in an EHR system. The top navigation bar includes tabs for Chart Re..., Su..., ICU..., Results, Proble..., Notes, Chart ..., Proble..., Orders, and Transfer. A red arrow points to the 'Transfer' tab. The left sidebar has a 'TRANSFER DOCUMENTATION' section with links to BestPractice, Problem List, Transfer Notes, PLACE TRANSFER ORDERS, and Transfer Orders. The main content area is divided into three sections: 'BestPractice Advisories' (showing 'No advisories to address'), 'Problem List' (showing a table of current problems), and 'Transfer Notes' (showing options to create notes). A red arrow points to the 'Transfer Notes' section. Below the 'Problem List' is a 'Mark as Reviewed' button and a 'Last Reviewed by' field. At the bottom, a 'Transfer Orders' section has a 'Go to Transfer Orders' link, which is highlighted by a red arrow.

Diagnosis	Hospital	Principal	Sort Priority	Updated
Hospital (Problems being addressed during this admission)				
Intracerebral hemorrhage	+	+	High	-1 mo
Superficial thrombophlebitis	+	+	Medium	-2 mo
Delirium	+	+	Medium	-1 mo
Discharge planning issues	+	+	Unprioritized	-1 mo

- 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 shows a medical software interface with a top navigation bar. The 'Transfer' tab is highlighted with a red circle. Below the navigation bar, the 'Transfer Orders' section is visible, showing a list of scheduled orders. The orders include:

- amLODIPine (NORVASC) tablet 5 mg
- dalteparin (FRAGMIN) pre-filled syringe 5,000 Units
- desmopressin (DDAVP) 2 mcg in sodium chloride 0.9 % 50 mL IVPB
- insulin glargine (LANTUS,BASAGLAR) 100 unit/mL pen 5 Units
- insulin lispro (HUMALOG,ADMELOG) 100 unit/mL pen 0-4 Units
- irbesartan (AVAPRO) tablet 300 mg
- magnesium complex elemental tablet 100 mg
- magnesium sulfate in 50 mL NS (premix/compounded) IVPB 2 g
- pantoprazole (PANTOLOC) injection 40 mg
- potassium chloride (K-10) solution 40 mmol

Each order has associated actions like 'Continue', 'Discontinue', 'Modify', and 'Reorder'. The right sidebar shows 'New Orders' and a 'Sign & Hold' button.

- Please use the transfer tab and reconcile all orders

ICU TRANSFERS

The screenshot displays the 'Transfer Orders' interface in a medical software system. The top navigation bar includes tabs for Chart Review, Su..., ICU Ro..., Proble..., Orders, Transfer, Results, and Notes. The 'Transfer' tab is active, showing a list of nursing orders under the 'Nursing' section. The orders are sorted by 'Order Type'. A red circle highlights the 'Discontinue' buttons for several 'CE CIS Critical Care Electrolyte Protocol' orders, including Calcium, Magnesium, Phosphate, and Potassium. The right sidebar shows a summary of the transfer and a 'Review Current Orders is incomplete' warning. The bottom right corner has buttons for 'Remove All', 'Save Work', and 'Sign & Hold - Will Be Initiated by Receiving Unit'.

Transfer Orders

1. Review Current Orders 2. Reconcile Home Medications 3. Order Sets

Sort by: Order Type

Mark Unreconciled CONTINUE Mark Unreconciled DISCONTINUE Cancel Transfer End Unreviewed

Nursing

Activity as tolerated (AAT)
Until discontinued, Starting on Sat 14/1/23 at 0613, Until Specified
Progress mobility as tolerated

Bowel Care Protocol Non-Opioid
As ordered, Starting on Sat 14/1/23 at 0618, Until Specified
Implement authorized orders as per CE CIS Bowel Care Protocol - Non-Opioid (Panel O223247), Implement authorized orders as per Bowel Care Protocol Non-Opioid (Panel O223247).

CE CIS Critical Care Electrolyte Protocol - Calcium
As ordered, Starting on Sat 14/1/23 at 0557, Until Specified
Implement authorized orders as per Electrolyte Replacement Protocol Medications (Panel O285577).

CE CIS Critical Care Electrolyte Protocol - Magnesium
As ordered, Starting on Sat 14/1/23 at 0557, Until Specified
Implement authorized orders as per Electrolyte Replacement Protocol Medications (Panel O285577).

CE CIS Critical Care Electrolyte Protocol - Phosphate
As ordered, Starting on Sat 14/1/23 at 0557, Until Specified
Implement authorized orders as per Electrolyte Replacement Protocol Medications (Panel O285577).

CE CIS Critical Care Electrolyte Protocol - Potassium
As ordered, Starting on Sat 14/1/23 at 0557, Until Specified
Implement authorized orders as per Electrolyte Replacement Protocol Medications (Panel O285577).

CE CIS Urinary Catheter Protocol
As ordered, Starting on Thu 12/1/23 at 1621, Until Specified
Implement authorized orders as per CE CIS Urinary Catheter Protocol (Panel O217160).

CIWA Management Goal:
Until discontinued, Starting on Thu 12/1/23 at 1517, Until Specified
The recommended goal is administration of medication to achieve light somnolence OR to achieve minimal to moderate sedation

CIWA Score 10 or Greater
Until discontinued, Starting on Thu 12/1/23 at 1517, Until Specified
Assess CIWA qTh and PRN

Transfer Order Rec Order Sets

Options

Edit M... Phase... CC R...

Place transfer ord... + New ! Next

Review Current Orders is incomplete.

Protocol - Magnesium
As ordered, Starting on Sat 14/1/23 at 0557, Until Specified
Implement authorized orders as per Electrolyte Replacement Protocol Medications (Panel O285577).

CE CIS Critical Care Electrolyte Protocol - Phosphate
As ordered, Starting on Sat 14/1/23 at 0557, Until Specified
Implement authorized orders as per Electrolyte Replacement Protocol Medications (Panel O285577).

CE CIS Critical Care Electrolyte Protocol - Potassium
As ordered, Starting on Sat 14/1/23 at 0557, Until Specified
Implement authorized orders as per Electrolyte Replacement Protocol Medications (Panel O285577).

CE CIS Urinary Catheter Protocol
As ordered, Starting on Thu 12/1/23 at 1621, Until Specified
Implement authorized orders as per CE CIS Urinary Catheter Protocol (Panel O217160).

Sign & Hold - Will Be Initiated by Receiving Unit

Remove All Save Work

- 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 medical software interface for managing 'Vital signs'. The top bar is purple with 'Vital signs' on the left and 'Accept' and 'Cancel' buttons on the right. The main form has the following fields:

- Priority:** A dropdown menu set to 'Routine'.
- Frequency:** A dropdown menu set to 'Every 1 hour'. A red circle highlights the 'q4h' option in the frequency list.
- Starting:** A date field set to '16/1/2023' with 'Today' and 'Tomorrow' buttons.
- Next Occurrence:** A date field with 'Include Now' and 'As Scheduled' buttons.
- For:** A dropdown menu set to 'Occurrences'.
- First Occurrence:** A label 'First Occurrence: Today 2100'.
- Comments:** A text field containing 'HR, RR, BP, SpO2'.

At the bottom, there is a summary bar with a red 'Next Required' icon and text: 'Every shift, First occurrence on Sat 14/1/23 at 0613'. Below this, the 'Vital signs' section shows 'Every 1 hour, First occurrence today at 2100' and 'HR, RR, BP, SpO2'. A red circle highlights the 'Modify' button in the bottom right corner.

- 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

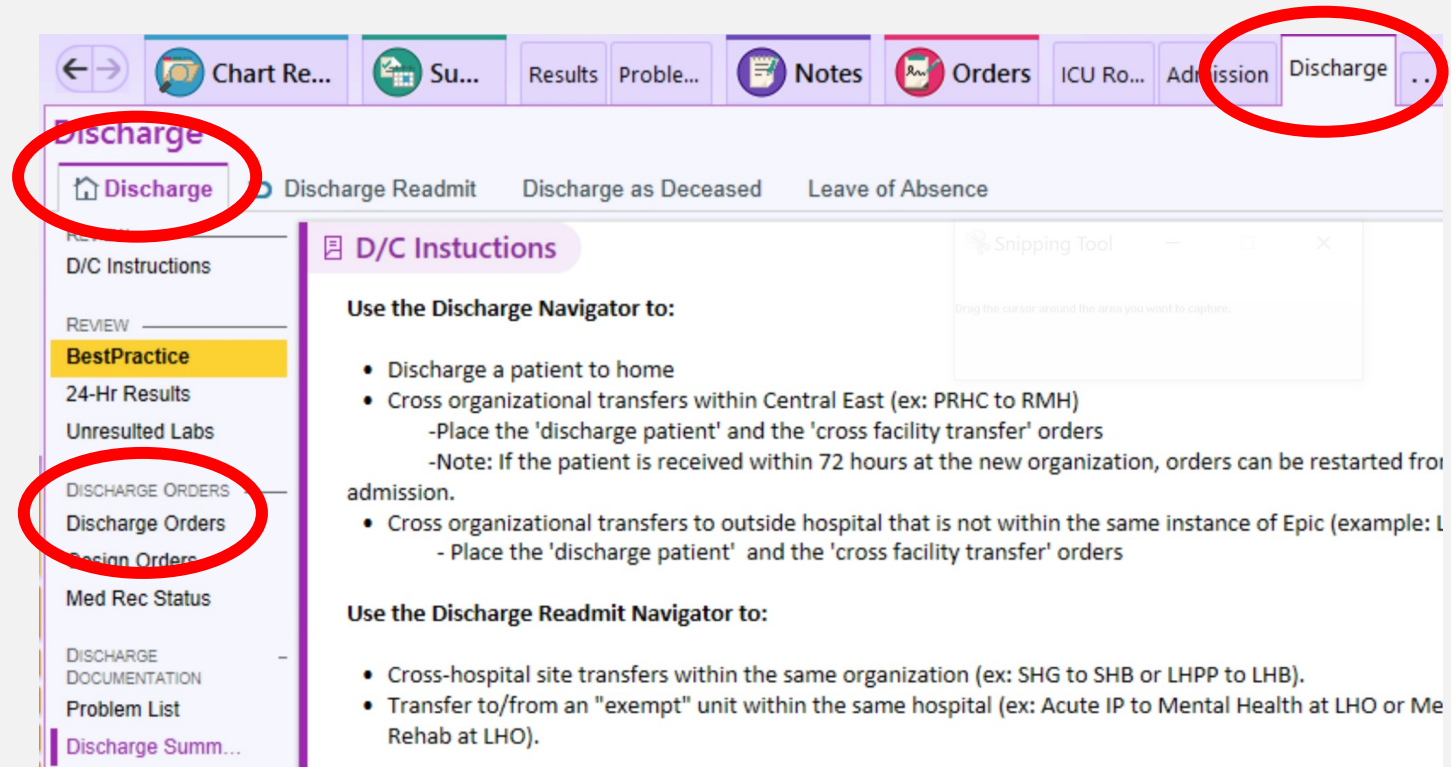
Reason for Consult:

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



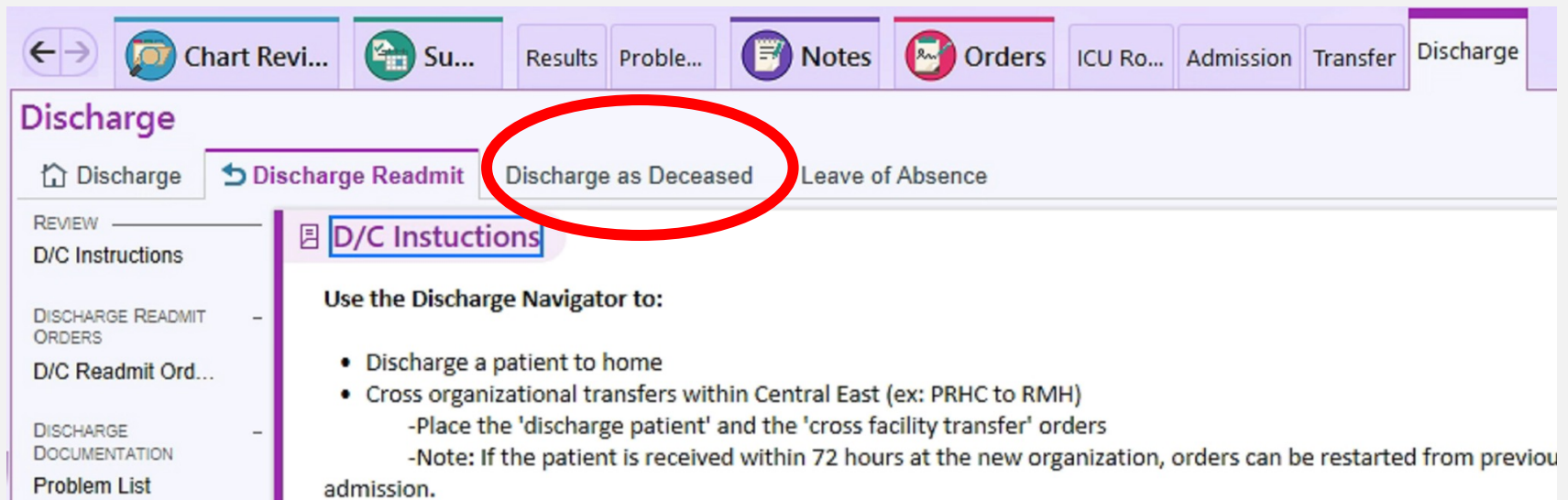
- Please use the discharge tab and discharge orders

ICU DISCHARGES – TO ANOTHER LAKERIDGE HOSPITAL, PSYCHIATRY OR PALLIATIVE

The screenshot shows a software interface for managing patient discharges. At the top, there is a navigation bar with tabs: Chart Revi..., Su..., Results, Proble..., Notes, Orders, ICU Ro..., Admission, Transfer, and Discharge. The 'Discharge' tab is selected. Below this, the 'Discharge' section has sub-tabs: Discharge, Discharge Readmit (highlighted with a red circle), Discharge as Deceased, and Leave of Absence. The 'Discharge Readmit' sub-tab is active. On the left side, there is a sidebar menu with items: Discharge, D/C Instructions (highlighted with a blue box), DISCHARGE READMIT ORDERS, D/C Readmit Ord... (highlighted with a red circle), DISCHARGE DOCUMENTATION, and Problem List. The main content area under 'Discharge Readmit' contains the text 'Use the Discharge Navigator to:' followed by a bulleted list: 'Discharge a patient to home' and 'Cross organizational transfers within Central East (ex: PRHC to RMH)'. Under the second bullet, there are two sub-points: '-Place the 'discharge patient' and the 'cross facility transfer' orders' and '-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



- 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

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, a navigation bar includes icons for 'Chart Revi...', 'Su...', 'Results', 'Proble...', and 'Notes'. Below this, the 'Notes' section features a toolbar with 'New Note', 'Create in NoteWriter', 'Filter', 'Load All', 'Show My Notes', and a tooltip that reads 'Create a new note in NoteWriter (Alt+W)'. The 'NoteWriter' window is open, showing a 'Procedures' tab. It includes a 'Select Procedures' section with fields for 'Performing provider' and 'Authorizing provider', both set to 'Keith Gunaratne, MD'. Below these are several buttons for different procedures, including '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', 'Laceration repair of s...', 'Laceration repair of...', and a 'More Procedures' button which is circled in red. To the right, the 'Select Note Type & Template' dialog box is open, showing 'Procedures' as the selected note type and 'PROCEDURE NOTE' as the selected NoteWriter template. The dialog has 'Accept' and 'Cancel' buttons at the bottom.

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	Laceration repair of s...
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	40663
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 tabs for Chart, Su..., ICU Ro..., Proble..., Orders (highlighted), Transfer, Results, Notes, and Chart. The Orders tab is active, showing a list of order types: Active, Signed & Held, Home Meds, Cosign, Order History, and Future Outpatient. The main panel is titled 'COVID Swabs Panel' and contains several sections:

- COVID Swabs and Risk Stratification** (checked):
 - ☐ COVID Positive
 - ☒ COVID Risk: High
 - ☒ COVID Risk Stratification: High (Until discontinued, Starting today at 1021, Until Specified)
 - ☒ 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
- Next Required** (checked):
 - Diet type: Therapeutic Diet
 - Therapeutic Diet: Regular
 - Texture: Dental Regular
 - Fluid Consistency: Please review patient's active supplements and reorder if fluid consistency on diet order is changing. Thin Fluid
- Respiratory** (checked):
 - Oxygen Therapy - Routine Target O2 Sat: 92-96%

The right sidebar shows 'Manage Orders' and 'Order Sets' tabs. The 'New Orders' section is highlighted with a red circle, showing a list of orders including 'COVID Swabs Panel' and 'COVID Risk Stratification'. The bottom of the interface has buttons for 'Remove All', 'Save Work', and 'Sign'.

- 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