

WELCOME TO THE CROUSE INTENSIVE CARE UNIT

TEAM: INTENSIVISTS- Dr Dan Polacek , Dr Russ Acevedo, Dr. MaryEllen Greco,
Dr David Landsberg

CRITICAL CARE NURSES & AIDES

SECRETARY – Minnie Skutt (days) Joyce Houston (eves) Helen Bain (nights)
Mykel Lynn Butts (weekends)

RESPIRATORY THERAPISTS- make all vent settings when ordered. Bill Eklund, RT
makes rounds with the team in the morning

CLINICAL DIETICIAN- Maria Meola-makes recommendations for patient dietary needs

CARE COORDINATORS- Dawn Erno-Kane & Erica Sheets ---- follow ICU
patients re: advanced directives, home care, rehab, financial concerns

CLINICAL PHARMACIST- Andrea Call - follows Vancomycin & Gentamycin
dosing & orders levels routinely. Follows Coumadin protocols for ICU pts.

ADVANCED CARE/PALLIATIVE CARE – Kelly Wheeler & Dr Wright
Family support for medical regime discussions, palliative care discussions
and family/ patient support in general

GENERAL

- **22 BEDS MED-SURG**
- **CENSUS BOARD WITH PATIENT NAME & MD & RN ASSIGNED IS LOCATED AT MAIN DESK BY SECRETARY. The patient census is determined by available nurses and beds...so an ‘empty’ bed cant always be filled**
- **CALL ROOMS-**
- **Resident Resource Book- located in rolling chart rack at the desk . See attached index**
- **UNIT PHONE – All Crouse phone #'s begin with 470**
ICU = 470-7037 470-7038 470-7039
Crouse operator = 470-7111 from outside the hospital

- **INFECTION CONTROL-** wash hands on entering unit and before and after touching patients & after removing gloves

***CONFERENCE ROOM OUTSIDE OF ICU JUST BEFORE THE WAITING ROOM – has a phone, computer and PACS for your use**

- **COMPUTERS – please avoid using the secretary and charge nurse computers. We have several others available at each desk area.**
- **MAR sees all patients considered for ICU admission. They may be asked to assess a floor patient who may need an ICU bed. You may also be asked to re-assess patients in the ED and PACU waiting for ICU beds and see if they can be downgraded to a floor bed. Please discuss admissions with charge run to plan bed allocation.**
- **LECTURES- WED 1P-2P IN CONFERENCE ROOM A
 THURS 1P -2P IN CONFERENCE ROOM A**

PROTOCOLS AND SPECIAL INFO

- **Insulin**
(Daily Lantus dose (1200) must be ordered on morning rounds)
- * **Restraints-** must be reassessed and ordered daily
- **Sedation**
- **RER-** routine electrolyte replacement
- **Diprivan** can only be used on a *non-vented* patient who has a dx of DT's (all others must be on a vent)
- **NO Verbal orders** are allowed except during an emergency and telephone orders are discouraged
- **Blood transfusion consents**
- **Frequently used order forms** are found in slots near the fax machine across from bed # 3. Keep blank order forms in your pockets or on the mobile chart rack for rounds.
(antibx form , TPN form , transfusion form)
- **TPN orders** must be done on morning rounds or by 1300
- **DNR orders – a resident can sign as a concurring MD** get a verbal order from attending on call.

ADMISSIONS (FROM ED OR DIRECT FROM ANOTHER HOSP)

- **PREPRINTED ICU ORDERS**
- **ANTIBIOTICS NEED ANTIBIOTIC FORM**
- **MEDICATION RECONCILIATION ORDERS NEED TO BE DONE ON ALL PATIENTS...(STARTED BY ED RN OR ADMITTING ICU RN)**
- **“CHECKLIST” TO BE PRINTED BY MAR ON ALL ADMISSIONS TO PREPARE FOR ROUNDING THE NEXT DAY**
- **ADD TO ICU SIGNOUT LIST ON THE DESKTOP OF ALL COMPUTERS - include key facts re: history meds, current issues, update changes during ICU stay**

TRANSFERS IN FROM THE MED-SURG FLOORS

- **USE PRE-PRINTED ICU ORDER FORMS**
- **MED REQ FORM MUST BE PRINTED FROM COMPUTER FOR ALL TRANSFERS**
- **ADD TO ICU SIGNOUT LIST ON COMPUTER**

TRANSFERS OUT OF THE UNIT

- * **PREPRINTED ORDERS**
- * **ALL PATIENTS ON INSULIN – USE PREPRINTED ORDER FORM FOR MED SURG (SEE RESIDENT RESOURCE BOOK)**
- **MED REQ FORM TO BE FILLED OUT**
- **ALL ICU ATTENDING PATIENTS GET TRANSFERED TO THE HOSPITALIST SERVICE BY THE ATTENDING**
- **DELETE PT INFO FROM THE ICU SIGN OUT IF NOT DONE BY THE CHARGE RN**

ROUNDS

- **BEGIN BETWEEN 0830-0900 QAM WITH ATTENDING, RESPIRATORY, CHG RN AND BEDSIDE RN**
- **AFTERNOON ROUNDS BEGIN BETWEEN 1300-1500 WITH ATTENDING**
- **CHECKLIST TO BE READY FOR ROUNDS. THE ADMITTING RESIDENT SHOULD PULL IT FOR ROUNDS**

CODES

- Resident and intern will carry the code beeper
- There will be a daily “test” beep that you will need to call the operator and tell her you received it

CODE A - respiratory or cardiac arrest (ICU RN ,anesthesia, IV team, respiratory, MAR, nursing supervisor)

CODE M - Medical response team called due to change in patient condition (nursing supervisor- MAR & respiratory)

CODE B - Stroke emergency- (MAR- neurology – nursing supervisor- respiratory- ct scan , transport)

BEDSIDE PROCEDURES.

- All invasive procedures need a procedural consent and a “time-out” procedure performed as well as a procedure note
- All central line procedures must have all present in the room in gown , glove, mask and cap
- We have a Site Sono machine that can be used for line insertion
- Interns may do central lines under the direct supervision of a resident that has central line privileges

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