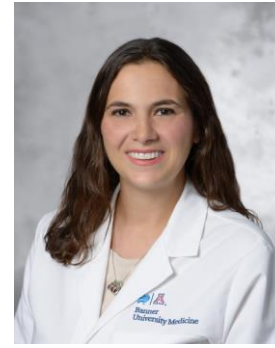




WELCOME TO SICU



Dr. R. Friese



Dr. C. Colosimo



Dr. A. Nelson



Dr. S. Okosun



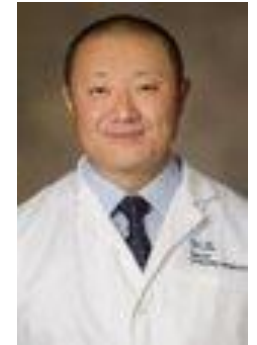
Dr. M. Ditillo



Dr. B. Joseph



Dr. L. Gries



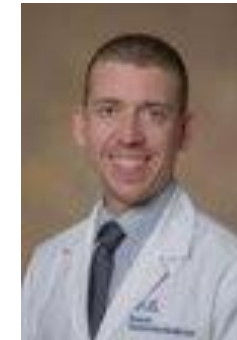
Dr. A. Tang



Dr. M. Douglas



Dr. T. Anand



Dr. C. Stewart

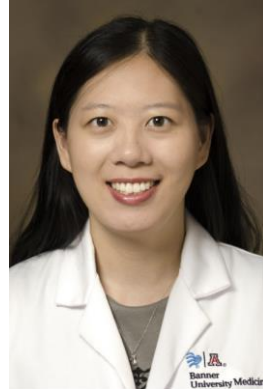


Dr. A. Spencer

People you
might see:

Trauma/SICU Attendings

People you
might see:



Dr. B. Zhang

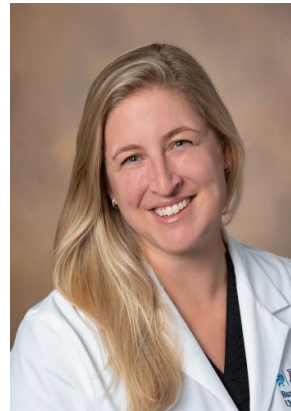


Dr. S. Villarin-Ayala



Dr. R. Huang

ACS/SICU Fellows



Dr. M. Lundy



Dr. D. O'Connor



SICU SCHEDULE

- SIGN OUT: 6AM / 6PM
- List splitting HIGH and LOW side
- ATTENDING CHECK OUT: ~7:30AM
- All residents are expected to return to SICU after your didactics
 - If you have longer than usual didactics, let the fellow know
- Email the SICU fellow and Dr. Gries with any new scheduling conflicts
- Landmark Journal Club
 - Every 1st, 3rd, 4th Thursday of the Month
- Current Critical Care Journal Club
 - Every 2nd Thursday of the Month

Set up your
Cerner prior to
starting SICU

Add SICU to
your CERNER
list

"BUMCT
Surgical SICU"

Customize Patient List Properties

Care Team Patient List Proxy

- *Care Teams [BUMCT Su
- Locations
- Medical Services
- Encounter Types
- Relationships
- Admission Criteria
- Discharged Criteria
- Use Best Encounter

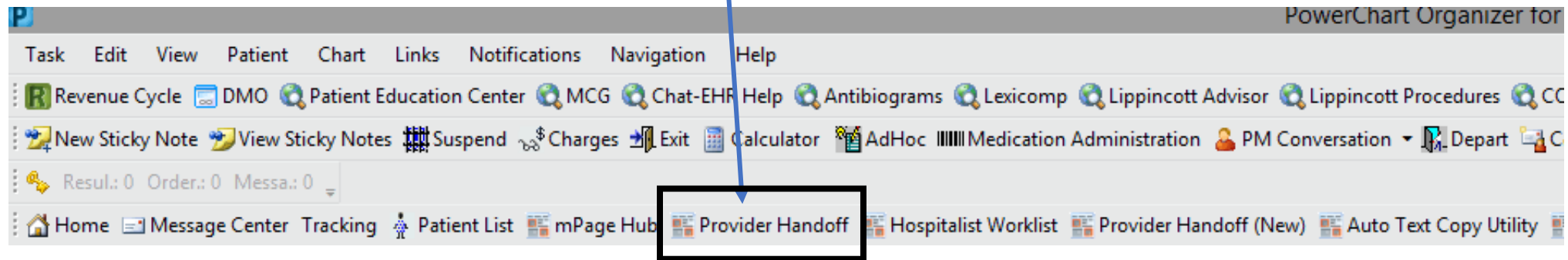
- BUMCT Pulm Consult 2
- BUMCT Radiation Oncology Consults
- BUMCT Solid Organ Transplant
- BUMCT Surgical Breast/Endocrine
- BUMCT Surgical Burn
- BUMCT Surgical Colorectal/Soft Tissue
- BUMCT Surgical HPB
- BUMCT Surgical MIS
- BUMCT Surgical Oncology
- BUMCT Surgical Pediatric
- BUMCT Surgical Plastic
- BUMCT Surgical SICU
- BUMCT Surgical Transplant
- BUMCT Surgical Trauma A
- BUMCT Surgical Trauma B
- BUMCT Surgical Trauma C
- BUMCT Surgical Urology
- BUMCT Surgical Vascular
- BUMCT Team F Hem/Onc

Enter a name for the list: (Limited to 50 characters)

BUMCT SICU

OK Cancel

Be familiar with the **Provider Handoff**



We use this to keep everyone updated on our sick and complicated patients

Provider Handoff

100%

List: BUMCT SICU

Add Patient

Location	Patient	Illness Severity
02 8NS 8126 1		--
02 8NS 8130 1		--
02 8NS 8132 1		Watch
02 8NS 8134 1		--
02 8NS 8135 1		--
02 8NS 8138 1		Unstable
02 8NS 8141 1		--
02 8NS 8145 1		--
02 8NS 8146 1		--
02 8NS 8147 1		--
02 PACU PR39 1		--

Click this arrow

To get this...

I-PASS Clinical Data

Illness Severity

Unstable Watch Stable Discharging

Code Status

Assume Full Code - will reassess

Patient Summary

All Medical Services

Actions

Add new

Review this standardized format to update the provider handoff

	TRAUMA/SICU	NON-TRAUMA
Patient Summary	*(Date of Trauma) [Trauma color] [Trauma name] [Age/Sex] s/p [mechanism] *PMH/PSH: (only pertinent) **(list of injuries) ** (date) s/p (surgery/procedure/event) **CONSULTS: *Specialty: recs (date of last updated note)	*(Date) [Age/Sex] (Reason for admission) *PMH/PSH: (only pertinent) * (date) s/p (surgery/procedure/event) **Plan: **CONSULTS: *Specialty: recs (date of last updated note)
Actions	IMPORTANT to do's, follow ups, relevant to patient care	IMPORTANT to do's, follow ups, relevant to patient care
Situational Awareness & Planning	*COVID NEG/POS (date of test) *Code status	*COVID NEG/POS (date of test) *Code status

Notes:

Medical students should not be editing the patient summary

* = start a new line ** = creates a space

Cerner only allows 1000 characters

*Add qualifier to injury to exemplify severity if applicable (ex: displaced, nondisplaced; comminuted)

- Abbreviate the qualifiers (ex: disp, ND, comm)
- Falls need to be noted as **mechanical** or **syncopal** ONLY
- Rib fractures note: RIBS: L/R #-#, (Rib score #, IS#)

*Include +/- LOC, +/- seatbelt, +/- blood thinners, +ETOH or +drugs where applicable

*Include incidental findings at bottom of injury list: ie pulmonary nodules or thyroid nodules

*Patient summary has 1000 character limit so try to abbreviate whenever possible. Examples:

- R = right, L = left ; BL = bilateral
- Fx = fracture
- ORIF = open reduction internal fixation; ExFix = external fixation
- Comm = comminuted; ND = nondisplaced
- Ant = anterior; Post = posterior; Lat = lateral
- SDH = subdural; SAH = subarachnoid; EDH = epidural; IPH = intraparenchymal; IVH = intraventricular
- For Consults:
 - o *NSGY: (blank means no one has not talked to consult team)
 - o *ORTHO: pending recs (means someone has talked to consult team but no FINAL recs)
 - o *nSPINE or oSPINE: must have activity restrictions/brace recs/etc]

Provider Handoff Example

	TRAUMAS	NON-TRAUMA
Patient Summary	9/7 RED PSI243 57M s/p syncopal fall, +LOC, Xarelto *PMH: IDDM, AFib (amio/Xarelto), COPD 3L NC at home *PSH: none *9/8 ORIF L Clavicle fx **SAH/SDH, no shift *RIBS: L 2-5 (Rib Score 7, IS 1000) *L Clavicle fx *Plan: +/- L VATS rib fixation 9/10, Ancef (9/8-9/10) * *CONSULTS: *NSGY: Keppra 9/7-9/14 *ORTHO: NWB LUE *PT/OT: SNF	9/7 70F cecal volvulus *PMH: IDDM, HTN *PSH: lap chole (8/2020) *9/7 ExLap, R Hemi (Tang) **Plan: low carb diet, RISS **CONSULTS: *PT/OT: pending recs
Actions		
Situational Awareness & Planning	*COVID NEG (9/7) *Code Status: No CPR, ok to intubate	*COVID NEG (9/7)

DOCUMENTATION



NEVER PUT 'NO ISSUES' IN AN
H&P OR PROGRESS NOTE AS THE
PLAN



ALL MEDICAL STUDENT NOTES
MUST BE ATTESTED BY A
RESIDENT



ALL PROCEDURES REQUIRE A
PROCEDURE NOTE



ALL SIGNIFICANT EVENTS / CODE
STATUS CHANGES REQUIRE A
SHORT PROGRESS NOTE

Steal these
dotphrases
prior to
starting
SICU

- SICU H&P: “.sicuplan”
- SICU Progress Note “.sicuplan”
- SICU Transfer Summary:
“#SICU_TS”
- Central line: “lhncentraline...”
- Arterial line: “lhnarterialline”
- Bronch: “lhnbronch”
- DeltaRIG: “deltaRIG”
- ChestTube:
“chesttubeprotocol”
- C-spine clearance:
“lhnclearcspine”

- ‘Auto text copy’ > search [Nguyen, Lucia] > steal the following dot phrases

GET TEG ACCESS

Banner Connect > Search: TEG



Banner Connect

bannerhealth.sharepoint.com/Sites/Connect

BANNER CONNECT

TEG

Our Company Clinical Pay & Personal Workplace Tools

Afternoon, Lucia
No Passing Zone: Stop at all call lights.

A-Z Index Education & Learning IT Service & Support

Spring Tuition Assistance
Submit your application by April 29
[Learn more](#)

GET TEG ACCESS

BANNER CONNECT

Search everything

Our Company

Clinical

Pay & Personal

Workplace Tools

[Give search feedback](#)

We don't have any refiners to show you

TEG

EVERYTHING

PEOPLE

DOCUMENTS

3 results matching "TEG"

You've seen this result before

TEG Manager Portal

TEG Manager Portal

bannerhealth.sharepoint.com/sites/.../Pages/TEG-M.
OK Cancel TEG Manager Portal settings ... BUMC
Allows clinicians to manage coagulation for patie

GET TEG ACCESS

BANNER CONNECT Search everything

Our Company Clinical Pay & Personal Workplace Tools

Banner Connect > Laboratories > TEG Manager Portal

Laboratories

- Laboratory Online Test Catalogs
- TEG Manager Portal**
- Blood Management Portal
- Genetics/Genomics

PAGE CONTACT INFORMATION

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Technical Operations

DEPARTMENT
Support Ops Admin-Ref Lab

EMAIL
Lori.Diforte@bannerhealth.com

Last modified on January 03, 2022
Created on May 14, 2021

TEG Manager Portal

BUMCP - TEG Manager Portal
Allows clinicians to manage coagulation for patients with real-time data.
[Log In](#) [Request Access](#)

BUMCT - TEG Manager Portal
Allows clinicians to manage coagulation for patients with real-time data.
[Log In](#) [Request Access](#)

1. Sign into TEG using your CERNER login/pw.

2. If you do not have access, fill out the request form

PATIENT POPULATION



TRAUMA



SURGICAL PATIENTS

ENT

UROLOGY

SURGICAL ONCOLOGY (Colorectal/HPB/GYN)

TRANSPLANT

Advanced respiratory support

- New need for Vapotherm / BIPAP
- Intubated

Hemodynamic compromise

- Hemorrhagic shock
- Septic shock
- Etc...

Neurovascular checks

- ENT: Flap checks
- TBI: Q1h Neuro checks

****FOR ALL NEW ADMITS,
POLITELY ASK PRIMARY TEAM
WHAT IS THEIR REASON FOR
SICU ADMISSION.**

****ONLY Fellows/Attendings can
refuse SICU admissions**

**NOT A
REASON FOR
ICU
ADMISSION**

- Insulin gtt
- Ketamine gtt (non-titratable)
- Amiodarone gtt
- Diltazem gtt

All these can be done on the floor

NEW ADMISSION EXPECTATIONS

*SICU IS NOT A PRIMARY or
ADMITTING SERVICE



Notify Fellow or Attending of all new
SICU admissions



Primary Team should place admission
orders

**only SURGICAL SERVICES can admit*



ICU is a CLOSED unit

*All new orders must at least
be communicated to the
SICU team prior to
placement*



Official Handoff must occur (next slide)

HANDOFF
REQUIRED FOR ALL
NEW ADMITS
OR
POST-OP DROP OFFS

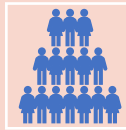
Every **post-op patient needs FACE-to-FACE Handoff**

- PMH
- Reason for ICU admission
- Surgical team:
 - Case description
 - Drains/wounds
 - Red flags
 - Future surgical plans
 - Specific preferences
 - +/- mobility restrictions
 - Pertinent findings
- Anesthesia team:
 - Airway issues (#attempts, ETT size)
 - Vent issues
 - Last sedatives/paralytics given
 - Any pressors
 - EBL
 - IVF/Blood products
 - Other issues
- **CODE STATUS + MPOA CONTACT**

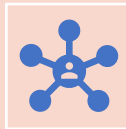
**Even patients already admitted to SICU also need F2F handoff post-op*

**IF F2F not possible, a phone call from both surgical and anesthesia teams must occur to CCM resident*

Transfers out of the SICU



BOTH TEAMS (SICU + Primary Team)
must agree



Primary team must

1. Place order to 'Transfer'
2. Change teaching team to NOT say SICU
3. Change the contact number to NOT be the CCM phone



IF transferring to ACS
A or ACS B

1. SICU LOS > **72 hours** needs a Transfer Summary
2. Verbal Handoff to ACS SENIOR or JUNIOR

NOTIFY FELLOW OR ATTENDING



PATIENT STATUS
DECLINE



ARRYTHMIAS/PRESSOR
REQUIREMENTS



CHANGE IN NEURO
STATUS



CODE BLUE



NEW ADMITS



NEED FOR INTUBATION

DETAILED ICU MUST CALL LIST

*factors that require a resident/fellow
to notify the Attending*

- Unexpected patient admission to the SICU (ie transfer from floor)
- Need for intubation or ventilator support
- New need for NIPPV
- Unplanned extubation
- Need for an invasive procedure
- Arrhythmia requiring an intervention – medical or electrical
- Development of significant neurologic change
- Cardio-respiratory arrest
- Any medication errors that require clinical intervention
- New hemodynamic instability requiring treatment
- New hypoxia requiring increase in FiO₂ beyond 60%
- Development of major wound complications
- Failure to respond as anticipated to treatment (ie Intracranial HTN refractory to medical management, Oliguria unresponsive to fluid therapy, refractory shock)
- Decline in TBI

ALL SICU & TRAUMA PROTOCOLS

**Bookmark this website to your
phone**

<https://traumacats.arizona.edu/>



- Look through the protocols prior to starting SICU

SICU NO-NOs

- Do not give blood unless Hgb < 7.0 and symptomatic
 - If unsure – ask Fellow, ACS Trauma Chief on call, or Attending
- Do not give albumin unless indicated based on SICU handbook guidelines
- No BENZOS without Fellow/Attending approval
- Do not start antibiotics for fever before a full infection workup is performed
 - This includes a BRONCH in addition to CXR, BCx
- Do not give crystalloids without objective data (POC US/Straight leg raise/etc)
- Do not order a UA without Fellow/Attending approval
- Do not order a catheter tip culture
- Do not hold DHT Tube Feeds for surgery, unless it is a GI or trachea related procedure OR the DHT is not post-pyloric

SICU YES-YES's

- Call CM for Hospice referral for a patient on comfort care
 - Refer early! It takes time to arrange but the patients come off your service.
- Call Consults early
- Call Downgrades Early
 - Make sure Txf Summ is done!
 - Make sure Handoff is updated!
- Call to figure out why images, labs, etc aren't done/resulted
 - All images, labs, etc in the ICU are STAT. We need the information to take care of our patients!

PROTOCOLS YOU MUST BE FAMILIAR WITH



*ALL IN
TRAUMA CATS
WEBSITE

- CIWA/COWS
 - CANCEL all standing benzo's from these order sets.
- RIG
 - All patients with rib fractures must have a RIG score on day of admission
- FRAILTY
 - All patients >65 should have a Frailty Score on Day of Admission. If unable to score on day 1, obtain collateral from family after their arrival
- Weight based Lovenox DVT PPX
 - Anti Xa Prophylactic Range (0.2-0.5)
 - TBI patients are the exception: they get 30mg BID
 - Do not need Xa levels
- Spinal cord injury (SCI) protocol
 - Review the purple binder



TPA ADMINISTRATION



CHEST TUBE REMOVAL



BRAIN DEATH TESTING

HIGH POINTS

- NEURO
 - TBI: Start DVT PPX 24 hrs after stable Head CT
 - NO BENZOS WITHOUT APPROVAL
- CV
 - If they are in SHOCK, know what kind
- PULM
 - Notify Fellow or Attending with any vent changes you want to make
 - Residents are not allowed to make vent changes
- ID
 - Fever work up = Blood cultures x 2, +/- BAL, exchange foley
 - DO NOT ORDER A UA/UCx OR SPUTUM Cx
 - DO NOT ORDER BLOOD CULTURES FROM CENTRAL LINE
- HEME
 - Do not give blood in asymptomatic patients without talking to the Fellow/Attending
 - Follow weight based lovenox protocol for all trauma patients
- MSK
 - Clarify all activity restrictions with NSGY/ORTHO/ORTHOSPINE
 - PT/OT ordered for ALL SICU patients

These are sick
complicated patients.



COLLEGE OF MEDICINE TUCSON
Surgery

Don't be scared to ask ALL
the questions





Come hungry to learn

We're excited to teach you ALL the things!