## **NEURO ICU service**

**Team**: Neuro senior resident, Neuro Jr. resident, EM resident, MICU fellow vs Stroke fellow (communication usually via WhatsApp). The Attending is Dr. Kapinos.

## **Daily Activities:**

- 7AM @ D2S conference room: receive ICU signout sheet
- 8:30AM rounds with Kapinos (depends on census)
- 10AM-5PM see consults, write notes (can go to resident lounge to write notes as no dedicated computers)
- 5PM sign out (sign out sheet that senior does, but not our job to update)
- Neuro ICU functions as a consulting service. (You are not expected to, nor will you be asked to place orders for patients.)
- Downgrades: If you are a consultant on a patient that is ready to be downgraded from the ICU, and the NICU team agrees that this patient is suitable for Neurology Floor Service, the NICU resident MUST find the Neurology Ward senior and sign-out the patient. Only AFTER the Neurology Ward senior accepts, then the NICU team can inform the ICU to downgrade the patient

# **Helpful Neuro Nuggets**

https://www.criticalcareontario.ca/EN/Neurosurgical%20Care/Guidelines%20for%20Basic%20Adult%20Neurological%20Observation%20%282014%29.pdf.

"ICU of consciousness"\* - per Stroke fellow

\*always trying to figure out the consciousness changes in a patient and why it has changed

### 5 main subjects:

- Level of consciousness (GCS, RASS, FOUR score),
- Pupillary responses,
- Vital signs,
- limb movement/strength,

### **NEURO CONSULT service**

### Equipment:

• bring stethoscope, light, reflex hammer, +/- ophthalmoscope, +/- tuning fork

### **Daily Activities**

7AM: Signout @D2S

- Head to B-building, 5th floor, room B5103 (code 4152) this is where neuro consult service sits.
- Depending on the senior, you may just meet directly on B5 and wait for the overnight resident to finish signing out on D2S then present new consults on B5 (which sometimes may not happen until 730)
- 7AM-8:30AM: Pre-round
- 8:30AM: Morning Report
  - Discuss interesting overnight pts with attendings
- 9/10AM: Attending rounds (new consults and active old consults)
- After rounds
  - write notes (IP documentation > IP consult f/u note)
  - take consults (document from the consult request in Quadramed)
  - see consults with the senior resident
  - The primary team will generally write orders
- 12PM noon conference @UHB, Grand Rounds Fri @ 9AM
- 5PM: Sign out

#### Stroke Codes

- You cannot write notes or run the stroke code unless you are NIHSS certified
- <a href="http://www.stroke.org/we-can-help/healthcare-professionals/improve-your-skills/tools-training-and-resources/training/nih">http://www.stroke.org/we-can-help/healthcare-professionals/improve-your-skills/tools-training-and-resources/training/nih</a>

#### SHORT CALL

- Take signout from inpatient ward team at 4:30-5PM & carry the pager 917-219-6509
- Admission H&P and orders for short call admissions
- You do not take consults and are not expected to be at stroke codes

### **WEEKEND CALL**

- Cover the ward only
- Pre-round and write notes. Say hello to ALOC pts but no notes.
- Attending will generally round on consult pts and neuro ICU then ward
- You will be on with the 24hr neurology resident who does new consults, covers the consult patients & neuro ICU