

Schedule:

- Call q3 or q4, you only get post-call off
- On weekends and holidays you only come in if you are on call
- You always get one golden weekend when q4.
- You go to D3N conference room at 6am. You will get sign out at this time from the overnight resident (which you will be during your call). You give information about overnight events
- The time to round with the team is variable and attending dependent. This usually is around 9-10am.
- Neuro ICU rounds can also take place at a different time or in synchrony to the main SICU patients. For more information about Neuro ICU please refer to that respective survival guide
- Like MICU get imaging and procedures done ASAP and of course your notes. Make sure to renew and order 1am labs and CXRs. 72hr type and screens. Order them on MThSa.
- Depending on the attending and chief, pre-call can sometimes leave as early as 1pm if all tasks are done for their patients.
- Some attendings have afternoon/evening rounds, often fairly informal, this may also be when the chief signs out to the trauma overnight chief (a fifth year generally on q4 call).
- Once the chief leaves it's just you, until the PA arrives.
- You need to update the list with all new patients, the PA will usually fill in at least the vitals and the I/Os (if you have one), you then need to replete as in MICU all electrolytes, using the 4-3-2 rule, K-Phos-Mg, respectively
- You then sign out all of the patients, generally just interval events and presenting the new ones to the team, you then go home, generally around 6:30/45
- Thursday is Grand rounds for surgery so it will only be the fellow, the non-Surg residents and Interns on the unit, you will generally round with attending without chief

The Team:

- You may or may not have a MICU fellow, their role is very variable and is very fellow dependent.
- Chief Resident, generally a third year. Their job is to oversee the daily tasks and duties required to do during the day. This is the person that will be directing you in terms of your questions, in terms of patient assignment, discussing scheduling.
- Second years (you), there should be 3-4 of you, this will establish q3 vs q4. Your role includes being the primary caretaker for a few patients during the day and the entire floor on your call during the night. You will do a little bit of directing to the interns, and your patient count will depend on census and whether you are call, pre-call, or pre-pre-call. If you are pre-call most chiefs

will try to give you fewer patients so you can get out early and on call you also get fewer patients as you will accept all new patients for 24 hour period. You don't need to respond to consults, your chief will tell you.

- PGY1s who will generally either have a few patients of their own or will assist the PGY2s with their patients. They don't do all of the scans, but do a lot of them, you will be teaching central lines, mid lines, ultrasound, and other basic procedures to them.

Fever Spike

- 38.4 is the marker for fever.
- Don't culture if already has culture from <72 hours ago, exception is bacteremic patient
- Send a urinalysis (must have approval by attendings to send urine cultures)
- Get a chest x-ray

Daily Labs and Imaging

- Chest X-rays for patients with respiratory pathology or involvement need daily 1am CXR
- Most patient are daily CBC, BMP, Mg, Phos
- You need active T&S, standard system is preferable so order on MThSa
- CXR for all patients with ET Tube after transport
- Post-op labs, should have Coags, T&S not needed
- ABG for intubated patients

The Lists

There are two lists that need to be updated each day, this is a shared surgery list that you need log in access to using a surgeons login, please ask your chief for this information. On the desktop go to CBK shares\SICU here is the list, then in the labs folder you will find the current labs sheet

24+ Hour Call

You, will start your call at 6am with everyone else to get signout. During you call day, you will be taking care for the new patients accepted to the SICU. When a patient is accepted, your chief or senior should give you the patient information, diagnosis, reason for admission. When the patient gets to the floor, it is expected for you to immediately see the patient, place orders, and do the note for the patient as well as add them to the list. Sign out to you is variable and very dependent on your chief. Generally the first person to sign out will be the pre-call person. You will usually be on with a PA.