

PGY-1 Survival Guide - KCHC Medical ICU

Hours/Location

- D building, 3rd floor, North side in conference room in the center of floor.
- Hours are generally 7AM-4PM on non-call days and 7AM-8PM on call days.
- Nights will be 8PM-10AMish. You generally go home after you present your admission from overnight.
- Attendings round at 8AM.
- First day, meet at approximately 6:30 AM in D building on the North side for signout from the overnight intern. You will divide up the patients.

Attire

- Scrubs

Responsibilities

- During the day, you have fellow(s), co-intern(s), and several seniors (one of which is on-call for the next 24 hours)
- You are responsible for providing good quality patient care for these patients during this month

Typical Day *(Use the Floors Survival Guide here too)*

- General flow of day: Preround (7Aish-8A), Round (8A-12P), Make list of tasks on whiteboard (12P-1P) Finish tasks and notes, sign out (12P-4P), if you are on call you take sign outs from co-interns at 4PM and CCU resident at 5PM, then you sign out to the night intern at 8PM.
- From 7A-12P your goal is to finish your notes, present your patients, and create a task list for all patients. To accomplish this, bring a COW with you during rounds & write notes on the "To Do" section of the EPIC signout section while listening to plans & updating task list. Then everyone writes tasks on white board & accomplishes them. Goal is 4PM, if you need to stay later, you stay.

On Rounds

Subjective:

- Name:
- ICU Day:
- Brief identifying summary: (e.g. 65 yo man with septic shock and respiratory failure)
- 24 hour Events:
- Subjective Patient or Family (when applicable):

Objective:

- 24 Hour Vitals, I/O and Glucose, Last Poop:
- Morning Exam:
- Vent Settings, Blood Gas, Weaning Trial and Chest X-Ray:
- Fluids:
- Pressors with rates:
- Drips with rates:
- Antibiotics (With Day XofY / Duration):
- DVT PPx:
- Other Meds:
- Nutrition:
- Most Recent Labs with Trend:
- Other Imaging / Studies (EMG/ECG)
- Lines: (including dates and if you think we still need them)
- Consults:

Assessment/Plan: One line assessment. Don't have to give the whole history. Just where we are and where we're going.

- Goal of Care
- Neruo
- Cards
- Respiratory
- Renal
- Heme
- ID
- Fluids, Electrolytes, Nutrition
- GI
- Endocrine
- Psych
- DVT PPx
- Disposition
- TIL (one learning point from THIS patient TODAY)

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Night Shifts

General flow of night: 8PM: take sign out from day intern/resident. You manage the floor and put out fires; your senior manages new consults. Make a task list for night & finish tasks as you and senior run codes and admit patients. 3AM-7AM replete lytes and help update the sign out for the morning. 7AM-10AM round & present.

- First, you'll get signout on all the Pts in the MICU/CCU
- Next to each patient on the side of the sign-out, write:
 - Replete
 - O (Orders) - Make sure all 2AM labs are there.
 - OR (Order Rec) - Renew expiring meds, drips, etc.
 - D (DVT PPX) - Make sure everyone has it as indicated.
 - Vent, Restraints, Foley, BiPAP, etc. as needed - make sure all vent/O2 orders are up to date.
 - Foley: Be sure "Continue foley" order is in and "Discontinue foley" order is discontinued
 - Go see all the patients looking at their vitals to identify "watchers"
- Make note of each patient's drips with rates, vent/BiPAP/HFNC/O2 settings
- Come back to the computer and start checking your list above
- During the night, walk the room and check the vitals on the monitor frequently, especially your "watchers". Also ask RNs if they need any orders or anything. They are your eyes and ears when you have to manage the whole room. It's also a great way for them to get to know you and you to know them.
- As labs come in, write them all down on the signout
- Replete electrolytes: Use [this](#) as a guide

- Remember potassium on ABG/VBG is more accurate than BMP/CMP

- Get ready to present your overnight admission from the on-call resident

Orders

- Type & Screen must have first initial, last name or they will be discarded by the blood bank.
- Put in "Insert Peripheral IV" order if you want an IV.
- For IV Contrast, the IV must be a 20 gauge or larger in the antecubital fossa or closer. There are ultrasound machines for IVs if the patient is a tough stick. Ask a senior to walk you through it.
- Consents can be found in Clinical Monster under "Clinical Resources"

Downgrade

- **LEMON** is mnemonic for things that need to happen for transfers, but they are not in order
- Line - make sure pull central line
- Endorse Pt to team accepting patient
- MAR - let them know you have downgrade, and they will give you the team Pt will be transferred to
- Orders - be sure all orders are up to date and put in order to transfer
- Note - Transfer note will be your progress note for the day
 - Needs MICU Course. If you've been keeping up with it on the assessment, this will be easier.

EPIC

- [EPIC BIBLE](#) is your go-to resource for EPIC issues
- Nurses print all lab labels, draw the labs, start the IVs.
- Doctors swab for COVID after the label is printed.

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- Remote Access from Home:
<https://epicremotedesktop.nychhc.org/port al/webclient/index.html#/desktop>

Tips

- As you take sign outs from the day intern, ensure that morning labs are correctly entered for each patient.
- When you're on call and something is signed out to you, be sure to ask the contingency plan. No contingency, no sign out.
- Keep track of your senior during the night. Know how to get in touch with them if badness occurs.
- Log every procedure, resuscitation in New Innovations as you go or each day prior to leaving. Keep up with it.
- True vancomycin troughs are obtained 30 minutes prior to the 4th dose. Random Ivl only on dialysis/renal failure.
- IV infection rises dramatically at 2-3 days for peripheral IVs. >7 days for central lines.
- To give blood: 2 type & screens if never had T&S before (1 if had it before), use Blood Transfusion Order Set on EPIC, call blood bank, tell nurse blood is getting ready, call blood bank, ensure its ready, nurse sends pick up slip (sigh, slow process...)
- Febrile patients need pancultures: blood cx, UA, urine cx, tracheal aspirate (if intubated)
- Download and use Cortext. It's an app for your phone and is on most desktops. Pharmacy will use it a lot.
- Ask your senior or the clerk for anything you are confused about "I'm the new intern, sorry but..."
- Always ask questions. Better to ask and learn. The seniors are very helpful because they've all been there.

Resources:

- [Online Textbook of Critical Care](#) Great for the basics of ICU to get a head start on the fund of knowledge.
- [Enteric Feeds Calculator](#) Great way to start the feeds. Dietary consult order in EPIC can finalize orders.
- [IV electrolyte replacement guidelines](#)
- A quick read for ventilators is The Ventilator Book, by William Owens
- For drips, iPhone app is PessorDex

Quick extensions to know/to check on labs:

5342	Chemistry (chute labs #33)
5373	Hematology (chute labs #30)
4462	CT 2nd floor
4699	Ultrasound
4601	CCT
4645	X-Ray