

MICU Rotation

Hours/Locations

MICU is 3rd floor North, meet at the conference room in the center. Attendings round at 8AM.

Days: Off call 7A-3P (plan at least 5P). On call 7A-8P (plan around 8P). Nights: 8P-8A (plan 9-10P).

Attire

Scrubs

Responsibilities

The team (attending, fellows, senior, you, +/- med students) carries 12-20+ patients and you are responsible for providing good quality patient care for these patients during this month. Direct responsibilities change w your team. Generally you are responsible for 3-6 patients (notes, orders, procedures, presenting, etc). Direct responsibilities change depending on the "work ethic" of your resident. Technically you are all in charge of all patients.

Tips/Helpful Stuff

- General flow of day: Preround (7A-8A), Round (8A-12P), Make list of tasks on whiteboard (12P-1P) Finish tasks and notes, sign out (12P-3P), if you are on call you take sign outs from 3P-8P then you sign out to the night intern.

- 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 while listening to plans & updating task list. Then everyone writes tasks on white board & accomplishes them. Goal is 3PM, if you need to stay later, you stay.

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

Hints/Tricks

- Ensure every patient has an intern and a resident assigned to them at 7A prior to the attending coming in.
- Keep MICU course each day on each patient for each note. Spend effort, make a good note, then copy forward.
- For the plan section, go system by system. Ensure that there is a section for "Vent" "Lines" and "Drips" w rates.
- As you take sign outs from the day intern, ensure that morning labs are correctly entered for each patient.
- Keep track of your senior during the night. Know how to get in touch with them if badness occurs.
- When doing the lab sheet, circle the abnormal labs & replete them if they are electrolytes.
- To get vitals open ICIP (on desktop) → User: mdview / Pass: mdlogon → click "view" → "12 hr" or "24 hr"
- 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 lvl 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 (sign label) → order on QMed → call blood bank (get tracking #) → tell nurse blood is getting ready → call blood bank, ensure its ready → nurse sends pick up slip (sigh, slow process...)
- IV electrolyte replacement guidelines (http://www.surgicalcriticalcare.net/Guidelines/electrolyte_replacement.pdf)
- Febrile patients need pancultures → blood cx, UA, urine cx, tracheal aspirate (if intubated)
- A quick read for ventilators is The Ventilator Book, by William Owens. For drips, iPhone app is PressorDex