

## Allen ICU Senior Residents

**Welcome back!** Please review this rotation overview and the attached policy summary.

### Daily Schedule

**7:45 AM** Resident arrives for signout at 2FW Hospitalist office (x45218)  
**8:00-9:00** Resident/Intern work rounds  
**9:00-12** ICU Attending Rounds  
**8 PM** Evening signout with Hospitalist Attending (beeper 84558)

Virtual pager 8AICU (82428) should be signed in during the day and out to the Hospitalist at night.

### Quality and Patient Safety

Infection control is a top priority. Please enforce hand hygiene, remove all groin lines within 48 hrs (< 24 hrs if not sterile), review all invasive lines daily on Attending Rounds, and remove them ASAP. 2-point restraints must be reviewed and renewed b.i.d. with email reports to Dr. Neuberg at [gwn1@columbia.edu](mailto:gwn1@columbia.edu) including the name of the charge nurse who verified no one was missed. Also, ensure that each patient's original service or private MD is identified to avoid loss of continuity.

### Admission Requests

You will triage all admissions to the medical team. Please respond promptly to the ED because their length of stay is excessive. The ED should stabilize pts for transfer, and r/o surgical emergencies not manageable by our team, but ICU transfer should not be delayed for noncritical requests. Notify the RNs immediately after you accept an ED pt, as our standard is to get pts upstairs within 30 min of MD acceptance. For intermediate cases, a short AICU stay may be preferable to an extended ED stay hoping to stabilize a pt for the floor. You will also receive floor requests for ICU consults. You should leave documentation of your plan for either transfer or continued floor management.

### Overbookings

Normally the arrest bed is maintained on 2RE so all 12 AICU beds can be utilized. 2RE staff should notify AICU when the arrest bed is occupied, but it is best to stay in contact with them. If we can't accommodate an admission, work with ADB to clear a bed, and go down to ED within 1 hr to provide ICU consultation and assist with management of pts awaiting an ICU bed. Also, since we have a shared unit, we must be sensitive to the surgical services. If you don't have a bed for a surgical pt, notify the ICU Directors. It may be possible to divert a postop pt to PACU while awaiting the AICU bed, but that is a Directors' decision.

### Attending Supervision

Please inform your Attendings of new admissions, major issues, or disagreements with the ED. Early admissions (including accepted pts waiting overnight in ED for a bed) should be seen by a daytime Attending if possible. Attendings are required to write notes on all admissions until 1:00 pm. From the hours of 1:00 pm and 8:00 pm (when the hospitalist arrives), the senior resident is responsible for a brief, paragraph long summary note of the patient's admission, hospital course, and basic plan. This note is in addition to the PGY1 admission note. Before you sign out at 8 PM, please give your attendings a telephone report on the day's progress, so afternoon admissions will be discussed with them.

### Area A Transfers

Area A pts can be accepted to AICU if stable enough for ambulance transfer and after approval by BOTH the Milstein Med Consult and AICU Attending. Reassess safety after a long transfer delay. To arrange ambulance pick-up, notify ADB at x45079.

We look forward to working with you! Please call either of us whenever our help is needed.  
**Gerald Neuberg MD, Director (85284); Bob Foronjy MD, Associate Director (87450)**

## Allen ICU Policy Summary

**Admissions:** The Medical team treats medical, cardiac & neuro emergencies & co-covers GU, Ortho, OB, & Wound pts in AICU. General Surgery covers their own patients but may consult the ICU team for critical care issues or the Hospitalist (84558) for other medical issues. After midnight PACU closure, AICU accepts postop recovery, covered by Anesthesia. Admissions from Area A must be stable enough for safe ambulance transfer & require approval of both Milstein Med Consult & AICU Attending. ED admissions should be accepted ASAP to minimize ED length of stay. Report overbookings & problems to the Directors or Evening Hospitalist.

**Arrest bed:** An “arrest bed” is maintained on 2RE, so the last ICU bed may be used for admissions unless the 2RE arrest bed is occupied with no transfer in progress. Use of the 2RE arrest bed requires Hospitalist approval unless: 1) Two ICU beds are available to serve as temporary arrest beds, 2) an open floor bed can be used for a transfer off 2RE, or 3) a stat ICU transfer is necessary to accommodate a cardiac arrest or decompensating floor patient. When AICU is full, a patient should be kept ready with transfer orders written in case of an emergency.

**Attendings:** ICU Attendings must be notified of admissions, transfers, & major events. AM Attending Rounds begin at 9. Hospitalist Attendings cover 8 PM to 8 AM.

**Infection control:** Gloves & handwashing required before & after all patient contact. Full sterile technique required for invasive lines, and must be documented on the procedure note. Remove catheters ASAP and avoid femoral lines, which must be removed within 48 hrs .

**Nursing:** Effective care requires good communication with the staff, who should be welcomed on rounds, directly informed of all urgent orders, and notified ASAP of all accepted admissions.

**Orders:** Nasal MRSA & rectal VRE swabs required for all admissions. GI & DVT prophylaxis are routine. Cancel prior orders from other floors. Renew restraints bid, except 4-point restraints require 1:1 observation & q4h renewal after bedside assessment. For nonintubated EtOH withdrawal pts we use a Valium bolus protocol & try to avoid Ativan drips.

**Patient Relations** (Elizabeth Pritchard x44321) and **Social Work** (Amy Reinish 81599) can provide extra family support, beyond the routine daily contact from AICU Staff.

**Procedures:** Senior residents supervise procedures during the day time (until 8:00 pm). Hospitalists supervise arterial & central lines in the evening. Call Cardiology for cardioversion, pacemakers, PA lines. Call consultants for endoscopy, dialysis & bronchoscopy. Interdisciplinary “time out” must be signed for any procedure involving consent.

**Special Care outside ICU:** 2RE takes ventilators (if trached or DNR) and bipap (notify Pulmonary consult), dialysis & fixed infusions (inotropes, amio) in patients stable enough to not need ICU. 2FE takes unweanable vent patients & dialysis. Telemetry is available throughout the 2<sup>nd</sup> floor.

**Transfers:** Attending approval required. Call ADB x45079 for bed assignment. Determine whether pt has an Allen primary or nursing home MD, who must be notified and accept transfer. Once the bed is obtained, page the service coordinator 84558 for team assignment. Cardiology must approve cath transfers except for in-patient STEMI team call x40537 and x59999 for STAT transport.

**Ventilators:** Routine vent care includes 1) 30-45° head elevation, 2) GI and DVT prophylaxis, 3) wrist restraints (renewed b.i.d.) unless self-extubation risk is very low, 4) consider daily wakeups with haldol prn agitation. Respiratory Therapy handles vent setting changes.

<b>Gerald Neuberg, MD</b>	<b>Director</b>	<b>(85284)</b>
<b>Bob Foronjy, MD</b>	<b>Assoc. Director</b>	<b>(87450)</b>
<b>Mary Ellen Clark, RN</b>	<b>Nurse Manager</b>	<b>(81581)</b>

5/13/10