ICU Patient Presentation

- Hypoxemic respiratory failure
- Hypercarbic respiratory failure
- Altered mental status
- Hemodynamic instability
- Hemodynamic monitoring
- Frequent neuro/vascular checks

Opening line: "**Mr. Smith is a 62 yo M admitted to the ICU for __: "**

A one sentence statement of why your pt requires ICU care.

HPI: "**Mr. Smith has a h/o colon cancer s/p R hemicolectomy in 2016 who presented to the hospital with painless hematochezia for 2 days. Found to be symptomatically anemic with a H/H of 5.2/20. Transfused 2 uPRBs and admitted to the ICU for observation"**

- Relevant pmhx
- Timeline of current illness
- Interventions done

Interim events: "Since admission, Mr. Smith's tachycardia has resolved however he continues to have hematochezia with an inappropriate response to blood products. GI consulted, colonoscopy planned."

- Summary of significant events since admission or overnight

Objective:

Vital signs and Labs: "Overnight, tachycardia resolved, blood pressure was stable. Morning H/H 7.2/26. BMP is wnls"

- Provide a summary of *significant* vital signs and labs. If the attending wants more detail they will ask for it. Don't just read off data that is normal or irrelevant
- When presenting objective data limit your commentary and analysis but identify trends or outliers – "improved, abnormal but stable, down-trending, up-trending"
- Data that's within normal limits often does not need to be presented or can be summarized as "wnls"

Ventilator Settings:

- Every morning note the vent setting (PC, AC, PRVC, etc) FiO2, Peep, Rate
- Recent ABG or VBG – any vent changes made in response?

I/O: "oliguric, with an averaging UOP of 20 ml/hr. Fluid balance +2L"

- UOP reported as an average per hour or total over 24 hrs
- Olguria is UOP < 500 ml in 24hs or < 0.5 ml/kg/h in an adult
- Fluid balance is the net fluid status over 24 hrs reported as positive, negative, or even

Drains: "JP drain in RUQ with 200 ml/24hrs of serosanguinous output"

- What type and where: chest tube, JP drain, subdural drain
- Description of output: serous, serosanguinous, bilious, bloody
- Volume of output over 24 hours

ICU Patient Presentation

Imaging: "AM chest XR with RLL consolidation, improved from yesterday"

- summarize new findings
- compare to previous imaging

Micro: "blood cultures from 6/26 shows moderate growth of gram positive rods, speciation and susceptibilities pending. NGTD on sputum cultures"

- check the micro reports daily
- report specimen type and date: blood/sputum/fluid culture from (date)

Physical Exam:

- **Preform the whole exam but only present the *pertinent* findings**

General: level of consciousness – alert, somnolent, sedated, agitated, comatose, delirious

Neuro: GCS, on or off sedation?

- GCS – be descriptive, localizes, withdraws, opens eyes to voice/pain, follow commands?
- Ask RN what the exam is off sedation

HEENT: pupil exam, suctioning requirements, strong/weak cough, NGT or OGT

CV: ectopy? Peripheral pulses? Edema?

Pulm: intubated? Breathing over the vent?

Abd: distention?

Genitals: foley in place? Skin breakdown? Swelling?

Ext/skin: ask RN about pressure ulcers, skin breakdown, bruising, redness

Assessment: "62 yo M admitted for hemodynamic monitoring with concern for acute lower GI bleed. Hemodynamically stable following blood transfusion. Colonoscopy with GI pending."

- Two lines or less summary of why the pt is in the ICU, significant new findings or interventions and what treatments or interventions have been performed or are pending.

Plan: a breakdown of active problems by system and *your plan* for intervention. What actions are you going to take today.

Neuro:

- What is the pain control regimen? Is it working? Can it be weaned, convert from IV to PO or short acting to long acting?
- Sedation – What drips are they on? At what rate? Is it still needed, can it be weaned?

ICU Patient Presentation

CV:
- Blood pressure control:
  - hypotensive on pressors? Which pressors and what rates?
  - hypertensive on meds? Which meds/drips?
  - How are we going to wean the drips?
- MAP goals
- Lactate trend

Pulm:
- Why are they intubated and vented?
- Spontaneous breath trial?
- Extubate? Tracheostomy?

GI:
- NPO/type of diet/TFs
- If NPO, when can they eat
- Are they meeting nutritional goals?
- Last bowel movement? Type of stools?
- Bowel regimen
- GI ppx

Heme
- H/H trend (if normal, do not present)
- Platelets trend (if normal, do not present)
- Transfusions over past 24hrs
- DVT ppx? If held why? When can it be started?

ID:
- Comment on fevers, leukocytosis, bands
- Narrow abx?
- Date abx were started
- End date for abx

Renal:
- Cr trend (if normal, do not present)
  - AKI? Urine lytes? Renal ultrasound? Pre-renal, intrinsic, post renal?
- UOP appropriate?
- Foley? If so, can if be removed?
- Are they on the electrolyte protocol? If not, are there any electrolyte abnormalities?

Endo:
- How often are glucose checks?
- Is the glucose controlled?
- Can you start scheduled long or short acting insulin?

PT/OT/SLP:
- have they been consulted: yes or no
- If no, why not: bed rest, awaiting TLSO brace, etc
- are there weight baring restrictions in the extremities or other limitations to movement
- what are their recommendations?

Lines/Drains/Access:
- Keep a running list and when they were placed
- ETT, JP drains, chest tubes, foleys, PICC lines, CVC
- Can any of them be removed?

ICU Patient Presentation

Dispo:

- What is keeping the pt in the ICU: continue ICU care for – ventilatory support, hemodynamic instability, frequent neuro checks, etc.
- Expected discharge plan: acute rehab, sub-acute rehab, skilled nursing facility, home with home health, home with family, etc.

CODE STATUS:

- Should be listed at the end of every note
- All caps and bolded: **FULL CODE, DNR/DNI, LIMITED CODE, DNR – SUPPORT OK**

Daily Rounding Checklist:

- Presented as rapid bullet points at the end of you pt presentation, no more than 10 seconds

☐	**Ventilator** order - Update with the correct settings
☐	**Ventilator weaning** order - Order daily for 0500
☐	**Sedation weaning** order - Order daily for 0500
☐	**VAP bundle** - Chlorhexidine mouth wash - Q4h oral care - PPI - VTE prophylaxis
☐	**Restraint** order - Order daily for 0500
☐	Evaluation for **Extubation** - Consider tracheostomy
☐	**Lines/Tubes/Drains** - Each need an active order - Can any be removed?
☐	**Antibiotics** - Stop date? - Narrow? - Review micro results
☐	**Labs** - AM labs? - Remove unnecessary scheduled labs
☐	**Imaging** - Review resent results - AM CXR?
☐	**Diet** - If NPO -> consult dietitian and TF order - Bowel regimen
☐	**Family** - Have they been updated? - Family meeting to discuss GOC?