

## Pavilion 11 SICU Expectations:

The ICU is a demanding rotation where you have the opportunity and responsibility to take care of the sickest surgical patients in the hospital. These patients require intense and vigilant 24-hour monitoring and care.

- Residents are primary providers in the unit and should have a vested interest in patient care
  - A provider should be present in the unit and immediately available to be at bedside at all times
  - If you are stepping off the unit to get something to eat, the other providers and charge nurse should be notified, so that they can immediately get in contact with you if needed
- Residents are expected to arrive in time to receive sign out and then see and evaluate their patients before rounds begin
- Everyone is expected to be present and actively engaged during rounds.
- On day shift (6a-6p), all residents are expected to stay the entire shift and then sign-out their patients to the night float resident. Residents are expected to be present on the floor of the unit. Most critical care occurs at the bedside.
- On Night Float (6p-6a), residents are expected to be present on the floor of the unit. Residents are expected to be present and awake all night. Call rooms are for residents on 24 hrs. calls, not night float. The night float resident will sign out to the daytime residents at 6a.
- When taking your one 24 hr. call per month, it is expected that residents are present in the unit, frequently checking in on their patients and with the nurses.
  - If leaving the unit, your fellow or APP and charge nurse should be notified of where you are going and when you plan to be back
  - You should be immediately available to be at bedside at all time
  - A call room is available on both the Green and Gold side for use for the residents taking 24 hr. call. The Gold service resident call room is Room #H11317, across from patient room #1153 on the museum side of Center 11. The Green service resident call room is in the off stage space in Campus 11, room #11444.
- **\*\*As the resident, you are the primary provider for the patients and should be the first point of contact by the nurses for any concerns or orders needed throughout the night. It is NOT acceptable to delegate this responsibility to anyone else.** The fellow on call with you is a valuable resource and will be your first call should any situations arise.

We understand this is a tiring and draining rotation. We understand that most of you will not go into critical care; however, we believe the skills you learn on this rotation are directly applicable to all areas of anesthesia and surgery and will make you a better OR/perioperative physician. At some point a critically ill patient will go directly to the OR before going to the ICU, in that role, you will need to put on your intensivist hat and be able to systematically address all the systems of the body in order to safely provide care and get this patient through the operation. In addition, you all will care for patients that end up needing to go to the ICU –

whether planned because of patient co-morbidities/nature of the surgery or unplanned because of intra-operative complications – understanding what ICU care entails will help you optimize these patients in the OR for their post-operative course. Penn prides itself in training true perioperative physicians on both the surgical and anesthesia sides of the drapes. Understanding how to take care of critically ill patients and optimize them for surgery or care for them after surgery is the pinnacle of this principle and will continue to demonstrate the value of our specialty within the health system and improve the care of our patients. We are here for world class training; it is important to remember that our patients came here for world class care.

Tips from Nursing staff:

- Notify bedside RN when stat orders are placed
- Notify bedside RN when blood product (stat or not) orders are placed
- Introduce yourself each shift so that RN knows who is covering their patient
- **If RN calls you with an issues, make every effort to come to the bedside to assess the patient**
- Make every effort to place orders in real time
- When ordering labs, make sure that you've ordered all the labs you need
- Consult with transplant teams when placing orders on their patients
- Remember to modify current orders instead of discontinuing and re-ordering medications (this is important with pump integration and I have attached the tip sheet)
- Don't touch Alarms in room
- Close communication with bedside nurses whenever making changes in rooms (i.e. removing A.line)