

MICU Housestaff Orientation

Welcome to the UCH-MICU!!!

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Physical Layout of the MICU

- * 24 bed MICU
 - * 2 neighborhoods (North and South, each 12 bed)
 - * **Nurse: patient** ratio roughly **1:2**
 - * Nurse manager, associate nurse manager, nurse educator routinely on unit
 - * **Charge nurse** present for each shift
 - * Designated **respiratory therapists** for MICU (1-2, depending on acuity of patients)
- * MICU-designated call rooms for residents, attending on EAST side
- * Lockers available (ask for different locations)
- * 2 procedure carts on the MICU
 - * PPE stocked
 - * Arterial lines-stocked
 - * TAP for central lines
- * 2 ultrasound machines
- * PACS unit in rounding room

Other MICU service sites

- * MSPCU: 10th floor of the AIP
 - * New “step-down” admissions
 - * Borderline ICU admissions
- * Occasionally, MICU patients are housed in other places
 - * Communication with CHARGE RN to request transfer to MICU when possible

MICU Admissions

- * Policy in place to “see” admissions in a timely fashion
 - * ICU: within 30 min
 - * MSPCU: within 1 hr
- * Professional interactions with admitting personnel are encouraged to address all proposed admissions and promote appropriate triage
 - * Let upper levels know if you are overwhelmed or confused
 - * Fellow present during most daytime hours
 - * Attending present 24/7
 - * Place cursory orders ASAP, particularly when you are busy

MICU Communication

- * Communication with RNs and RTs is critical
 - * Face-to-face strongly encouraged for stat/emergent orders
 - * “Nursing communication” orders in EPIC: one time only!!
 - * Brief interactions at change of shift (~0700 and ~1900) can save much time and facilitate care
 - * Has the patient had a sedation holiday (if using sedation)? If not, why not?
 - * Is the patient ready for a spontaneous breathing trial or to be extubated?
 - * Does the patient need any procedure urgently, or have other issues that can't wait?
 - * Can the patient's status be downgraded?
 - * Please be considerate of nursing report during these times, however!!
 - * Communication checklist (green sheet)-foster engagement with RNs
- * No verbal orders unless emergent order
- * Sign all verbal/telephone orders ASAP

Workflow in the MICU-1

- * Don't forget to add yourself to the “treatment team”
- * **Progress notes**
 - * Complete early in the day, flag to attending
 - * Please use templates available for this purpose
 - * PE, ROS documentation very exacting/tedious otherwise
 - * *Transfer notes* are fine substitutes for progress notes
 - * *Discharge notes* are fine substitutes for progress notes
- * **Procedure Notes**
 - * Complete ASAP post-procedure, flag to attending
 - * Note templates exist for most bedside procedures

Workflow in the MICU-2

- * Transfer of patients: must have a TRANSFER ORDER, not merely an update in status
 - * “Transfer navigator” can facilitate this process
 - * All changes in level of care require new orders, and an update in “level of care”
 - * “Rounding navigator” can aid in order discontinuation and cleanup prior to transfer
- * For Transfers with a floor bed before 1600
 - * Care assumed by floor team
- * For Transfers with a floor bed after 1600
 - * Cross cover performed by MICU overnight
 - * Care assumed by floor team at 0700 next day

EPIC Ordering

“There’s more than one way to skin a cat”

* Many, many ORDER SETS exist in EPIC: save your FAVORITES

UCH Medical ICU Admission: For ICU or MSPCU status patients

UCH Severe Sepsis

UCH Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycemic State (HHS) Admission

UCH Alcohol Withdrawal

UCH ICU Electrolyte Replacement Guideline

UCH Pain/Agitation Management for the Mechanically Ventilated Patient: will automatically initiate a sedation holiday!

UCH Heparin Continuous Infusion for ACS/Afib/Arterial Thrombosis
or DVT/PE and Cardioversion

UCH Adult IV Insulin Infusion

UCH Neuromuscular Blockade Agent – Adult ICU

UCH Subcutaneous Insulin: Continuous TF or TPN with 70/30 & Lispro

Other fun administrative pointers!

- * In the supply room, “**tap**” required items (e.g. central line kits) so that they will be re-stocked in a timely fashion
- * **Foam in and out** of patient’s room, even if not touching patient.
- * **Yellow gowns/gloves** in isolation rooms, even if not touching patient

Resources

Internal medicine website: MICU selected readings. Updated approximately annually and will give you a framework to understand why ICU care is provided like it is

<http://www.ucdenver.edu/academics/colleges/medicalschoo/dep/rtments/medicine/intmed/imrp/CURRICULUM/Pages/SuggestedReading.aspx>

UCH critical care website: access to policies and procedures for our ICUs. Also additional resources such as admissions/discharge criteria, etc <http://hub.uch.edu/champions-committees/critical-care-committee/>