Critical Care Team Expectations

- All patients require a daily progress note*
- All patients require a note in WakeOne when an event or significant change in status occurs
- Available checklists and protocols must be used to guide all decisions in the ICU
- A daily goal checklist must be completed for every patient, every
- day with the assistance of a nurse in the ICU
- The SCC Quick Reference Handbook should be used to guide all care decisions in the ICU
- Complete the Admission to ICU checklist for all new admissions
- Complete the Transport checklist for all patients leaving the ICU
- The Attending / Resident Surgeon Briefing Checklist must be completed prior to starting any operation performed by a resident surgeon
- Always maintain open lines of communication with all members of healthcare team in the ICU
- Prior to transferring a patient out of ICU, notify the care team that will be providing care to the patient after transfer
    - A transfer note in WakeOne must be completed prior to transfer

***Daily ICU Progress Note** –

- Use the progress note entitle "WH Acute Surgery Note"
- Before creating progress note, update the Problem List (see next page for critical diagnoses)
- ICU team is responsible for notes on all patients in the TICU or SICU at the time of morning check out/check in (0600)
- Assign progress notes to the attending physician schedule to round in the respective ICU on that day

Critical Diagnoses –

- For any diagnosis present on admission, it is very important to designate it as such by clicking the "Present on admission" button in the "New Problem" window
- Every one of the following diagnoses that are applicable in each patient should be included in the Problem List exactly as written below. If the exact wording is not included automatically by EPIC, change the wording under "Display" in the "New Problem" window.
    - Septic shock is present if pt has SIRS + infection+hypotension
    - Make sure acute blood loss anemia is specified as "acute"
    - Make sure that protein/calorie malnutrition is documented as "Severe protein calorie malnutrition

- Acute renal failure due to acute tubular necrosis
- Acute renal failure
- Acute renal failure due to renal cortical necrosis
- Acute renal failure due to renal medullary necrosis
- Acute blood loss anemia
- Septic shock
- Severe protein calorie malnutrition
- Cerebral/vasogenic edema
- Pneumonia
- Acute respiratory insufficiency following trauma and surgery
- Sepsis
- Septicemia
- Severe sepsis
- Acidosis
- Cardiac arrest
- Brain compression/herniation
- Acute myocardial infarction, initial episode of care
- (Nontraumatic) subarachnoid hemorrhage
- (Nontraumatic) intracerebral hemorrhage
- Acute respiratory failure
- Acute respiratory failure following trauma
- Cardiogenic shock
- Hemorrhagic shock
- Hypovolemic shock
- Shock without trauma
- Traumatic shock
- Postoperative shock
- Shock
- Concussion with prolonged LOC without return to pre-existing level of consciousness
- Subarachnoid hemorrhage following injury with prolonged LOC without return to pre-existing level
- Intracranial injury with prolonged LOC without return to pre-existing level of consciousness
- Subdural hemorrhage following injury with prolonged LOC without return to pre-existing level of consciousness
- Nontraumatic extradural hemorrhage o Nontraumatic subdural hemorrhage o Diabetic coma type 1 (juvenile type) o Diabetic coma type 2
- Klebsiella pneumonia
- Pseudomonas pneumonia
- H. Influenza pneumonia
- Staphylococcus pneumonia
- MRSA pneumonia
- E. Coli pneumonia

- Gram negative pneumonia
- Aspiration pneumonia