**Morning Check-Out**

Morning Check-Out starts at 0600.

Team A and B will report to the Heart Lung Unit. Team A will participate in phone checkout in the front “fishbowl” (closest to the lobby entrance). Team B will participate in phone checkout in the back “fishbowl” (closet to the staff bathroom in back).

Team C and D will report to T2. Team C will participate in phone checkout in the front “fishbowl” (closest to the lobby entrance. Team D will participate in phone checkout in the back “fishbowl” (closet to the staff bathroom in back).

Team E and F will report to T3. Team E will participate in phone checkout in the front “fishbowl” (closest to the lobby entrance. Team F will participate in phone checkout in the back “fishbowl” (closet to the staff bathroom in back).

Mid-tier physicians will report to T3. They will join Matt Chandler at the large round table just outside the front T3 “fishbowl”.

We will have hard copies of your census printed out for you. Handoff information with a more detailed description of the patient’s situation will be in Epic (see below). There will be a Team Pager (ex Team A) for the bedside physician. The mid-tier physicians (ex Mid-tier 1) will also have a pager.

The call-in information for telephone checkout is below. If you have any issues phoning in, simply text me and I will send someone over to help. In addition, we will have someone scribing notes for check-out in case there are sound or log-in issues.

The Night Admitting ICU Service will start with new admissions overnight. If you had a new admission, it will be already added to your list prior to checkout. Following this, they will run through any acute issues that may have happened overnight.

Following Check-Out, Bedside Providers are welcome to outline how they want to run rounds with their Resident and Intern.

As providers will be shuttling in and out multiple times for any given team, we will be using a Epic Handoff to maintain a running summary on each patient on a service. As will be outlined below, this will be updated following rounds by the Intern. We will provide information regarding Epic Handoff later today or tomorrow morning.

Additionally, if anything comes up during the day (ex. responsibilities elsewhere in the hospital) or you are uncomfortable with the ask in any way, we have critical care APPs, Dr. Hughes, and myself to step in to cover your bedside team for whatever duration.

**Rounding**

Bedside teams will round on their patients. The bedside provider can start the note or have the intern start the note. Some useful dot phrases can be accessed from Dr. Richard George’s via smartphrase manager. These include:

.IMICUCOVID (a streamlined ICU note, useful for covid patients. PE is pre-checked and should be adjusted prn)

.RGATTESTPN (one version of resident attestation)

.RGATTESTCCT (one version of critical care attestation)

The bedside provider will perform the physical exam and ultimately sign the note and bill the encounter. The resident should place orders and follow-up with patient families by phone after rounds. The intern will assist with transfers and update the Epic Handoff. Nurses will page the bedside provider’s team pager with questions or concerns. Otherwise, rounds can be structured as providers like.

The bedside team will advance the plan as far as they can on a single patient then contact the mid-tier provider (ex “111 ready” by cellular text or perfect serve) and share the unsigned note with the mid-tier provider. (Of note, there are some days where a cardiologist would be sharing the note with their fellow. If they wish to bypass this step, sign the note, and contact the intensivist directly, they are welcome to do so.) The mid-tier provider will add their comments at the bottom of the note and contact the bedside provider that the note is ready to sign and bill. The mid-tier provider will then text the intensivist that a patient is ready for review. If the intensivist alters the plan, he or she will alert the bedside provider.

In addition to information on Epic Handoff, we will include information on how to Share Notes via Epic tomorrow morning as well.

Once rounds are complete, bedside teams are free to do as they see fit, though subsequent ICU activities (ex. spontaneous breathing trials) will oblige them to stay available. If procedures need completed, please page Dr. Gwen Hughes who will take of the procedure herself or delegate the procedure to other ICU staff. For the handout, the Intern will be asked to include a concise summary statement including admission dx, relevant PMH, and abbreviated plan. Under To Do: Duties for ICU Standard Service Night to handle and plans for possible issues.

**Afternoon Check-Out**

Afternoon Check-Out mirrors Morning Check-out. We will check-out starting with Team A and proceeding through Team F. Then the day ICU team and Admitting team will check-out. Generally, we focus check-out on either unstable patients and/or patients with issues that require overnight follow-up. Webex information is below.

**Healthstream**

A second batch of Healthstream talks went out on Friday. If you didn’t get an alert and would be interested, please let Poppy Beeman know. She will bundle requests and contact the remote learning folks on Monday.

**ICU Procedural Manual**

Has useful information and updated Covid-19 policies for ICU.

<https://www.summalearner.com/summa-critical-care-home>