Quick MICU Orientation Guide

1. MICU Call Schedule
   a. Q4 day call rotation: Long call (overnight) ➔ Post call (leaves by 11am) ➔ Short call (admits till 2, leaves after PM rounds) ➔ Pre call (leaves around noon after work is wrapped up)
   b. Weekends: 1 golden, 2 grays, 1 black. If you are not on call or post call on a weekend, that day is off.
   c. Pre-call Fridays are off starting in September. There are no pre-call Fridays from June to August.
   d. Everyone MUST log duty hours EVERY DAY on MedHub in the VA MICU. Please tell us if you are getting close to violating duty hours.

2. MICU Workflow
   a. Arrive between 6-7am to start pre-rounding.
   b. Rounding with cardiology and pulmonology attendings from 8-10:30
   c. Post-call team leaves by 11am (no exceptions!)
   d. Teaching session 11:30-12 (post call does not stay for this)
   e. PM sign-out rounds 3-4pm with short and long call teams

3. Admissions
   a. Patients cannot be rejected for admission without being staffed with the ICU fellow or attending
   b. All patients being initiated on BiPAP for acute respiratory failure go to the ICU team and must be either in the PCU or MICU because they are high risk for needing intubation
   c. We are not an open ICU, but sometimes there are boarders due to bed issues. If a patient is admitted to a medicine team, but placed in the MICU for a tele bed, please let the chiefs know.

4. Transfers
   a. If you are transferring a patient to medicine, please let the charge nurse know.
   b. Check if the patient is a bounceback (same resident or intern over the past 30 days).
   c. Once they have a bed, please call AOD (x58236) to ask them what team they go to or let them know what team the patient is a bounceback to.
   d. Then call the medicine team for the transfer.
   e. If you are transferring a patient to medicine that is staying in the PCU, it needs to have approval from the medicine attending. Ideally, this is an attending to attending conversation.
   f. Transfer summary is needed for all patients in the ICU for more than 48 hours.

5. Paging
   a. VA Pager: dial 9-516, then 4 digit pager #.
   b. GT pagers: dial 10 digit pager number.
   c. WR pagers: dial 1-800-759-8352.
   d. To call Vocera from a landline phone: 5-8899

6. CODE BLUE & Rapid Response
   a. Code blues are run by the MICU on call resident. Write a “Code Blue: Medicine Note.”
   b. Rapid Response: run by Medicine Call Team (MICU intern will go to these). The intern should check with the medicine team that they will write a “Physician Rapid Response Note.”

7. Procedures
   a. Log all procedures in MedHub and assign to an attending to verify. Fellows cannot verify.
   b. All procedures require a procedure note in CPRS. Use “Med: procedure note” or “central line insertion note”

8. Conferences
   a. Food provided at Medicine noon conferences on Tues/Wed/Fri.

9. Consults: page consultants and please place consult order in CPRS as well
   a. Place callback and team number on all consults, referrals, and orders; specifically to radiology and pathology.

10. Discharges
    a. You must complete a medication reconciliation, discharge instructions part A note, and discharge instructions part B note before a discharge order is placed.
    b. Discharge summaries must be completed by the resident within 24-48 hours of discharge.
    c. If not completed by rotation end, resident WILL be called back to VA to complete all summaries.
**MICU ORIENTATION**
Revised 3/5/18

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**Daily Workflow:**
- **At 7AM,** the short call resident picks up the MICU resident pager from the post-call resident and admits until 2PM.
- **Rounds start at 8:00 AM** every day, and end by **10:30AM**.
  - All interns and residents need to stay for the entirety of rounds.
  - Interns/resident pairs pre-round daily on the patients in the ICU service that were admitted by them.
- **Between 10:30 and 11:30,** focus on completing urgent tasks (i.e. urgent procedures, calling new consults).
- Dedicated didactic time is **11:30-12pm,** and should be given 4 days a week by the attending or fellow who is currently on service.
- **Between 12-2PM,** the long call team has dedicated rest time during which they have no patient care responsibilities. At this time, they turn over their pagers and voceras to the cross cover team, and sign out care for their patients for those 2 hours to the cross cover team.
- **At 2PM,** long call team takes over the pagers and voceras.
- **Between 3-4PM,** afternoon rounds with the attending or fellow are held. The short and long call teams should stay for afternoon rounds.

**About the schedule**
- **Q4 call schedule**
- **Pre-call team**
  - Pre-round and responsible for care of patients admitted by them.
  - During rounds, enter orders that are discussed in the computer.
  - Receive sign out from post-call team and cross cover their patients. Help with calling consults so that post-call can finish notes and leave by 11AM.
  - Receive sign-out from long-call team at 12PM and are responsible for care of those patients until 2PM.
  - Once cross cover patients are wrapped up, sign out patients to the call team.
- **Long call team:**
  - Arrive earliest at 7AM to pre-round.
  - Signs-out patient care responsibilities to cross cover team from 12PM to 2PM daily for dedicated rest time.
  - Take pagers and voceras from day call team at 2PM.
- **Post call team**
  - At 7AM, give pager and voceras to short call team.
  - Pre-round on patients admitted by them overnight and previously.
  - Stay for entirety of rounds.
  - After rounds, sign out care of your patients to the cross cover team.
  - Leave no later than 11AM on their post-call day.
- **Short call team**
  - Pre-round and responsible for care of patients admitted by them.
  - Take pagers and voceras from post-call team at 7AM, and admit until 2PM.
  - Stay for PM rounds, which finish no later than 4PM.
  - After rounds, sign out care of their patients to the long call team.
- **Days off**
  - If you are not on-call or post-call on a weekend day, you are OFF
  - Your pre-call day before your black weekend is a day you are OFF (does not apply from July to September).
  - Each intern and resident will have at least 4 days off in a 4 week period.
How to be an Intern in the MICU:

- **Pre-rounds:**
  - Meet with post-call intern to pick up a new patient list and get sign-out about overnight events.
  - If your intern/resident pair has >4 patients, the intern will see 4 patients and the resident will see the rest by him/herself.
  - Check ICIP for vitals: Tmax, BP range, HR range, RR, O2 sat, I/O’s, last bowel movement, lines
  - Check CPRS
    - Consult/nursing notes since rounds on previous day
    - Labs (check trend & cumulative), microbiology/cultures
    - Imaging (AM chest x-rays, previous reports, etc)
    - Medications (antibiotics day#, use of prn meds)
  - Check telemetry events
  - Examine patient, check vent settings, check lines, check foley (date inserted)
  - Discuss plan with your resident prior to rounds.
  - Start “MICU Progress Note” prior to rounds and “save without signature”

- **Rounds:**
  - Bring copy of EKGs or telemetry event strips on rounds
  - Take note of the to-do’s for each patient

- **Post-rounds:**
  - Run the list on your cohort of patients, and divide the work for the day.
  - Enter any orders not entered during rounds (ALWAYS double check those entered by other team members during rounds).
  - Call consults with appropriate question (ask fellow/attending if question is not clear)
  - Update/Sign progress notes
  - Before signout out, touch base with your patients’ nurses. Go over sign-out on all of your patients with your resident.
  - Update HAND OFF on all your patients.
  - Verbally sign out patients to the long call team.

How to be a Resident in the MICU:

- **Pre-rounds:**
  - Meet with post-call intern to pick up a new patient list and find out about any overnight events with your patients. If your intern/resident pair has >4 patients, the intern will see 4 patients and the resident will see the rest by him/herself.
  - For patients that the intern is seeing by himself/herself, touch base with the intern before rounds about the patient’s plan for the day.

- **Rounds:**
  - Present any patients that you saw by yourself this morning.
  - Cross cover resident enters orders during rounds.
  - Day call resident will evaluate/admit any patients while the team is rounding.

- **Post-rounds:**
  - Huddle with your paired intern to run the list on your cohort of patients, and divide the work for the day.
  - Go over sign-out on all of your patients with your interns.
  - Update HAND OFF on all your patients.
  - Supervise your intern’s sign-out to the long call team.

**MICU Consults/Evaluation:**

- The resident will be paged to evaluate patients for possible admission to the MICU team. A patient should be seen within 15 minutes of a request. Every patient must be discussed with the Cardiology or Pulmonary fellow to determine whether or not to admit the patient to the ICU. The resident must write one of the following notes on patients evaluated:
  - “MICU TRANSFER EVALUATION Note” if the patient is rejected from the floors
MED: Transfer/Receiving Note” if the patient is accepted from the floors
MED: Admission H&P Note” if the patient is accepted from the ER

• All evaluations, whether or not they come to the MICU or PCU, MUST BE STAFFED BY THE FELLOW AND/OR ATTENDING.
• While the team is rounding, the short call resident admits. At all other times, the intern/resident pair works together.
• ER admissions cannot be blocked, unless an attending to attending conversation occurs.
• All patients newly on BiPAP for respiratory distress go to the MICU team, whether in the PCU or MICU.

Nursing Home Evaluations (CLC):
• The CLC is a nursing home that is located in the VA near Building 6 and employee parking. You may get called to evaluate a patient there.
• If you think the patient needs to be admitted, call the geriatrics fellow/attending and MICU/CCU fellow.
• If you do not think the patient needs to be admitted, you must call the geriatric fellow to discuss your assessment and plan. You must also write an evaluation note.
• If there is controversy over the admission (i.e. should the patient go to the MICU vs. CCU vs. floor), discuss the case with your fellow, and if your fellow also feels that the patient should not come to the MICU, the MICU attending and nursing home attending need to discuss the case and come to a resolution.

Transfers from Outside Hospital
• All transfers from an outside hospital (Martinsburg VA, etc.) must be accepted by an attending, and the attending should write the admission referral note in CPRS that you will be able to see.
• If you get called by an attending at another hospital for a transfer, see if it needs the cardiology or pulmonary service. You can help the outside hospital can in touch with the respective attending.
• Residents or fellows CANNOT accept/deny a transfer.

Transfers out of the MICU:
• Patients can be transferred off the MICU/CCU service when they are ready for floor-level nursing care. If they still require PCU-level nursing care, they should stay on your service in the PCU.
• To transfer a patient out:
  1. Tell the charge nurse that the patient is ready, and what kind of bed they need (medicine, med-tele, or PCU).
  2. Write the patient’s information on the transfer board.
  3. Check if the patient is a bounceback (same resident or intern over the past 30 days).
  4. When the patient has a bed
     • Between 7AM-4PM: Call the admissions office (x54962) to tell them the patient is a bounceback and to which team, or to find out which medicine team is up next for an admission.
     • Between 4PM-7AM: Call the AOD (x58236) to tell them the patient is a bounceback and to which team, or to find out which medicine team is up next for an admission.
  5. Use vocera (x58899) to call the appropriate team and tell them about the patient. The medicine team is responsible for coming to the patient’s bedside within an hour to hear about the patient at their bedside (face-to-face handoff).
• The resident who admitted the patient must write a transfer summary for all patients in the MICU for more than 24hours. The summary must be complete before calling the medicine team. Please write an appropriate hospital course.
• Please do not call the medicine admitting resident about a transfer until that patient has been assigned a bed (even if they have been waiting for a bed for several days). This is the policy established by the MICU and Medicine attendings.

Code Blue:
• The MICU resident on call runs codes. Regardless of who gets to the code first, the MICU resident is the team leader and must step into that role as soon as he/she gets to the code.
• The MICU intern is expected to be at the code.
• Only the on call resident and intern need to leave rounds to go to the code (not the entire team).
• The pulmonary fellow/anesthesia are responsible for securing the airway.
• The ER attendings are on call on the weekends for airway/intubation.
• A separate code blue note must be written after all codes. Note title under CPRS is “CODE BLUE: MEDICINE NOTE”
Disaster Policy:
• MICU intern cap: 5 admission + 1 transfer in a 24 hour period
• MICU intern/resident team cap: 10 admissions + 4 transfers in a 24 hour period.
• If the MICU team caps, or is overwhelmed, the MICU resident should contact the admin chief resident.

Documentation
• Admission Note: “MICU ADMISSION H&P”
• Progress Notes: “MICU PROGRESS NOTE”
• Patients evaluated but not accepted: “MICU TRANSFER EVALUATION”
• DNR/DNI Documentation:
  o WRITE A DNR/DNI ORDER in CPRS under “add new orders clinician” → #7.
  o WRITE an “Life sustaining treatment” Note.
  o Document code status in your daily progress note and in the transfer note or discharge summary.
• Procedure Notes:
  o Write a procedure note for all procedures that are done or attempted (even if not successful).
  o Central lines = “CENTRAL LINE INSERTION NOTE.”
  o All other procedures = “MED: Procedure Note (Universal Protocol).”
• Discharge Instructions:
  o Step 1: Complete “Discharge Instructions Part A.”
  o Step 2: Review and reconcile outpatient medications (discontinue, change, or prescribe any medications).
  o Step 3: Complete “Discharge Instructions Part B.”
    ▪ These instructions are given to the patient and should be completed on the morning of discharge.
    ▪ Include a brief summary of the hospitalization, written so that the patient can understand it.
    ▪ Review the outpatient medication list and classify each medication for the specific medical condition it treats (for high blood pressure: lisinopril 20mg by mouth daily, amlodipine 10mg by mouth daily).
    ▪ The instructions should be reviewed in detail by the resident before signing the document.
  o The intern should review discharge instructions with the patient. Please ensure that the patient receives his or her medications prior to discharge.
• Discharge Summaries:
  o D/C summaries are to be completed by the resident on the day of discharge.
  o D/C summaries must be completed for all patients, regardless of length of stay and for patients who die.
  o The admitting resident is responsible for the discharge summary.
• Deaths:
  o Write a “Death Summary” note. This is the death note with the physical exam and time of death and that the family and attending were notified.
  o All patients who die need a Discharge Summary”

Sign-Out:
• The housestaff should update the sign-out for any patient that they admitted.
• Sign-out can be accessed through CPRS → Tools → Hand-off

Order Renewals:
• Restraints need to be renewed every 24 hours.
• Narcotics need to be renewed every 72 hours.
• Antibiotics need to be every 7 days unless a duration is specified.

Radiology:
• A radiologist is on call at all times. See VA phone number list.
• You can hear dictations by calling x8677 or 8678 or 8888, dial #199, the 1+ SSN. The most recent dictated report will be played. Press 5 for an earlier report.
• If a reading is unavailable one hour after completion of the study, call the CT technologist: ext. 6938 or Vocera “CT Tech”.
• For questions about a radiology interpretation after-hours or during weekends or holidays, call the NTP clinical service at: 1-877-780-5559.
• All STAT and URGENT exams MUST include contact information for the requesting physician. If the requesting physician will be signing out to another physician, the covering physician’s contact information MUST be entered in the requisition. Any STAT exam without such contact information will not be performed.
• **For overnight radiology studies that must be followed up,** please order these STAT so that the night hawk will read them. Include your team name and contact information in the comments section of the order.

**Cytology**

- All specimens need to be labeled with 2 identifiers (FULL name and FULL SSN) and the source of the specimen. A Tissue Examination Request Form (SF515) must accompany the specimen. That form also needs to be labeled and clinical data should be indicated. **There is no electronic alternative to this form.** A form can be downloaded from the intranet – see departmental listings.
- Please write your name, team and availability legibly on the form.
- Physician/Department will be notified if a specimen is received without proper labeling the specimen will be held for 5 business days; **if no corrections are made, the specimen will be discarded.**
- Never add formalin or other fixative to the specimen. Submit the specimen ASAP for proper refrigeration prior to processing.

**Paracentesis**

- Submit all the fluid you obtained.
- Collect specimens for cultures separately – we cannot take a sample without risk of contamination.

**CSF**

- Please indicate if the patient has suspected CJD.

**Useful numbers**

- Anatomic Pathology Resident x58608
- Histopathology Lab: GB116; x57508
- Cytopathology Lab: GB114 x56986

**Accompanying Patients to Radiology:**

- A physician does not have to accompany a MICU patient when they go to Radiology. However, unstable patients should be accompanied by a physician.
- Otherwise, a nurse must accompany a MICU patient when they go to Radiology.
- This has been discussed with Radiologist Dr. Adib and MICU Nursing Staff.

**Procedures:**

- For all procedures, please follow JCAHO patient identification guidelines. Call a “time-out” for identification. The patient must verbalize his/her own name and date of birth, not just respond “yes” to the provider.
- You must practice full sterile technique for ALL procedures (including hat, mask, gloves, and gown). If you are seen doing a procedure without full sterile technique, you will be asked to remove the line or stop the procedure and re-start the procedure using full sterile technique.
- Write a procedure note (see above).
- Log the procedure in MedHub.

**Students:**

- MS4s may rotate in the MICU. They will admit patients under the supervision of the on-call resident. They should write an admission H&P and daily progress notes. The resident responsible for that patient must also write a full admission H&P and addend the student’s daily progress note with a full physical exam, assessment and plan. The student follows one to three patient at a time.
- Students do not work weekends or take overnight call. They can admit a patient any day.
Reporting Medical Errors & “Near Miss” Events:

- It is very important to report medical errors and “near miss” events to improve patient safety and health care quality at the VA.
- To report an error, open internet explorer on any VA computer. On the right-side, there is a blue menu that says “Employees.” Click on “Joint Patient Safety Reporting JPSR.” Use your VA PIV badge to log into JPSR.

Daily Conferences and Life Conference:

- Didactics (critical care/cardiology topics) given by the attending and/or fellow 4 days a week at 11:30AM-12PM. The entire MICU team is expected to attend except the post-call team. The day call resident may have to step out to evaluate a new admission or address other issues that come up during conference.
- Every 5 weeks on Friday, the MICU residents will put together an hour-long Life Conference that will be presented to the General Medicine Department. Residents present the case and invite specialists to discuss the teaching points.
- The short-call and long-call residents will present the case.
- All MICU residents and interns must help with putting together the presentation.

Call rooms:

- Located in the PCU. Code: 1+2, 3.
- Please do not leave belongings out in the open (place your bags in the locker). The room is accessed during the day by housekeeping, and they are not allowed to enter the room for security reasons if your belongings are out.

Meals On Call:

- The patient cafeteria (Room 1C101) is open to housestaff as follows:
  - Mon-Fri: Breakfast 7:30-9:00 am, Dinner 4:30-6:30 pm
  - Sat-Sun, Holidays: Breakfast 7:30-9:00 am, Lunch 11:30 am-1:00 pm, dinner 4:30-6:30 pm
  - If you will be unable to go to the cafeteria before closing, you can call the supervisor (ext 58269) and ask them to hold a meal for you (which you can pick up until 8:00 pm).
- Washington Hospital Center also has a cafeteria. Panera is open from 5am to midnight at Washington Hospital Center.

Paging:

- VA pager: Dial 9516, then enter 4 digit number (Outside of the hospital, dial (202)516-xxxx).
- GT pager: Dial 202-405, then enter 4 digit number.

CODE HEART ACTIVATION PROCEDURE

1. ED physician will call 5-5000 and instruct the operator to activate CODE HEART
2. Operator will activate CODE HEART with the text message (CODE HEART VA ER) ...
   this is to prevent confusion for our cardiology fellows who also cover CODE HEART at GTU
3. The cardiology CODE HEART on-call team will mobilize immediately to come to the CATH lab
4. The interventional cardiology will call the ED RED PHONE to speak with the ED attending physician***
5. The ICU resident/intern will go down to the ED to see the patient
6. The ICU will send a nurse to cover the cath lab and follow the AMI coverage protocol
7. The ED physician and nurse will administer appropriate meds and obtain consent for cath/PCI
8. An ED nurse and ICU resident will bring the patient up to the cath lab in <20 minutes from time of presentation.
   A cath lab tech will be there waiting to receive the patient.
9. The ED and ICU nurses will assist the cath lab tech to transfer the pt unto the cath table, and prepare the pt for CATH
10. The ICU nurse will stay to administer conscious sedation
11. The nursing supervisor will oversee the ICU/CATH LAB process
12. The case will start as soon as the interventional cardiologist arrives

*** If the activation is a false alarm, the operator may be instructed to send the text message Cancel CODE HEART. The Code Heart team members will call the interventional cardiologist to confirm the code cancellation.

The operator will broadcast CODE HEART TEST daily at 9am and 9pm (this week only), then it will be done once per week on Friday at 9pm. This ongoing test will help the operator to be familiar and comfortable with CODE HEART activation.
VA Frequently Called Numbers

TEAMS ROOM NUMBERS
Team 1: 55027/55028
Team 2: 57714/55054
Team 3: 57138/57139
Team 4: 57036 /56993
Team 5: 57037/54179
Team 6: 58738

NURSING STATIONS
2D: 57793, 58182
3E: 57142
4C: 57810, 58711
PCU: 55066, 57022, 57021
MICU: 58112, 57018
SICU: 58291
Dialysis: 58107

ADMISSION PAGERS
MAR A: 9516-3822
Intern X-cover A: 9516-0151
Intern Admit A: 9259-3283
MAR B: 9516-3284
Intern X-cover B: 9516-0053
Intern Admit B: 9259-3278
Med Consult pager: 9259-3286

MICU PAGERS
MICU resident: 9516-3801
MICU intern: 9516-3715

ICU Case Manager
PCU/MICU: Jose Rodriguez (ext 55423, pgr 3565)

ICU Social Worker
PCU/MICU: Kimeola Cato (ext 57062)

LAB
Lab/Chem: 57493
Micro: 57502
Heme: 54279
Path: 58608
Blood Bank: 57464, 58423
Phlebotomy pager: 516-3144

PICC/IV NURSE: 57296, 55032

PHARMACY
Inpt Pharm: 57386
Outpt Pharm: 58235

IMAGING
Radiology: 55013
X-ray: 52325, 55771
CT: 56420
CT tech: 55774
IR: 58647, 54251
MRI: 58361, 56424
Nuc Med: 58390
Ultrasound: 55693, 55006, 52327
Telerads: 877-780-5559

IT HELP DESK
IT – Local: 58129
IT – national: 1-855-673-4357

VOCERA: 58899
Radiology technologist
CT technologist
“Nursing Station” Charge RN
Phlebotomy
Respiratory
Team # resident
IV nurse

ADMISSIONS
ER: 52751, 57130
Admissions (7am-4pm): 54180, 57152
AOD (4pm-7am): 58236
Bed board: 57886
Transfer Coordinator: 57887, 56391

ROOM CODES
Team 1: 3E-239, code 3+4, 1
Team 2: 3E-105, code 3+4, 1
Team 3: 3E-141, code 3+4, 1
Team 4: 4E-239, code 3+4, 1
Team 5: 4C-194, code 1, 3, 5
Team 6: 4C-135, code 1, 3, 5

Medicine call room 4D205: 2+3, 4
Medicine call room 4D207: 2+3, 5
Medicine call room 4D106: 2, 3, 4
Medicine call room 4D208: 2+3, 1

MICU break room: 1+2, 3
MICU clean utility room: 4, 3, 2, 1
2D clean utility room: 2, 1, 3
3E clean utility room: 1, 2, 4
4E clean utility room: 1+5, 3
4C clean utility room: 2+4, 3

MISC
Operator: 0
RR/Code Blue: 55000
Environmental: 58286
Security/police escort: 58189
Weekend social worker: 56031
TMS helpdesk: 866-496-0463
Pest Control: 56803
Medical Media: 58136

CHIEFS
Justin: 54521
Shaheer: 55464
Dianne: 58392
Kanika: 56821
Chiefs fax: 202-745-8184