

PICU MS IV Student Orientation

2018-2019

Outline

- Clinical Expectations
- Monthly Schedule
- Daily Schedule
- Systems Orientation
 - Nursing
 - Transfers
 - EPIC
 - Ancillary Staff
- Resources

WELCOME TO THE PICU!!!

- We are VERY excited to have you here!!!
- Get ready for an emotionally and physically demanding month
- Lots of rewards & opportunities:
 - To see physiology not seen elsewhere
 - To care for patients you may care for again
 - To practice skills that will serve you well in whatever discipline you wish to go into (IV starts, bag mask ventilation).

Daily Schedule (Students)

- 6:00 AM: Day shift Residents arrive for sign-out
- 0615-7:30 AM: Pre-Round
- 7:30 AM-10:00 AM: Rounds
- Post-call students are dismissed after presenting their patients on rounds
- 3:00-ish: afternoon check-in rounds
- 4:30 or 5:00 PM: Students not on call may sign out to the resident and go home

Clinical Expectations

- Be on time
- You should know your patient better than anyone else
- Presentations are concise, clear, with relevant information presented in orderly fashion
- Know about the disease processes you are treating
- Support your resident and fellow students.
- Wash your hands!!!

Overnight Call

- Goal is 6 calls in the month, average of Q4
- One Saturday, one Sunday.
- One weekend completely free.

- The residents take Q4 call, so we recommend you stagger your schedule slightly so that you can work with >1 resident during the month.

- PLEASE do not take call more frequently than Q3

Patient Management

- Many patients we “co-manage” with a surgical service
- What does this mean?
 - We share the responsibility for care of ALL of the patients
 - ALL traumas are admitted to pediatric surgery (trauma) service
 - If there is a patient that is also followed jointly with another medical or surgical service, it is our professional obligation to discuss our management plan with them.
 - This expectation works both ways (they should advise us of management plans)-if this doesn't occur, inform fellow/attending.

Student Responsibilities

- You should carry no more than 2-3 patients at any given time
- You should likely start with one patient during the first couple of days
- You should know your patient better than anyone else
- How is this translated into practice:
 - Be aware of what actions are to be followed up (labs, etc).
 - Know the results of studies performed.
 - Know about significant afternoon and overnight events
 - If there is a procedure to be done, even though you may not be the one performing it, you should be involved.
 - If there are pertinent social situations please update team.

Presentations

- Preparation for Presentation
 - Pre-rounding
 - Review orders in EPIC
 - Check MAR
 - Make sure MAR matches EPIC orders and what patient is receiving
 - Check syringe pumps to check drip dosages

Presentations

- Examine your patients thoroughly!!!!
 - Include overall clinical appearance
 - Pertinent physical findings (murmurs, etc)
 - If on continuous sedation, describe level of sedation objectively using RASS scale (see next slide)
- Review vitals and clinical information in EPIC
 - Please take time to review highs and lows and assess

The Richmond Agitation and Sedation Scale: The RASS*

Score	Term	Description	
+4	Combative	Overtly combative, violent, immediate danger to staff	
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive	
+2	Agitated	Frequent non-purposeful movement, fights ventilator	
+1	Restless	Anxious but movements not aggressive vigorous	
0	Alert and calm		
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to <i>voice</i> (≥ 10 seconds)	} Verbal Stimulation
-2	Light sedation	Briefly awakens with eye contact to <i>voice</i> (<10 seconds)	
-3	Moderate sedation	Movement or eye opening to <i>voice</i> (but no eye contact)	
-4	Deep sedation	No response to voice, but movement or eye opening to <i>physical</i> stimulation	} Physical Stimulation
-5	Unarousable	No response to <i>voice or physical</i> stimulation	

Procedure for RASS Assessment

1. **Observe patient**
 - a. Patient is alert, restless, or agitated. (score 0 to +4)
2. **If not alert, state patient's name and say to open eyes and look at speaker.**
 - a. Patient awakens with sustained eye opening and eye contact. (score -1)
 - b. Patient awakens with eye opening and eye contact, but not sustained. (score -2)
 - c. Patient has any movement in response to voice but no eye contact. (score -3)
3. **When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum.**
 - a. Patient has any movement to physical stimulation. (score -4)
 - b. Patient has no response to any stimulation. (score -5)

If RASS is -4 or -5, then **Stop** and **Reassess** patient at later time http://www.icudelirium.org/docs/CAM_ICU_worksheet.pdf
 If RASS is above -4 (-3 through +4) then **Proceed to Step 2**

*Sessler, et al. AJRCCM 2002; 166:1338-1344. Ely, et al. JAMA 2003; 289:2983-2991.

Presentations

- We use a standardized rounds format
 - Overnight events—1 liner given by student or resident following the patient
 - RT/ECMO report—presents vent settings, amount of oxygen, etc
 - RN report—presents access, what drips are running, fluid rates, concerns
 - Pharmacy/Nutrition report
 - Student/Resident presentation (by system; include an overall assessment BEFORE stating the plan)
 - Attending/Consult clarification
 - PICU Fellow will summarize the plan (Review Daily Goals & Daily Goal Sheets)
 - Resident that is putting in orders will read back and confirm new orders
 - Additional concerns (Family or staff)

Notes—

- ICU Progress Note
 - There is a PICU progress note template in EPIC that the residents will have to share with you
- Format
 - Subjective: brief HPI and/or overnight events
 - Assessment and Plan (by system)
 - Objective section (vitals and physical exam)
- Summarize/identify important/relevant abnormal values.
- DO NOT CUT AND PASTE ANYTHING
 - Do not cut from other notes, your previous notes, ANYTHING
 - “Brevity is the key to genius.”

Notes

- Please share your notes with the resident following your patient
- Resident will edit/amend your note and send to the attending for co-signature
- Please ask for feedback on your notes (or anything else) if you do not receive any from the attending

Educational Opportunities

- Attendance at conferences
 - Tuesdays, Wednesdays, and Fridays at noon (sometimes time varies) for Residents and Students in PICU conference room
 - There are also fellow lectures on Mondays & Tuesdays at 11:00 (optional)
- Bedside learning during rounds
- Contribution on rounds by reading about the disease processes of your patients

A Word about Procedures

- We understand that there is a strong desire to perform procedures.
- However, one must demonstrate mastery in core skills (IVs, IOs, venipuncture, arterial puncture, BMV) prior to performing advanced skills (CVL placement, arterial line placement, endotracheal intubation).
- Even then, in emergent situations/unstable patients, the most skilled practitioner will perform procedure.
- Ultimately, assignment of procedures is at the discretion of PCCM fellow and attending.

Systems Orientation

- Nursing
 - Unit nurses can be your best resources
 - Being nice and respectful to the nurse will prove invaluable!
 - General expectation
 - Please follow up with nurse on plans made during rounds
 - Inform nurse of new orders during the day
 - If plan changes, please inform nurse as soon as is feasible/practical

Ancillary Staff

- Respiratory Therapy
 - Very useful resources for airway and ventilator management
- HUCs and Nursing Assistants
 - Vital for throughput in the unit
 - Use them appropriately

Ancillary Staff

- Pharmacy
 - Assist with drug dosing and TPN
 - Utilize them as a resource
- Nutrition
 - Assist with diets and TPN
 - Assist with calculating calories and fluids
 - Useful resource especially in patients that malnutrition is a concern

Common PICU Topics

- 1-Airway-Intubation
- 2-ABGs
- 3-Post-Op-Cardiovascular Physiology
- 4-Fluids-&-Electrolytes
- 5-Mechanical-Ventilation
- 6-Medical-Errors
- 7-Respiratory-Failure
- 8-Sedation-Analgesia-Relaxants
- 9-Shock
- 10-Cardiovascular-Medications
- 11-Arrhythmias
- 12-Cardiogenic-Shock
- 13-DIC
- 14-Extracorporeal-Life-Support
- 15-Pulmonary-Artery-Catheterization
- 16-Septic-Shock
- 17-Sickle-Cell
- 18-Single-Ventricular-Physiology
- 19-Thromboembolic-Disorders
- 20-Cardiopulmonary-Interactions
- 21-Nutrition
- 22-Hepatic-Failure
- 23-Diabetic-Ketoacidosis
- 24-Endocrine-Emergencies
- 25-Disaster&Terrorism
- 26-Office-Emergencies
- 27-Stabilization&Transport
- 28-Ethics
- 29-Coma
- 30-Status-Epilepticus
- 31-Brain-Injury
- 32-Spinal-Injuries
- 33-Strokes
- 34-Pharmacokinetics-Pharmacodynamics
- 35-Toxicology
- 36-Hyponatremia
- 37-Renal-Failure
- 38-Renal-Replacement
- 39-High-Frequency-Oscillatory-Ventilation
- 40-Asthma
- 41-Acute-Respiratory-Distress-Syndrome

QUESTIONS?

- Please email Katie Clement, MD (course director)
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Most questions can also be answered by any of the PICU Faculty or Fellows.