

ICU PRESENTATIONS: Notes from Dr. Young's Podcast

- A. Part A: Orientation of the team
- a. Present the active issues
 - i. Active injuries
 - ii. Active problems
 - iii. *Relevant* disposed injuries
 - iv. 2-3 word opinion of current state of patient, i.e. declining, stable, unstable
 - b. Example:
 - i. *"This is a 58-year old patient who was admitted 6 days ago for a MVC. The only injuries that are active at this time are a right tib-fib fracture, an ex-fix was placed, they plan on doing an ORIF on Tuesday. The patient also continues to have a chest tube for a right hemopneumothorax, the chest tube is on water seal today and drained 75cc. Of relevance, the patient had a moderate head injury on admission, she is now following commands. I believe the patient is stable and moving forward."*
(20 seconds)
- B. Part B: 360 discussion of 24-hour events
- a. Goal is to show that you know:
 - i. Significance of what occurred
 - ii. How to perform the work-up
 - iii. How to treat it
 - iv. How to follow it
 - b. Identify problem
 - c. Analysis of problem, studies performed, propose causation of problem
 - d. What did you do to treat the problem? How effective was the treatment?
 - e. What is the current state of the problem?
 - f. Example:
 - i. *"Yesterday the patient's temperature spiked to 40. We got a CXR which showed consolidation of the right lower lobe. We did a bronchoscopy which showed mucus plugging of the lower lobe on the right side, we aspirated and sent for culture, the gram stain showed GNRs. The patient did not have a significant decline in their blood gas and did not have a significant increase in their respiratory settings. We started vanc and zoysn empirically but we are going to check the cultures. If the cultures are negative after 3 days we will stop the antibiotics. The patient is stable on the vent at this time. At this point we are continuing the antibiotics for another 48 hours."*
- C. Part C: System Review
- a. Respiratory
 - b. Perfusion
 - i. BP
 - ii. Pulse
 - iii. Extremities
 - iv. Distal pulses
 - v. Bicarb
 - vi. Lactate
 - vii. Urine output
 - c. FEN/GI
 - d. Heme/Infectious Disease
 - e. Risk reduction
 - i. Do you still need your central line?
 - ii. Do you need your foley catheter?
 - iii. Do you need your NG tube?
 - iv. Do you need your chest tube?
 - v. Stress ulcer prophylaxis
 - vi. DVT prophylaxis
 - vii. Is the patient getting out of bed? How are you preventing decubitus ulcers?
 - viii. Example:
 1. *"The patient has a chest tube on the right that has been on water seal. Yesterday it put out 125cc. We don't think we can remove it yet but hopefully over the next few days. The patient no longer needs their central line, they are only on maintenance fluids, they have tube feedings going, they are not on antibiotics, we are going to get the central line out today. The patient is on a famotidine drip and their gastric pH is normal and the patient is on lovenox 40 mg/kg/day divided. The patient is not yet out of bed but we are hoping to discuss with orthopedics today whether the patient can get out of bed. There is no evidence of decubitus ulcers."*
- D. Part D: System-Based Plan

NAME _____ AGE _____ DOB _____
GENDER _____ RM# _____ ID# _____ DATE _____

PRESENTING SCENARIO

PMHx

PSHx

FHx

Allergies

EtOH
TOB
Social

NOTES

NAME _____ MRN _____ DATE _____ HD# _____ POD# _____
VITALS: Tcurrent, Tmax, HR, RR, BP, CVP, SpO2

ORIENTATION

Active _____ Resolved _____

24 HOUR EVENTS

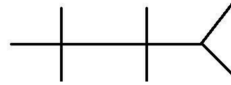
SYSTEM REVIEW

1) **Neuro** AO, pain, sensation, movement, other

2) **Respiratory** SpO2, pH/PaCO2/PaO2/HCO3, imaging, meds, Vent: Mode, FI02, TV, Rates, Peep, PS, PAP

3) **Perfusion (CV)** BP, PR, Ext, DP, HCO3-, Lct, UOP

4) **F/E/NGI** fluids, IOs, electrolytes (lactate), nutrition, GI, LFTs



5) **Endocrine**

6) **MSK**

7) **Renal**

8) **Heme/ID** CBC, abx



9) **Risk reduction** CL, Foley, NGT, CT, Drains, Ulcer & DVT ppx, OOB, DC ulcers

General: Mental Status & GCS | **Heent:** NCAT. EOMI. PERRL. | **Neck:** JVD | **Lungs:** RREE w/o WRR. Symmetry. | **Cardiac:** RRR w/o MGR | **Abdomen:** Soft? Distended? Incision: clean, dry, intact. Erythema? Fluctuance? Tenderness? BS: absent, scant, normal, hyperactive | **Rectal:** Heme-occult | **Extremities:** Warm or cool, edema, pulses | **Neuro:** Reflexes, CNs, motor, sensation | **Skin:** Cap refill, rashes, catheter, IV sites, ulcers

A&P

TO DO TODAY

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NOTE

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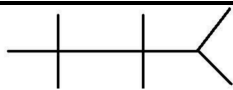
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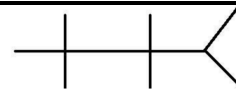
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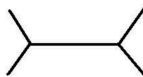
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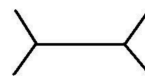
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