INTRODUCTION
Welcome to the DRH Intensive Care Unit rotation! We hope you will enjoy this opportunity to learn valuable skills in the management of critically ill patients. This orientation packet will provide you with the necessary resources to help you get the most out of this rotation.

ICU ROTATION BACKGROUND
For several years, medical intensive care management was not a part of the categorical intern curriculum. Due to the increasing acuity of inpatient care, we identified a way to enhance internal medicine training by incorporating an ICU experience into the intern schedule, increasing exposure to critically ill patients. Since 2007, we provided the opportunity for internal medicine interns to rotate through the DRH ICU.

EDUCATIONAL OBJECTIVES:
During this rotation, interns will have the opportunity to develop a variety of skills in delivering patient care in the intensive care unit. During this rotation, we hope you will:

1. Develop proficiency in obtaining a comprehensive history and performing a thorough physical exam.
2. Provide safe and effective health care with compassion, consideration, professionalism, and courtesy.
3. Formulate in conjunction with the fellow/attending a thoughtful assessment and plan for your patients.
4. Gain proficiency in the basic procedures of internal medicine and critical care medicine, including but not limited to phlebotomy, arterial blood gas, arterial line placement, nasogastric tube placement, central venous line placement, intubation, thoracentesis, arthrocentesis, paracentesis, and lumbar puncture.
5. Record daily notes on patient’s condition.
6. Follow-up on studies and tests performed on patients.
7. Gain basic understanding of critical care management in sepsis, cardiac and respiratory failure, sedation practices, hemodynamic monitoring, and acute neurovascular disease such as strokes, intracerebral hemorrhages and hypertensive emergencies.

THE FIRST DAY:
At 6:30AM on the first day, report to the DRH MICU on the third floor of the hospital. Park in the staff lot off of Stadium drive, entering the hospital through the “Outpatient Services” entrance. Your Duke ID badge should allow you access to the parking lot and the building. Review this orientation document in detail before you arrive. If not already done, please ensure you can view DRH system lists in MaestroCare. If you cannot see these lists in your view, please contact Kevin Fallon in medical staff services for assistance.

Upon arrival to the MICU, you should meet with the nighttime intensivist, who will assign new admission and update you on overnight events. The attending, fellow, and advanced practice provider (APP) arrive at 7am. Attend 7am signouts when possible, which affords opportunity to learn about the patients and divide the list. You will then start work rounds shortly thereafter. You should make time to meet with the fellow and/or attending on the first day to speak about expectations. The intensivist in-house portable phone number is 470-8465. You want to make sure that your badge works and you have computer access by the end of your first day. If you have any difficulty with any of this, please contact the chief resident or the assistant chief resident at DRH for further assistance.
THE AVERAGE DAY: (please see “DRH Intensive Care Unit Intern Schedule”).
The ICU team typically consists of the attending intensivist, a pulmonary fellow (daytime), nursing staff, and a physician assistant. There are generally one to three medicine interns rounding in the unit at a time.

The average day will begin about 6:30AM at which time you will briefly meet with the overnight intensivist and begin pre-rounds on your patients (catch up on overnight events – gather labs, vitals, basic events – you do not have to do an in depth interview with patient or examine patient). A “transfer of care” meeting occurs between attendings in the intensivist office at 7AM and will take about 10-15 minutes. You should attend when possible. Afterwards, the interns should complete pre-rounds. Please avoid interrupting the nurse’s 7am handoff when possible. At about 8:00AM, interns will start work rounds with the intensivist. You will present the patient at bedside (overnight events/vitals). You will examine the patient with the attending, step out of the room and then discuss the assessment and plan for the day. This schedule may vary slightly from attending to attending.

During work rounds, the interns will also be expected to listen to the clinical story for each patient and assist with orders/phone calls that are necessary for each individual patient. The interns should also enter necessary orders on the other interns’ patients during rounds to facilitate efficient workflow.

After work rounds, interns are expected to follow-up on any labs/studies ordered or consultations requested and to monitor changes in patient status during the day. Changes in patient acuity occurs often and sometimes quickly in the ICU, so interns will be expected to track the progress of their patients. Interns should strive to understand the basic critical management for their patients and treat patients as their own. You may have opportunities for procedures on your patients, and are encouraged to seek additional procedures on other patients if your attending permits. Often interns will round with the intensivist or fellow again in the afternoon to review the events of the day. In addition, the interns may admit patients from the ED or floor.

The interns will also be responsible for the daily notes on the patients in the unit that they follow; the goal will be to complete notes prior to 12:00N. ICU progress notes are standardized and templates are readily available in Maestro. Notes and presentations are best organized by organ system in the ICU setting.

The intern will notify the nurse of the specific patients that he/she is following to optimize communication. This should be done verbally and by assigning yourself to the patient’s treatment team. The intern will subsequently be notified if there are questions that arise about that specific patient and be part of the management team. **INTERNS SHOULD CONSULT THE FELLOW OR ATTENDING FOR ALL QUESTIONS THAT MAY ARISE WITH PATIENT CARE. IT IS EXPECTED THAT THIS WILL OCCUR FREQUENTLY AT THE BEGINNING OF THE ROTATION. PLEASE NEVER HESITATE TO ASK FOR HELP.**

The schedule is arranged so that you will have one weekend day off and work the other weekend day. When the schedule permits, we’ve scheduled a “golden” and “black” weekend for you. Please note any schedule changes must be approved by the chief resident and your ICU attending, as APP staffing is based in part on your schedule. You will have one half day of afternoon continuity clinic per week. The typical (nonclinic) day is designated as “LONG” on the ICU schedule. Generally, interns should not be admitting patients presenting after 6pm. Please touch base with the intensivist prior to leaving for the day. Please sign your pagers out to the intensivist phone when you leave.

Also, remember a **FAST HUG** for each patient daily: Feeding, Analgesia, Sedation, Thromboembolic prophylaxis, HOB 30 degrees, Ulcer prophylaxis, Glucose control.

**DUTY HOURS/FEEDBACK:**
We ask that all of the rotating interns pay close attention to the number of hours spent on this rotation and that you accurately report this information weekly for duty hour records. On long days, you may need to pay attention to the required 10 hours off between shifts. If you find this to be a problem (80 hr limit or 10 hrs off), you are expected to report this immediately to the chief resident. You are asked to maintain accurate and timely reporting, as this assures that we are made aware of need for systems changes if necessary. The GME office has asked us to assume a zero tolerance policy for duty hour violations.
PROCEDURES:
Interns will have the opportunity to perform many procedures in the ICU. You must be proactive about learning how to do procedures with proper technique.

Interns must complete a procedure consent form and a procedure note for each procedure performed on a patient. Be sure to also document successful procedures for your records.

UNIT ADMISSIONS FROM ED:
The intensivist is paged or contacted on the ICU phone (470-8465) from the ED about potential ICU patient admissions. Once the attending or fellow discusses initial management of the patient with the ED staff, the intern and fellow/attending will go down to see the patient in the ED. At times, the intern may be asked to go to the ER and collect medical history information from the staff, patient, or family, and report back to the intensivist on shift. This will allow the intern to sharpen his/her clinical history-taking skills, as well as help the intern to identify “sick” patients. After evaluating the critical patient and assisting with the unit transfer, the intern will also be responsible for completing the admission H&P in Maestro. Timely admission note entry is especially critical in the ICU, as there may be a need to transport the patient during the acute evaluation and the admission note provides useful information to other members of the health care team.

Per RRC requirements, interns can admit a maximum of five admissions within a 24-hour period. However, this number will likely be fewer during this rotation given our lack of overnight call. With multiple interns rotating on the service, the admissions can be distributed equally. Once an intern admits a patient to the ICU, he/she will then follow that patient until the patient is stable for transfer to the floor. **We have set a maximum of 6 ICU patients for any single intern to follow at a given time.** Please notify the chief resident if you are asked to care for more than 6 ICU patients at once on this rotation.

UNIT ADMISSIONS FROM FLOOR TEAMS:
The general medicine teams may need to transfer floor patients into the unit for more intensive management. The medicine services at DRH consist of hospitalist-run services and housestaff medicine services (4 floor teams). Once the intensivist or fellow has been notified about a critically ill patient (through phone contact, code, or the Rapid Response team), an intern will accompany him/her to assess the patient. If the patient is to be transferred, the intern will assist in transportation and initial evaluation of the patient. The intern will also be required to write a “transfer/change of status” note, which should include all of the pertinent information as to why the patient requires ICU care. It is very important for the intern to understand the “actual indication” for ICU management for every patient. The DRH units are “closed” which means that the floor teams no longer manage patients after unit transfer.

TRANSFERS TO THE FLOOR:
When medical ICU patients are ready for transfer to the floor, the intern should prepare the patient for transfer. This involves confirming the plan with the fellow and attending, reviewing the ICU course, and making brief notes by systems to be able to communicate the ICU course to the team that will assume the care of the patient. The interns will be responsible for communication to the teams for the patients they are following. The interns should also review the orders for reconciliation prior to transfer. Any questions that arise should be directed to the fellow or attending.

CODES:
Traditionally, the hospitalist service has been responsible for running the codes at DRH (which is unlike Duke and the VA system). However, if the ICU team is notified about a code, the intern should actively participate in the resuscitation effort (chest compressions, defibrillations, blood gas, etc). It may be beneficial for the intern to also reassess the code post hoc with the fellow/attending, in order to identify areas for improvement. Please be familiar with ACLS guidelines prior to starting the rotation.

DIDACTIC EDUCATION:
• **Noon conferences**: We teleconference from Duke for DRH noon conference. You should attend as your rounding schedule and patient care duties allow. These take place in PDR- E. Lunch is provided.
• The first 2 months of the noon conference series are entitled “Intern Core Curriculum” and focus on topics and scenarios that interns commonly encounter on call. These lectures help interns prioritize emergency issues in patient care.
• **ICU didactic sessions**: Didactic lectures on critical care management will be organized by the intensivists or the DRH ACR and will take place during the day at prespecified times. Please check with your attending about the timing of the lectures and topics to be presented.

• **Online training/references**: Please complete the online training course on central line placement prior to arrival. Please review ACLS guidelines. See Duke MICU website: [http://criticalcare.duhs.duke.edu](http://criticalcare.duhs.duke.edu) for additional articles and learning modules on critical care management.

**CONTINUITY CLINICS:**

• Interns in the ICU at DRH will be required to attend one continuity clinic session per week.

• There should not be two interns away to clinic at the same time.

• Whenever possible, the clinic will be scheduled for the afternoon session so that the intern may participate in work rounds.

• When an intern leaves for clinic, he/she must sign out his patients to the fellow/intensivist

**DAYS OFF:**

• Days off will be determined prior to the beginning of the rotation and any changes must be approved by the Chief Resident and Intensivist.

• Two interns cannot take the same day off.

• Days off will occur on Friday, Saturday, or Sunday

• Interns should average one day off per week over a four week period.

**OTHER:**

• **Help**: For any questions or concerns, please feel free to contact the chief resident. Issues related to patient care should be discussed with your attending physician.

• **Professionalism**: Always be professional. Try to understand situations from others’ points of view should conflicts arise. Contact the nursing supervisor for all nursing issues. Fill out an incident report if patient care is compromised - never detail conflicts in the chart. Try to resolve conflicts within the team. Please dress professionally. White coats should be clean. Scrubs may be worn in the DRH ICU. Please wear dress clothes on your clinic days so that you are not in scrubs in the clinics.

• **Orders**: All orders should be entered Maestro. Only the primary service should write orders unless in emergencies. All verbal orders given must be signed within 24 hours. Only rarely will you be giving verbal orders in the ICU as you are primarily stationed in the unit.

• **Eating**: No food or drink in patient areas. This is a federal law.

• **Communication**: The PCP for each patient should be contacted at admission, if he/she has not already been notified by the floor team. Please make it a priority to include the PCP’s name as part of the admission database.

• **Ethics/Palliative Care**: Patients who are terminally ill may be candidates for these services.

• **Evaluations**: Please make it a point to sit down with your team, including the attending physician, at mid-rotation for feedback (this is a RRC requirement). Please do not put off completing evaluations. Take this duty seriously – be honest and offer constructive criticism.

• **Consults**: Consults should be physician to physician. Because the consultants at DRH are attendings, it is usually best for the fellow/attending to contact the consultant.

*HAVE FUN AND LEARN AS MUCH AS YOU CAN ON THIS ROTATION!*