

## Surgical Intensive Care Unit

### Communication up the Surgical Critical Care chain of command and to the Primary Team

- I. **Purpose:** To standardize communication of unexpected changes in a patient's course up the Surgical Critical Care (SCC) chain of command and to the primary team.
- II. **Process:** Once an unexpected change occurs in a patient's course, information is to be communicated up the SCC chain of command and to the primary team chief resident and/or attending as appropriate.

It is acceptable for interns to communicate day to day changes to plan, but any clinical updates should be communicated by SICU APP, fellow, or designee to primary team chief resident, designee, or fellow as appropriate.

Changes to be communicated include (but are not limited to):

- Death
- Pulmonary event
  - Intubation
  - BIPAP requirement
  - Optiflow requirement
  - Unexpected escalation in pulmonary support
  - Increase in requirement of ventilatory support
  - Pneumothorax/hemothorax
  - Pulmonary embolism
- Cardiac event
  - Acute myocardial ischemia
  - New onset arrhythmia
  - Cardiac arrest
  - Acute hemodynamic instability
  - Addition of vasopressors/inotropes
  - Unexpected increase in vasopressors/inotropes
  - Initiation of anticoagulation
- Change in hemoglobin/hematocrit requiring unplanned transfusion
- Acute abdomen
- Acute change in renal function
  - Oliguria
  - Anuria
  - Unexpected need for diuresis
  - Unexpected need for dialysis
- Acute change in surgical site
- Unexpected requirement of antibiotics
- Consultations

*It is anticipated that there will be overlap of other communication not listed above. Communication between the ICU service and the surgical services is critical to assure that the best care is provided. Discussions between the Surgical Attending and the ICU Attending are encouraged to coordinate care and are mandatory when treatment plans diverge.*

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