

**Surgical Intensive Care Unit**  
**Policy for Provider Notification by Nursing Staff for New or Acutely**  
**Unstable Patients in the SICU**

**I. Purpose:**

To provide an efficient process of communication between the SICU nursing staff and Multidisciplinary Critical Care Staff, resulting in safe and timely care

**II. Process:**

A. Notification of acute SICU patient instability:

1. First notification should go to the nurse practitioner covering the patient. It is incumbent upon the nurse to know whether the patient is followed by SICU Team 1 or Team 2. The appropriate nurse practitioner should be called via the Mobile Heart Beat application (MHB). Text messaging is not appropriate for provider notification.
  - a. Contact for NP Team 1: 615-752-6234
  - b. Contact for NP Team 2: 615-5663561
2. If appropriately timed response does not occur, the nurse should elevate concerns to the surgical fellow via MHB.
  - a. Contact for SICU Fellow: 615-479-4082
3. If patient is at extreme risk for morbidity or mortality, the nurse should press the "Staff Assist" or "Code" button as appropriate and call the SICU Fellow via MHB.

B. New Admissions to SICU:

1. The SICU NP (Team 1 or 2 as appropriate) should be notified upon
  - a. Receiving rolling call for admissions from operating room, or
  - b. Arrival of patients admitted from other locations.
2. If the newly admitted patient requires ventilatory support (Optiflow, BIPAP, mechanical ventilation), the nurse should notify the respiratory therapist at this time as well.

C. Previously admitted patients that return for the operating room to the SICU:

1. Same notification procedure as item B

D. Boarding patients in SICU

1. The primary team should receive all notifications for boarder patients.
2. Should the patient clinically decompensate, requiring immediate medical intervention, the nurse should call a rapid response (1-1111) and notify the SICU Team 2 NP.

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