

# **VUMC Multidisciplinary Surgical Critical Care Service**

## **MULTIDISCIPLINARY CRITICAL CARE CONSULTATION POLICY:**

- All patients admitted to the SICU will be seen and evaluated by the Multi-Disciplinary Surgical Critical Care Service (MDSCC).
- Patients with Critical Care issues or those at high risk of organ dysfunction will undergo ongoing consultation by the MDSCC Service.
- Patients without critical care issues (boarders-those assigned to another floor but residing in SICU) and patients with transfer orders will be managed by the SICU ACNP as an extension of the primary team and the MDSCC Service, with faculty oversight as an extender of the Primary team.
- MDSCC Consultation will be ongoing until critical care issues resolve.
- Primary service and MDSCC interactions take place as outlined in MDSCC Rounding Policy.
- SICU junior resident and/or ACNP enters all orders (as outlined above).
- Patients without critical issues (boarder, those with transfer orders) will be managed by the SICU ACNP with MDSCC Faculty oversight as an extender of the primary team.

### **The MDSCC model assumes the following premises:**

1. MDSCC does not assume primary responsibility for the patient or decisions regarding the patient, but should guide the minute to minute changes, drips, ventilator changes, etc as long as they are congruent with the primary team's plans.
2. Treatment recommendations that differ from the primary service should result in direct communication with chief resident/faculty to ensure that a common understanding of the patients underlying conditions and needs exists. When disagreement persists, the primary team maintains decision-making responsibility.
3. The MDSCC Model provides efficient, single-line communication with the nursing staff in the SICU.
4. The clinical decisions and daily communication pass through the mid-level practitioners to the MDSCC Fellow/faculty in an ongoing manner.

### **Critical Care Service coverage of patients outside of SICU:**

Cornerstones of the management of critically ill patients is the consistent and near constant availability of personnel of appropriate expertise to efficiently execute the plan of care, monitor progression, adjust plans of care, and rapidly deal with changes in a patient's clinical condition. SICU resident coverage of patients in ICU's that are in geographically disparate locations tends to negate the benefit realized from a Critical Care Service. For this reason, the **VUMC Critical Care Committee passed a policy relegating coverage of patients boarding within a unit to the primary ICU team of that unit**. Implementation of this policy, at times, is problematic. This is particularly true in the Trauma Intensive Care Unit when the trauma team is fully deployed with the management of acutely ill trauma patients.

The following policies have been put into place to limit the difficulties encountered when critically ill patients are boarded in other ICU's

- The SICU triage guideline (see attached) is designed to place the most critically ill patients within the SICU and triage less acute patients to other ICUs. The triage officer will attempt to move acutely ill patients boarded in other ICUs back into the SICU as early as is possible. Please ensure that the triage officer (SICU Critical Care faculty) is aware of the patient's acute critical illness and the desire for consultation.
- Patient's boarded in the Trauma ICU for which the primary service desires a consultation **will be seen by the Critical Care Faculty and Fellow if notified directly by the primary service.** Junior resident coverage of such patients must be delineated at the time of consultation by the Critical Care Faculty/Fellow and the primary service.

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