VANDERBILT UNIVERSITY MEDICAL CENTER
MULTIDISCIPLINARY SURGICAL CRITICAL CARE

SICU ACUTE CARE NURSE PRACTITIONER PRACTICE GUIDELINES FOR TEACHING/NONTEACHING TEAMS:

RATIONALE: Acute Care Nurse Practitioners (ACNP) are part of the MDSCC team in the SICU and contribute in a number ways including the following:

1) provision of direct patient care
2) providing consistency and continuity of care
3) improving compliance with guidelines, protocols and safety practices by serving as content experts and educational resources for protocols/standards of procedure, and by providing intern orientation and direct intern assistance
4) direct involvement in development and implementation of quality and safety initiatives.

Historically, the ACNPs manage patients for whom critical care issues do not mandate full ICU team involvement and do not provide an appropriate balance of educational opportunities for resident staff. To ensure the appropriate balance of patient care activities by the ACNPs and maintain their contributions to quality and safety, the following guidelines are provided:

DAY TIME ACNP coverage model: responsibilities for the two ACNPs will be divided as follows:

- **1 ACNP will cover the nonteaching patient census**
- **1 ACNP will be involved with the teaching census as well as manage a limited census of patients.**

Practice protocols are listed below for NP Teaching Team and NP Nonteaching Team:

ACNP on Teaching MDSCC Census (TNP)	ACNP on Nonteaching NP Only Census (NTNP)
• **Limited critically ill census (see Intern Education/Patient Assignments section below)**	· **6-8 pathway & less critically ill patients such as** - **All head and neck patients without critical issues, plastics flap patients on pathway, etc** - **Transplant patients on pathway (not bleeding, hemodynamically stable, graft functioning)** - **Patients with transfer orders** - **If a patient diverts from pathway; then this patient will be transferred to the ACNP on the Teaching Team if there is room on his/her census, or to the appropriate intern**
• **Rounds with MDSCC team each morning**	· **Not responsible for rounds with MDSCC team**
• **Follows all patients on teaching census for continuity and SOP compliance**	· **Rounds with Attending/Fellow after MDSCC rounds for NP2 patient census (no earlier than 10:00)**
• **Enters WIZ orders during rounds (or assists intern)**	· **Responds to RRTs**
• **Aid residents/interns with procedures and patient follow up throughout day**	
• **Present intern orientation every 4th Monday**	
• **Helps admit new patients and write admission consult notes**	

Intern Education/Patient Assignments: The educational requirements for surgical/anesthesia interns should be maintained in this practice proposal. For example, in a 22-bed situation in the SICU, if the NTNP team carries 8 patients, that leaves 14 patients left for the teaching team. With 3 interns and TNP, each provider can see 4-5 patients. When the intern population is reduced in July to 2 on days and 1 on nights, the patient load will be even more increased. To this end, having an ACNP on the teaching team to provide patient care allows for the intern to truly focus on a few patients and not have to spread their time thin trying to manage more patients than what is safe. ACGME guidelines will remain intact, including no supervision of interns or residents by the ACNP.

More specifically, the assignments should be made in the following manner:

- NTNP: 6-8 patients, or 25-30% of the entire SICU patient census
- TNP: The remaining 70% of the patient census will be divided among the interns and ACNP according to percentages as follows:
    1) With 3 interns on days, each should carry a minimum of 3 patients (or 25% of the remaining 70%) and the ACNP will cover 25% (or maximum of 3 patients).
    2) With 2 interns on days, each should carry a minimum of 6 patients (or 40% of the remaining 70%) and the ACNP will cover 20% (or maximum of 3 patients).
    3) Regardless of patient census, the ACNP on the teaching team will carry a maximum of 3 patients in order to provide adequate patient follow up, perform procedures, and perform other duties as described above.
    4) Flexibility between the ACNP and interns on the teaching team is paramount in order to insure the interns are carrying a manageable patient census in order to fulfill an appropriate educational experience while in the SICU. Patient assignments may differ from the above only after communication with the interns and ACNP on the teaching service have come to an acceptable agreement. Should conflict arise, the attending faculty physician will make the final assignments.
    5) When the SICU census is less than 22 patients, the percentages listed above should dictate the patient assignments between the 2 teams.

Procedure Assignment: Each intern and each ACNP on day shift are responsible for procedures for their specific patients. This includes both the teaching and nonteaching teams. Should the ACNP not be credentialed for a specific procedure; then, he/she should seek assistance from the 2nd year resident or fellow. In order for the ACNP to maintain his/her procedural credentialing with VUMC, this practice should remain intact. If the ACNP is busy with other duties or wishes to hand over the procedure to an intern with the assistance of the 2nd year resident or fellow, that can be negotiated at the time. Each intern should maintain procedures on their patients in order to gain the educational and procedural experience for their surgical/anesthesia programs. The ACNPs will remain flexible to insure this occurs, but the ACNP also maintains "first rights" to procedures on their specific patients. The same is true for each intern. This should lessen confusion about who is doing procedures for specific patients. Should there be conflict, the Fellow will negotiate and make the procedural assignment. If the Fellow cannot negotiate an appropriate resolution, the Faculty Attending MD will negotiate the resolution.

Variability: At times when only 1 ACNP is available during the daytime shift, the sole ACNP will cover the NON- TEACHING census as well as the other duties outlined WITHOUT covering any patients on the teaching service. Example: major holidays, daytime ACNP out ill and unable to cover shift, scheduling problems not allowing for 2 daytime ACNPs

Assignment of ACNP to TNP and NTNP: To be arranged by SICU ACNP team scheduler per 4 week scheduling period in a rotating basis. Changes to how the assignments are made will be discussed between the members of the SICU ACNP team and medical director to insure appropriate rotational schedule. All ACNPs who are not dedicated night ACNPs will rotate between TNP and NTNP teams.

NIGHT ACNP practice: No changes are proposed from the current utilization of ACNPs in the SICU at night There will remain 1 ACNP on night coverage for the SICU. The ACNP night duties are outlined as follows:

- Provide coverage, patient care, and follow up for the entire SICU patient census in cooperation with the SICU Fellow, 2nd year resident, and intern. ACNP will write admission orders for new admissions or assist 2nd year resident/intern in doing so.
- Provide orientation and assistance to SICU Intern on night coverage. Each 4th Monday of the month; the intern on night coverage will receive SICU orientation from ACNP.
- Perform procedures in accordance with the night shift ACNP's credentialing with VUMC as needed
- Write SICU Consultation notes PRIOR to midnight in order to capture critical care billing. The 2nd year resident or intern will write the consultation notes AFTER midnight and forward to the Attending for billing.

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