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

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.

Process:
Once an unexpected change in a patient’s course occurs information is to be communicated up the SCC chain of command and to the primary team resident (midlevel or above). Changes to be communicated include:

I. Death
II. Pulmonary event
   a. Unexpected escalation in pulmonary support
      i. Intubation
      ii. Bipap requirement
      iii. Increase in requirement of ventilatory support
   b. Pneumothorax/hemothorax
   c. Pulmonary embolism
III. Cardiac event
   a. Acute myocardial ischemia
   b. New onset arrhythmia
   c. Cardiac arrest
IV. Acute hemodynamic instability
   a. Vasopressor requirement
      i. Addition of vasopressors
      ii. Unexpected increase in vasopressors
   b. Change in hemoglobin/hematocrit requiring unplanned transfusion
V. Acute abdomen
VI. Acute change in renal function
   a. Decrease in UOP
      i. Oliguria
      ii. Anuria
   b. Unexpected need for diuresis
   c. Unexpected need for dialysis
VII. Acute change in surgical site
VIII. Unexpected requirement of antibiotics
IX. Consultations

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