

VUMC Multidisciplinary Surgical Critical Care Service

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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