Welcome to PGY2 year and the Neuro ICU...

This document serves as guidelines and instructions for how to manage patient data in the Eclipsys hand-off tab. This electronic tool has served residents both as sign-out and template for presenting during rounds, but has many limitations. The Neuro ICU can often be an intense place to work. It is an environment saturated in drama and data. This is why we work closely as a team. As such, communication is key to coordinating patient care and performing reliable clinical decision-making. The hand-off tab serves as a platform for these communications; the standardization of which allows for more fluid transfer of patient care and more efficient and effective clinician communication.

NICU rounds presentations generally follow a formula:
1. The one liner from the BRIEF PATIENT SUMMARY: the one liner
2. 24 HOUR EVENTS from the HOSPITAL COURSE SECTION
3. Review of pertinent clinical data from the pre-rounds checklist from the NOTES/COMMENTS
4. Bedside Exam
5. Problem-based plan organized by system from PRIMARY TO-DO

Expectations vary, however, from attending to attending, and it pays to familiarize yourself with their particular style by reading their notes in advance and adapting your format as much as possible to suite their needs. It is one of our primary tasks as house staff in the NICU to serve as antennae, a peripheral nervous system if you will, gathering and crudely processing information and channeling it up the chain to the attending at the center of this shared nervous system. A brain, no matter how brilliant, cannot make accurate judgments if it is not receiving accurate and reliable information from us at the periphery.

- Each section of this document is organized in function of the different fields (boxes) in the Eclipsys Handoff tab.

- Each field has an associated Eclipsys acronym expander code that, when typed, places a template with blank required fields within each section of the Handoff tab.

- Embedded within some Acronym are opportunities for further expansion. These are designated by an exclamation point in the deployed Acronym. Placing the cursor immediately to the right and pressing the space bar will automatically expand additional text.

- Other elements, particularly within the pre-rounds checklist, are just prompts which are indicated by an asterisk. They do not require data per se but are simply there to remind you to review the data in advance.

- As house staff in the NICU, we do not chart directly into Eclipsys, it is, however, our responsibility to document and maintain a fastidious hand-off. At any moment any colleague should be able to walk into the unit, read your hand-off and completely take over care of that patient.
A) BRIEF PATIENT SUMMARY: Here is where you can place the succinct, on-target ONE LINER for rounds or sign-out. Note that some attendings in some circumstances (i.e. busy day, familiar stable patient) may opt to skip the one-liner. Just roll with it.

(Acronym= .SUMMARY)

DIAGNOSIS: DAY:
___yo ___man with PMH:
- presenting to ________ on _______ with (signs/symptoms):
- initial work-up demonstrated:
- consistent with:
- subsequent interventions include:
- subsequent complications include:
B) NOTES/COMMENTS: THE PRE ROUNDS CHECKLIST: to be filled out daily by hand before rounds with only interval data. Exclamation points (!) indicate elements where additional acronym expander module may be entered to further elaborate. Asterisk (*) indicates prompts placed just to remind you to review the data. (Acronym= .CHECKLIST)

NEURO:
Sedative drips*
ICP!
MM!
EVD @ _______ draining _____ cc over 24 hrs
Other drains: _____ cc over 24 hrs
CSF:
TCD*
cEEG (past 24h):
AED levels:
NEUROIMAGING (past 24h):
PAIN | AGITATION | SHIVERING?

CARDIO:
Hemodynamic drips:
MAP range:
ACMI! (advanced cardiac monitoring):
Mixed Venous Gas:   %   Arterial Lactate:
EKG:
Troponin I:

RESP:
VENT!
ABG*
CXR:

RENAL
Current fluids:
Na:
Osms:
Other abnormal electrolytes:
Acid/base status:
I/O*
24h UOP*
UOP rate (mL/kg/hr):
Other urine studies:

ID:
Fever/WBC trend*
Cultures:
Abx levels:

HEME:
Hgb trend:
Plt trend:
Coags trend:

GI:
LFTs:
Feeds (type/rate):
Last BM:

ENDO
Glucose range:
Daily Insulin Requirement:

ADDITIONAL MODULES: These acronyms may be expanded by simply placing the cursor to the right of the item on the Pre-rounds Checklist and pressing the space bar.

**ICP:** current : range: WAVEFORM: CPP:

**MM (range/current):**
Camino ICP: current ___ range _____________
PbtO2: ________________________________
CBF: current ___ range ___________________
PRX: if available _______________________ 
ORX: if available ________________________
SjvO2: current ___ range ________________
I/P: current ___ range _________________
Lactate: current ___ range ______________
Pyru: current ___ range ________________
Gluc: current ___ range _________________
Glut: current ___ range _________________
GLY: current ___ range _________________

**ACM:** device:
CO: current ___ range _________________
Cl: current ___ range _________________
SVRI: current ___ range _______________
GEDI: current ___ range _______________
ELWI: current ___ range _______________
PCWP: current ___ range _______________

**VENT:**
Vent day:
Current Vent settings:
Resp rate:
EtCO2:
Secretions:
PaO2/FiO2:
f/Vt
C) PRIMARY TO-DO: PROBLEM-BASED PLAN BY ORGAN SYSTEM Every medication ordered should be accounted for in the plan. Even when presenting from an admission note, please, present in this order. List all of the active problems and then develop your plan by organ system. Use open check boxes to indicate tasks to accomplish and hyphens to indicate standing or static orders. (Acronym= .TO-DO)

NEURO PROBLEM LIST:
PLAN
-

CV PROBLEM LIST:
PLAN:
-

PULMONARY PROBLEM LIST:
PLAN:
-

RENAL PROBLEM LIST:
PLAN:
-

ID PROBLEM LIST:
PLAN:
-

GI PROBLEM LIST:
PLAN:
-

HEME PROBLEM LIST:
PLAN:
-

ENDO PROBLEM LIST:
PLAN:
-

PROPHYLAXIS:
1. DVT:
2. GI:

LINES: location date placed
CVC:
ARTERIAL:
FOLEY:
DUOTUBE:

DISPO:
D) HOSPITAL COURSE: REPOSITORY OF USEFUL DATA This is where we store useful old data for rounds and for transferring patients to the floor. Having an meaningful and complete clinical narrative ready at the time of patient transfer out of the NICUs essential for patient safety and smooth operations. Poor stories lead to Rapid Responses on the floor and Bounce Backs? You do not want to be writing a hospital course for a 3 week ICU stay when a patient’s bed is ready and two more admissions are on their way. You are not expected to chart notes, but you are expected to up-date this daily and will be evaluated accordingly. We recommend completing an EVENTS BY DATE daily while giving and receiving sign-out. This serves as 24 hour events for rounds and makes updating the hospital course easier at the end of the day.

(Acronyn= .COURSE)

ECHO: EF: % date:
PRIOR TCD:
DATE: LEFT ACA___MCA___PCA___VERT___LI___ RIGHT ACA___MCA___PCA___VERT___LI___
CULTURES:
ANTIBIOTIC DATES:
________________________________________

EVENTS BY DATE:
XXX/XXX:

NARRATIVE HOSPITAL COURSE BY SYSTEM (last updated _____)
NEURO:

CV:

PULMONARY:

RENAL:

ID:

GI:

HEME:

ENDO:

COVERAGE TO-DO: DOMAIN OF THE OVERNIGHT RESIDENT During the day place tasks for the overnight resident to complete. Overnight, log your actions here.