

# CCS Orientation Material

- CCS Orientation

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## Objectives

- Describe the most current evidence-based medical practices pertaining to the treatment of critically ill patients in the SICU.
- Demonstrate knowledge and competency in resuscitation skills including advanced cardiopulmonary resuscitation, emergent airway management using bag and mask ventilation, and indications for intubation and mechanical ventilation.
- Demonstrate knowledge and competency in ventilator management including the use of PEEP, supplemental oxygen, lung protective ventilation strategies, pressure-cycled, volume-cycled and dual modes of ventilation
- Apply evidence-based guidelines to the care of patients with critical illness or injury such as ventilatory management for patients with ARDS, weaning from mechanical ventilation, hemodynamic monitoring, administration of nutritional support, renal failure, antibiotic administration, blood product transfusion and prevention of ICU related complications.
- Demonstrate knowledge and competency in the evaluation and non-operative management of severe closed head injury with or without intracranial hypertension.
- State the etiology, describe the pathophysiology, and demonstrate the appropriate management of patients with spinal cord injury
- Demonstrate proper performance of brain death certification and apply clinical criteria of brain death and basic principles of support for potential organ donors.
- Demonstrate competency in the performance of procedures, specifically central and arterial lines, and chest tubes and POCUS
- Demonstrate effective daily communication with consultants and other surgical services
- Demonstrate effective discussion of patient diagnosis, prognosis and management plan (including risks, benefits and side effects) with patient and family using simple, easily understood language
- Demonstrate the practice of ethical principals in relation to patient care and confidentiality, including obtaining informed consent, implementing “Do Not Resuscitate” orders, withholding or withdrawing life support, and clarifying goals of care from advanced directives

## The Team

- Attending Intensivist (SCC, ACC)
- Advanced Practice Providers (Day and Night)
- Critical Care Fellows (Surgery, Medicine, Anesthesia, EM)
- Residents
- Medical Students
- SICU Nursing Manager
- Critical Care nurses
- Case managers and social workers

- Registered dietician
- Pharmacy
- Respiratory Therapy
- Physical, Occupational and Speech Therapy

## Pagers and PerfectServe

888-0282 is the Green CCS (8th fl ICUs) pager

- Resident carries Green CCS pager during day and night
- New consults will route through the green pager - equitable distribution of consults between residents and APPs should occur
- 888-3005 is the Yellow CCS (non 8th fl ICUs) pager
- APP will carry Yellow CCS pager during day and night
- Both pagers are passed off during shift handoff.
- Utilization of PerfectServe is required.

Check to see that Perfect Serve is active on your phone!

## SICU Workspace

- Constant physical presence in the SICU is required: Reduces pages, recognizes decline, promotes collaboration
- Workspace in the work room in hall on 8th floor (Across from family waiting room)
- CODE: 3005



## CCS Day Flow

12-hour shift: 6AM to 6PM (You do not need to arrive before 6AM)

6AM - Night shift handoff in the Clarkson 8th fl ICU work room. Yellow and Green teams

6AM-8:30AM Preround on assigned patients, review labs and images, physical exam

Daily Rounds (8:30AM) – Multidisciplinary, Systems based rounding. Starting locations: Green – 8th floor SICU Yellow – Discretion of attending

Afternoons: Finish Notes, Bedside Procedures, Tertiary Exams, See new consults

6PM – Day shift handoff in the Clarkson 8th fl ICU work room. Yellow and Green teams.

CCS Day Attending shifts: 7AM – 4PM


## Multidisciplinary Rounds

Rounding in the SICU begins @ 8:30 AM

- Multidisciplinary: Attending, Fellow, Residents, APP, Medical Students, Pharmacy, Dietitian, Nursing, PT/OT/ST.
- Systems based presentations
- One person responsible for placing orders in real time.
- If not presenting, stay engaged.
- CCS Rounding Checklist to be completed on every patient daily.

### CCS Rounding Checklist

<b>Pain/Sedation/Agitation/Delirium</b> <input type="checkbox"/> RASS Goal _____ CAM-ICU (+/-) _____ <input type="checkbox"/> Pain regimen? <input type="checkbox"/> Sleep hygiene? <input type="checkbox"/> Awakening trial indicated? <input type="checkbox"/> Restraint orders needed or renewed <input type="checkbox"/> EtOH/Substance Use Disorder intervention documented?	<b>Mobility</b> <input type="checkbox"/> Activity orders <input type="checkbox"/> Out of Bed to Chair <input type="checkbox"/> Weight bearing status <input type="checkbox"/> PT/OT orders
<b>Respiratory</b> <input type="checkbox"/> Vent Day _____ <input type="checkbox"/> IS Goal _____ IS Achieved _____ <input type="checkbox"/> Spontaneous Breathing Trial <input type="checkbox"/> VAP Bundle (Peridex Swabs, HOB @ 30°) <input type="checkbox"/> Extubation plan <input type="checkbox"/> Airway Concerns <input type="checkbox"/> Tracheostomy care <input type="checkbox"/> Respiratory Therapy concerns addressed	<b>Lines/Tubes/Drains</b> <input type="checkbox"/> Central line <input type="checkbox"/> Arterial line <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Surgical or IR Drains <input type="checkbox"/> Chest tubes <input type="checkbox"/> Neurologic monitors
<b>GI/Nutrition/Glucose</b> <input type="checkbox"/> Nutrition initiated <input type="checkbox"/> Route of Nutrition (PO or Enteral Tube) <input type="checkbox"/> TPN? <input type="checkbox"/> Bowel regimen? <input type="checkbox"/> GI prophylaxis? If yes, indication. <input type="checkbox"/> Glucose controlled <input type="checkbox"/> Long-term Feeding access needed? <input type="checkbox"/> Speech Therapy concerns addressed	<b>Wounds</b> <input type="checkbox"/> Surgical wounds <input type="checkbox"/> Dressings clean <input type="checkbox"/> Skin injury? Treatments and documentation
<b>Labs/Imaging</b> <input type="checkbox"/> Daily/serial labs reviewed? Required? <input type="checkbox"/> Daily imaging reviewed? Required?	<b>Antimicrobial stewardship</b> <input type="checkbox"/> Indications <input type="checkbox"/> Culture results <input type="checkbox"/> Stop dates on all Abx?
<b>Pharmacy</b> <input type="checkbox"/> Home meds reviewed and restarted if no contraindications <input type="checkbox"/> Pharmacy concerns addressed	<b>Consults</b> <input type="checkbox"/> Called/updated?
<b>Fluid Balance</b> <input type="checkbox"/> Fluid status defined (Up, Down, Euvolemic) <input type="checkbox"/> Need for diuresis? <input type="checkbox"/> Daily fluid balance goal _____ <input type="checkbox"/> CRRT, UF rate? _____	<b>Family/Social Issues/Dispo</b> <input type="checkbox"/> Family updated? <input type="checkbox"/> Social work/case management issues? <input type="checkbox"/> Estimated time to ICU discharge? <input type="checkbox"/> Disposition (Placement needed?)
<b>Anticoagulation</b> <input type="checkbox"/> DVT prophylaxis <input type="checkbox"/> Contraindications/anticipated start date?	<b>Code Status/Other</b> <input type="checkbox"/> Code status documented/clarified? <input type="checkbox"/> Tertiary complete?
	<b>Planned Trips</b> <input type="checkbox"/> Operating room? <input type="checkbox"/> Procedures? <input type="checkbox"/> Imaging?



Acute Care Surgery Performance Improvement

All Nursing Concerns and Questions Addressed



1:00 PM Case Management SICU RADAR Rounds

- Attending/Fellow must attend
- SICU Workroom
- Communicate with case managers and social work for potential discharges and patient needs

## Trauma Care Transition Nurses

- Terese Koubsky- care transitions 402-672-0274
- Molli Kies- care transitions 402-990-0874

1:30 pm Transplant rounds (except Weds, at 1:00 pm)

- One member of the SCC team must be present, and must have adequate knowledge about every transplant patient

- Can be earlier or later, make friends with the transplant residents and

APPs

- Be engaged, provide additional patient information as needed

## **CCS is a consult service**

- All patients on the CCS service require a consult note.  
For important issues, text/call collaborators to discuss before orders are executed  
– Examples: Activity, Diet, Transfusions
- At least once per day...  
CCS must touch base with services (Transplant, Trauma, EGS, MIS, Colorectal) for to discuss issues and plans related to our shared patients

## **New Patients**

- Respond quickly and professionally to ALL requests for patient evaluation
- Physically see the patient in their current location
- Plan formulated as a collaborative effort between both the ICU and primary teams.
- Communicate with attending intensivist
- Call for help if needed early.
- Add to CCS list, place ICU admission orders, write consult note.

## **Requesting New Consults**

- Before calling a consult, make sure:
- Faculty/Fellow is aware
- Is patient following a UNMC physician as an outpatient?
- You have enough patient information to adequately answer consultant questions
- Know what you are asking the consultant to do
- Enter an order in the computer AND
- Make verbal/PerfectServe contact with MD or APP on consult team

## **Daily Progress Notes**

- All patients on the CCS service require a daily progress note.
- Patients with consult note after 12:00 am still require a daily progress note to communicate updated plans.
- Procedural notes, discharge summaries due at time of event
- Create daily progress note through rounding tab. Problem based charting.
- Update problem list frequently.

Summary Chart Review QMC Notes Manage Orders Intake/Output Post-op Transfer Rounding

### Rounding

DOCUMENTATION

- Communication
- BestPractice
- Problem List**
- Expected Discha...
- Progress Notes
- Treatment Team
- Write Handoff

ORDERS


**Problem List**

Search for new problem

Diagnosis

Hospital (Problems being addressed during this admission)

- Motorcycle accident
  -

 Once selected, that service will be applied to handoff and all areas of the chart where problem oriented charting is available.

2. Modify or add relevant problems to the patient's problem list.
3. Document your assessment and plan for relevant problems.

**Problem List** + Care Coordination Note

View Drug-Disease Interactions Show:  Past Problems

Diagnosis

Hospital	Principal	Sort	Priority
Hospital (Problems being addressed during this admission)			
Diabetes (HCC)	<input checked="" type="checkbox"/>		Unprioritized
<input type="button" value="+ Current Assessment &amp; Plan Note"/>			
Obesity	<input checked="" type="checkbox"/>		Unprioritized
<input type="button" value="+ Current Assessment &amp; Plan Note"/>			

**Current Assessment & Plan Note** Your Assessment & Plan specific to the problem

### Rounding

DOCUMENTATION

- Communication
- BestPractice
- Problem List**
- Expected Discha...
- Progress Notes**
- Treatment Team
- Write Handoff

Notes **Rounding** Ma... Admission Discharge

4. Create the note.
  - a. Utilize the notes section from within the navigator (recommended).
  - b. Create a blank note and enter the template using the correct SmartPhrase (be sure to enter correct note type and clinical service).
    - i. Critical Care Surgery: **.ccsnotes**
    - ii. Emergency General Surgery: **.egsnotes**
    - iii. Trauma Surgery: **.traumanotes**

## Daily Review of All Orders

- Review orders and remove unnecessary orders daily
- Do not use Nursing Communication or verbal order to modify orders or hold medications
- Do not use Nursing Communication or verbal order to change target RASS.
- Enter new target RASS in Ventilator Management order set.
- Restraint Orders expire every 24 hours
- Address all expiring orders during rounds each day (Re-order or D/C)
- When restraints are first ordered:
  - Set “Hours” so order will expire around 7 AM next day

## Night Flow

- Night ICU attending will round with you between 9-10 pm
- Review all patients before rounds
- Complete items to assist day team:
  - Populate the problem list, update the patient list
  - Attend Trauma Activations
- Review all orders
- Tertiary Exams

Must call attending for:

- New patients BEFORE arrival
- Unstable patients
- ALL codes, procedures, intubations
- There is no silly question...

We are here to support you and care for patients!

## Tertiary Exams

- Should be completed overnight, when applicable
- Must be done within 24 hrs OR prior to patient’s transfer to the floor if less than 24 hrs
- AND repeat once the patient can participate (specifically, in head injured or intubated patients)
- Can be done by a medical student BUT the physical exam MUST BE repeated by a resident or attending, and documented in the chart
- Review all imaging yourself. Ensure that final reads are submitted for every study, and that every injury has been

addressed (ie. facial fracture--à Face was consulted)

- Called .TraumaTertiarySurvey in One Chart

## Handoffs

6 PM/AM Face-to-face handoff between day to night team in 8th fl SICU work room

- Concise, focused, discuss unstable patients in detail
- Entire sign out should take less than 20 minutes

Structure:

Who is present, what is your role?

Any acutely ill, deteriorating patients who need to be addressed first?

CCS reports patient, active problems, anticipated problems, pending tests/consults

## Daily Handoff Tool

The image shows a screenshot of a web-based tool for surgical trauma handoffs, divided into three sections:

- Surgical Trauma Patient Status:** Contains a text area with the following content: `{Service:27819}` and `{Patient Status:27784}`. Above the text area is a toolbar with icons for undo, redo, help, and insert smart text, along with a "Revert" button.
- Surgical Trauma Patient Summary:** Contains a text area with the following content: "Summary of Initial Presentation: Mom Obix is a 22 y.o. female with a pertinent and interval PMHX of \*\*\* who sustained a \*\*\* resulting in the following injuries\*\*\*. She was admitted for further evaluation and treatment." Below this is a section for "Hospital Course: The patient was admitted to the \*\*\*".
- Surgical Trauma To do:** Contains a text area with the following content: "[ ] Tertiary".

Surgical Patient Status

- Daily APP/Resident Assignment
- Acuity level of patient (stable/watcher)

Surgical Patient Summary

- Utilized as a running discharge and written in a high-level, past-tense overview.
- Use dates as "anchors" for significant events

Surgical Trauma To Do

- [ ] Tertiary will automatically populate on all new patients
- Identify significant imaging/assessment items that need to be followed up on

These sections need to be updated every day

## Code Blue Coverage

- All hospital codes will be paged to the CCS pagers.
- If ACS patient, CCS needs to respond.
- A member of the CCS team must be the TEAM LEADER for all Codes for CCS patients
- Code team will also arrive. Code team is there to assist you.

## **Significant Event Documentation**

All significant events need to be well documented in the chart.

- Includes: Patient status changes, interventions and family conversations
- Communication in both written and verbal forms vital to ensure high quality care for our patients.

## **ICU to Floor Transfers**

1. ICU residents and APPs will place the floor orders when a patient is ready for transfer out of the ICU
2. ICU residents and APPs will communicate to the floor resident or APP at time of decision to transfer.
3. Review orders closely, Discontinue all ICU related orders.
4. The rounding tab needs to be updated. Remove all CCS related rounding information.
5. After these steps are complete, the patient can be removed from the CCS list.

## **OR to ICU Handoffs**

## OR to ICU BEDSIDE HANDOFF CHECKLIST



### Handoff Leads | Critical Care RN & Critical Care Physician/APP

- Vital signs obtained, monitoring transferred, all other conversations & distractions stopped
- Confirm patient with 2 patient identifiers
- All team members present and introduce themselves by name and role



### Surgeon Report | Attending, Fellow or Resident

- Relevant Surgical History
- Surgical Course: Procedure performed, indication for operation, significant intraoperative events
- Post-Operative Management
  - Hemodynamic Parameters: MAP/SBP/ICP
  - Fluid Goals & Transfusion Triggers
  - Lines/Drains/Tubes: Ok to use? Ok to Remove?
  - Wound care & Dressings
  - Nutrition: Bowel continuity, Safe for PO, Enteral Access, When to start diet or tube feeds?
  - Anticoagulation: Prophylactic/Therapeutic, Agent, When to start?
  - Antibiotics: Duration?
  - Mobility: Weight bearing status
- Planned return to the operating room?
- Family updated: Primary contact & last updated
- Length of Stay: Projected ICU & Hospital Course
- Call triggers: Hemodynamic changes, Neurologic status change, need for transfusion, Wound complications, etc.
- Surgical Team Contact Information



### Anesthesia Report | Attending, Fellow, Resident, or CRNA

- Significant Past Medical History: Allergies, Code Status, Weight
- Cardiac History: Last ECHO, Most recent Ejection Fraction, Arrhythmia, Valvular Disease, Devices (settings)
- Anesthesia Course
  - Airway: Method, View, Tube size, Difficulties?
  - Monitoring: Lines, Foley, IV Access, ICP Monitors
  - Medications: Antiarrhythmics, Antibiotics, Anticoagulants, Antiemetics, Insulin, Paralytic (reversal), Pain Medication, Pressors, Steroids, etc.
  - Input: Crystalloid, Albumin, Blood Product (Whole Blood, pRBC, FFP, Plt, Cryo)
  - Output: Blood Loss, Urine Output
  - Recent Labs: Last ABG/Hgb/Blood Glucose
- Current State & Anticipatory Guidance
  - Neurological Status: Baseline?
  - Pain/Sedation Management
  - Respiratory Status: Ventilator settings, Wean to extubate?
  - Hemodynamic
  - Current Infusions: Dosages
  - Blood Product Availability
- Anesthesia Team Contact Information



### ICU Team | Critical Care RN & Critical Care Physician/APP

- Open discussion with questions and/or clarification
  - Pathways or research protocols
  - Read Back: Summarize immediate plan of care, prioritize critical concerns
  - Confirm contact information and call triggers
- Confirm ICU orders placed and correct

Announce that HANDOFF is COMPLETE



-All patient who return to the ICU directly from the OR require a formal OR to ICU handoff with CCS, Nursing, Anesthesia and Surgery present at bedside.

-45-minute call from lead RN: look the patient up, and intra-op record

-15-minute call: ensure that someone from CCS goes immediately to that ICU room

-Use the OR to ICU Handoff Checklist posted in each room to guide handoff between CCS, nursing, anesthesia and surgery teams.

-Post-op note (.APPpostop) or new consult note required.

## Procedures

- Notify faculty before performing any invasive procedure
- After procedure, write a procedure note
- Assign note to attending who oversaw the procedure
- Order and follow up on appropriate postprocedural testing (CXR after bronchoscopy or CVC placement)

## Vents and Pumps

-Please do not change ventilator settings. Only and Attending/Fellow or RT is allowed to do this.

-You will be asked to change vent orders. Any time a vent setting is changed an order must be placed.

-We do want you to become more comfortable with patients on the vent. Ask Attending/Fellow/RT questions.

-Do not adjust IV infusion pump without prior permission from the RN

## **Pediatric Patients**

- CCS can care for pediatric patients
- Consult PICU service at the discretion of the CCS/Trauma attending
- When co-managing a patient (trauma patient on ECMO, PICU), ensure daily communication with managing service

## **Intubations on CCS**

- Ask the RN to “Call for stat intubation,”
- This gets the Lead RN, anesthesiologist, the RT and the Pharmacist present at bedside
- Know information about your patient
- Current labs, including K
- Prior intubations, ETT size, difficulty
- Current reason for intubation
- Majority of intubations are performed by the anesthesia team.

## **Departmental Education**

- You are excused for your weekly departmental education.
- You are expected to be present before and after this protected education time.
- Please discuss with your program director if you are required to be present on a scheduled day off.
- Please support each other in ensuring all can attend their department’s education, while maintaining safe and high-quality patient care.
- Division Education

Tuesday: 7:30 AM - ACS Resident Education

12:00 PM – Surgical Critical Care Fellows Lecture

# Acute Care Surgery Performance Improvement

Multiple ways to report – Choose what is easiest for you!

**Trauma  
Emergency General Surgery  
Surgical Critical Care**

## QR Code

Scan code and follow the prompts.

## Email

AcuteCareSurgeryPI@NebraskaMed.com

## Website

Paths.Trauma.AI

Username: trauma  
Password: path402



ACS Resources → Acute Care Surgery Performance Improvement → Link to Form

## Things to Report

AKI	ARDS	ETOH Withdrawal	Cardiac Arrhythmia
Aspiration	Bacteremia	Bedside Complication	Code Event
Communication Breakdown	CLABSI	C diff Infection	DVT
Delay in Diagnosis	Delirium	Dialysis (New HD or CVVH)	ECMO
Empyema	Nutrition Delay	GI Bleed	Missed Injury
Mortality	Myocardial Infarction	Post-Op Hemorrhage	PE
Pressure Injury	Hospital Readmission	ICU Bounce Back	Reintubation
Self-Extubation	Septic Shock	Stroke (CVA)	SSI
Transfer Out	CMO (Hospice)	Unplanned Intubation	Unplanned Return to OR
Unplanned Transfer to ICU	UTI	CAUTI	VAP

**We will provide follow-up if requested.**



Please direct any specific questions related  
to the CCS Orientation to...



Bennett Berning, MD, FACS  
SICU Medical Director  
[bberning@unmc.edu](mailto:bberning@unmc.edu)  
(312) 208-7465



Amber Saltsgaver, NP  
CCS APP Lead  
[asaltsgaver@nebraskamed.com](mailto:asaltsgaver@nebraskamed.com)  
(402) 651-1250

