ICU Team Expectations

Caps: New admissions per day: 5 per Intern, 10 per Resident
Transfers per day: 2 per Intern, 4 per Resident
New admissions per 2 days: 8 per Intern, 16 per Resident
Total patients: 10 per Intern, 14 per Resident

*On an ongoing basis, meaning if an Intern starts with 10 patients, and discharges 3, they could still see 3 new admissions that day, only carrying 10 over to the next day.

Work hours: Interns MUST have 10 hours off between shifts. You may need to help your interns finish notes or an admission to be sure this happens. Residents MUST have 8 hours off between shifts.

Schedule: Monday through Friday days:
6:45am – 7:00am Check-out in ICU
7:00am – 7:20am Morning Report/EKG conference
8:00am – 9:00am New patient rounds
9:00am – 10:00am Follow-up patient rounds
12:00noon – 1:00pm Noon Conference
7:00pm – 7:30pm Check-out. Include Pulm/CC and night charge RN if possible.
Short call must answer pager until 6:00pm.

Saturday and Sunday days:
6:45am – 7:00am Check-out in ICU
7:00pm – 7:30pm Check-out. Include Pulm/CC and night charge RN if possible.
Short call must answer pager until 6:00pm.

Nights:
7:00pm – 8:30pm Check-out. Include night charge RN if possible.
7:00am – 7:20am Morning Report/EKG conference
8:00am – 9:00am New patient rounds – leave at 9am when done.

Rotation is 10 day shifts, then 5 night shifts, then repeat.
On days, alternate long and short call.
Overnight admissions are distributed to both day teams to maintain equal census.
Long call team takes all admissions.
Long call intern MUST be out by 8:30pm; resident should be out by 8:30pm.
Night Team to assume responsibilities from Long call team, including completion of work-ups on patients, and possibly writing notes that were started by Long call team.
Short call team ALWAYS has one person off, even on first day of rotation.
Short call team is expected to stay through noon conference, and up to 4pm if there are expected management issues on their patients. Otherwise, the Short call team can leave after 1pm.
On short call day after last Night shift, the intern MUST be out by 11:00am.
Short call team checks out to long call team.

Call-outs: ICU residents call out transferred patients to the appropriate team (based on Attending) before 6:45am check-out. Patients who transfer out of the ICU after 6:45am are covered by the ICU team until the following day.

Conference: Be on time. Night Team presents 1 case at Morning Report on Tuesday and Thursday with a teaching point. Keep teaching points to 2-3 minutes, and present new information or studies.

Code Blue/Rapid Response: The Long call or Night team is responsible for all adult Code Blue and Rapid Response calls in the hospital inpatient areas (Floors 2-11). The ED is responsible for Code Blue and Rapid Response calls on floors B, G, and 1. You may still go to those calls, and feel free to assist the ED providers. Always be courteous to floor staff with RRT calls and avoid criticizing why they initiated the call. While holding the Code Blue pager, residents must remain within the hospital proper.