CVICU Onboarding Fast Facts

Room numbers in CV go from 5CV01-5CV28.

Key places, Door codes, major supply areas	
Tube Station	#203- Behind the MR at front nurses' station.
Crash Cart/Airway	Cart #1- 5CV04 Cart#2- 5CV15 Cart#3- 5CV23
Omnicell	#1- 5CV12 #2- 5CV20. CV nurse leaders can enroll new hires in the Omnicell
Chest Tube Kit	With Crash Cart #1 under counter by 5CV04
Bronch/TEE/US	Front of unit to left of 5CV05- Code = 125
Clean Equipment	Outside of the unit- turn right, Room 5018, Code 123
Clean Linen	Front of unit next to 5CV05, Back of unit across from 5CV28
Soiled Utility	Middle of the unit, two entrances, no code
Supply	Middle of the unit, two entrances: Code= 125
Nutrition	Outside of room 5CV08, back of unit by the nurses Nutrition closet is behind the main elevators, where you would grab tube feeds not on unit.

** Unit Map available by Request from the MR at the front desk**

CVICU Service Lines:

1. **Cardiac Surgery (CSX):**
    a. Patient Population: Pre-Post Surgical patients (with planned surgical date) ECMO, VAD, Transplant.
        i. Attending (1-2) per shift: Critical Care Anesthesiologist/Intensivist.
        ii. Critical Care Anesthesia Fellows (1-2)
        iii. Advanced Practice Providers (2-4): Nurse Practitioners and Physician Assistants
    b. Office Located Front of the unit, across from MR desk.
2. **Cardiovascular Medicine (CCU):**
    a. Patient Population : Heart Failure, ACS (Pre-post intervention), Cardiogenic shock.
        i. Attending (1) = Medical/Interventional Cardiologist.
        ii. Fellow (1) Cardiology
        iii. Resident (1) Internal Medicine
    b. Located at the back nurses station across from 5CV15—Also available under eStar paging.
3. **Advanced Heart Failure:**
    a. Patient Population: Works with CCU team and CSX team for patients pre/post-transplant or mechanical circulatory support***. Daytime resource only***
        i. Attending (1) = Advanced Heart Failure Cardiologist
        ii. Fellow (1) = Heart Failure Fellow

ICU Safety Checklist- Preformed During Handoff of Patents			
	ID band on patient		IV lines labeled appropriately; matches pump
	Audible alarms turned “On” Phillips monitor		IV compatibility checked for all y-site infusions
	Suction set up with yankauer available		Back up infusions available for non-stocked meds
	Extra trach cannula with obturator, bag, algorithm *(PRN)*		Defibrillator pads on surgical patients, medical patients (*PRN)*
	Bag valve mask at the bedside		Back up external pacemaker and extra batter *(PRN)*
	Two means of IV access established		Bed in lowest position with two side rails up
	Alaris pump Guardrails on. Medication handoff done		Call light, bedside table, and belongings within reach
	Essential equipment plugged into red outlets		Oxygen tanks properly secured *(PRN)*

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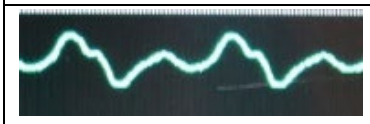
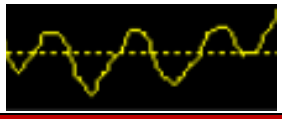
Multidisciplinary Rounds:

- Dayshift: Begin at 0700 and run until every patient has been rounded on. Good time to run over order clarity with the team and talk about plan of care during the shift. RN's are strongly encouraged to be there, common questions listed in table below. Great time to discuss foley catheter and central line status or removal.
- Night Shift: CSX rounds at midnight with CV Charge nurse. Validating plan of care, potential for changes to be made. Ask about removing the PA Catheter before a patient gets up to the chair

Nursing Report	
Report Item	**Report Detail**
Mental Status	RASS and CAM
Activity Status	Level of Assist, Last Mobility Intervention
Diet/Nutrition	TF? Rate, need for long holds? If on a diet, how much are they eating?
Foley	(Not Is and Os) Presence of foley, date placed, necessary?
GI/Status of Last BM	When? Concerns?
Vascular Access	Access type, Anatomical Location, date placed, patent?, necessary?
Current Medication	Titratable gtts (current rate), pt requiring PRN meds? & any plans to hold meds
Skin Condition	Wounds, Pressure Injuries, Barriers to Repositioning
Social Concerns	Family presence, coordination, and communication

Clinical red flags should be elevated as soon as noted. Request Badge Buddy from Nurse Educator or CVICU CSL

Clinical Red Flags for ICU Patients			
HR > 100 or < 55 (w/rhythm strips) or increased ectopy		UOP < 30 mL/hr	
SBP < 90 or > 150		Chest Tube Output > 100mL/hr OR > 25mL/15min	
Sat < 92%		K < 3 or > 5.5	
Oxygen Requirement > 6L NC		Hct < 25 OR Hgb < 7	
FiO2 > 60%		CI < 2.0 or significant decrease	
pH < 7.25		SVO2 < 60	
pCO2 > 55		Signs & symptoms of CVA/TIA	
CVP (Central Venous Pressure)	PA Pressure (Pulmonary Artery Pressure)	Wedge Pressure	Arterial Waveform
Normal: 0-6 mmHg	Normal: 15-25/10-15 mmHG	Normal: 8-12 mmHG	Normal: 120/80 mmHG Normal Pulse Pressure (Systolic-Diastolic): 40-50 mmHG
Waveform Color: Blue	Waveform Color: Yellow	Waveform Color: Yellow (PA waveform)	Waveform Color: Red
			
When to Seek Help: N/A	When to Seek Help: when the waveform flattens (looks like CVP waveform); when the PA	When to Seek Help: when you unintentionally see this waveform (the	When to Seek Help: If the waveform flattens; when your art line pulse pressures < 20 mmHg

	pulse pressures narrow closer together	wedge balloon has not been inflated)	

Unit Specific Patient Management General
Visitation: Visitation from 8AM-9PM. 2 visitors at a time, visitors must switch outside of the unit. Child Life Consult for children under 12. Exception= comfort care patients can have 3 visitors. One person may stay over-night
Transplant Medications: Mycophenolate (Cellcept) IV must be administered through a dedicated primary line, and tubing is taken down once it is administered. Then placed in a yellow hazard bin inside the room. SL Tacrolimus (Tacro) is NOT crushed, you put it underneath the patient's tongue. ALWAYS draw labs before giving meds.
Transport: You may put in transport for scans, but the RN must accompany the patient always for every scan/test/transfer. Always use Zoll transport monitor, unless the patient is moving to stepdown.
When you leave your patient area: make sure your neighbor is watching your patients, if you will be gone for any length of time, they should know a brief synopsis of your patient
Trash/Linen: take out the trash in your room and remove excess linen. Set up the next shift for success. Ask for help if you are running behind!
Unit Specific Patient Management Dayshift
Ambulation: CSX patients ambulate 2-3 times a day. PT/OT may be consulted and can assist with one. If they are not consulted plan accordingly for mobility.
CXS/Vascular/Transplant: patients go back to bed prior to PM shift change. They should stay in chair as long as possible, promoting good sleep hygiene and pulmonary toileting.
Unit Specific Patient Management Nightshift
Lab Draws: Routine labs are drawn on night shift between 0000 and 0200 AM. This allows teams time to make changes. EXCLUDED from this are immunosuppression labs and trough levels.
CSX/Vascular/Transplant: Patients get up between 0430-0500, must be in chair before shift change. Daily weights are collected prior to the patient getting up, or by standing weight.
Respiratory therapy covers multiple floors, if you cannot contact them, utilize mobile heartbeat to text them. Always notify a respiratory therapist if you drop off an ABG into the respiratory lab
Cart Restocking: pull carts out around midnight to get carts restocked by the care partners, if there is no care partner ensure that you have necessary supplies within the room.

Once A shift	Every 4 hours	Every 2 Hours	Every Hour	PRN
Documented on any patient you have for >4 hours • Multi-System Assessment • Weight Q7AM • Skin Assessment • Broset Score/JHFRAT • Line/Drains/Airway • Address: Peri-care, Dressing Changes, CHG Bath , Wound Vac, OGT, DHT • Patient Education • Admission Required Documentation • Nursing Care Plan (2-3 priority problems and goals with interventions) **Patient Handover** • Bedside Report includes: • Medication Handoff (concentration, doses, compatibility) • Sign off high risk medications • Safety Components: Suction set up x2, alarm parameters on, ambu bag in room	• Whole Body Re-assessment (charting changes) **Interventions**: • Oral Care • Cardia Index/ SVo2 (8/12/4) • Temperature (non-device) • Zero transducers • E-CDR (Infused, Demands, Volumes) • Drain output (per order)	• Focused Re-assessment on Heart, Respiratory, Vascular • Pulses • Re-confirm dosages, volumes to be infused, concentrations and rates of medications • GCS/RASS score • Pain **Interventions:** • Turn/Mobility • Restraint Documentation • Check pt IV Site if you are infusing medications through it	• Intake/Output on every patient • Drip rates and volumes infused • Vital Signs • TOF (if patient is on paralytic) **Interventions:** • Flush Transducers • Trace Chest Tubes • Trace lines from Pump to patient • Empty orometer. Empty bag as needed.	• Response to pain medication is documented per the type and listed in your MAR • Blood Documentation • Learning assessment • GCS/RASS when sedation is titrated **Interventions:** • Dressing Changes • Lines are changed every 4 days, address if on your shift. • Interventions Regarding Quality Metrics (Foley Care • Trach care/Inner Cannula change • Bath
Device Requirements	Device Requirements	Device Requirements	Device Requirements	Device Requirements
• ECMO Safety Checklist • IABP Safety Checklist • Impella Handoff • CRRT Handoff • Pacemaker Thresholds		• Peripheral Pulses palpate/auscultate • Timing IABP Assessment	• All device numbers • Device Safety Checks • NIRS #'s charted on peripheral extremities	• Safety Checklist after any road trip • Dual verification for prescription change or new circuit

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