Vanderbilt University Medical Center Multidisciplinary Surgical Critical Care

Standard Operating Procedure: Rounding & Intra-Service Communication

Pre-rounding process (6:30 - 7:30 am):

- Fellows (and/or faculty) must be present in the SICU at 6:30 am to go over patient related issues with the primary service senior resident (and/or faculty) before the beginning of rounds
- Post-call interns must be able to provide information regarding the care of the patient the previous night to the fellow or to the primary team in the fellow's presence
- Orders agreed upon should be entered prior to the beginning of rounds as possible

Rounding process (7:30 am every day except at 9:00 am on F):

- Rounds should begin promptly at 7:30 am each day of the week except Friday when they begin at 9:00 am. Timely beginning of rounds is important because it ensures that every member of the multidisciplinary team (Respiratory Therapist, Nutritional Specialist, PharmD, etc) is present for the rounds from the start.
- As much as possible, rounds should be completed in a time frame that allows completion of time sensitive procedures prior to scheduled educational conferences at 11:00
- Orders should be entered (as possible) during rounds utilizing the bedside or rolling computers
- Rounds will start at room 3001 on Sunday, Monday, Wednesday and Friday. Rounds will start at room 3013 on Tuesday, Thursday, and Saturday.
- Fellows or faculty should document plan of care on the bottom of the Critical Care note and place it in the chart at the completion of patient case discussion
- The presence of a completed progress note that contains ICD code boxes should be verified and completed if not (mark check boxes and write "refer to Critical Care note")
- Members of the Critical Care Team that should be present for the morning rounds and their roles during the rounding process are outlined in the table below.
- SICU Medical Receptionist will assist family members to participate in Rounds.

Member		Role
1.	Critical Care Faculty &/or Critical Care Fellow	 Lead rounds Ask necessary questions Finalize patient plan of care
2.	Bedside Nurse	 Presents patient vital signs, neurological status, IV fluids, etc. (see <i>Bedside RN Rounds Presentation Sheet</i> in the appendix A of this document for more details) Read plan of care and goals back to team
3.	Respiratory Therapist	 Present current ventilator settings Present current ABG and respiratory compliance
4.	Residents	 Present patient's history and background Present events during the past 24 hours

	Present significant/relevant physical exam findings
5. ACNP	Present patient to team
	 Finalize patient plan of care
	• Bedside nurse will be present for rounds on these patients.
6. Nutritionist	Present nutrition data specific to that patient
	 Present estimated caloric requirements
	 Provide suggestions for improvement
7. Pharmacist	Present medication concerns
	Review antibiotic compliance
	 Present protocols compliance status
8. Family members	• Will listen as MDSCC team presents patient data and treatment plan
	 Attending/Fellow will outline plan for the day in laymen's terms, and answer questions

Post-rounding process:

- Communication with Primary Service Team
 - At the completion of rounds, fellows and/or faculty should communicate to appropriate members of the primary service all issues or plans of care that differ from those established prior to rounds
 - o Interns should not be utilized for communication of complex critical care issues
- Post-rounding procedure "huddle" process
 - o After completion of morning rounds, Critical Care Team together with procedure RN should conduct procedure "huddle" at the procedure whiteboard to discuss, list and prioritize all procedure for the day.
 - o The procedure whiteboard is located right of the service center door.

Addison K. May, MD, FACS, FCCM Professor of Surgery and Anesthesiology Director-Surgical Critical Care Reviewed 7/1/2008 Original written 5-25-06