**The Intern’s Guide to CCU**

1. Day team

1. CCU days start at 6am in the fish bowl with sign out from the night team—DO NOT BE LATE
	1. Seniors cut list to 10 -> Interns divide evenly, accounting for med students as well
2. Round on all of your patients in the morning, generally 3-5 patients depending on the census
3. Use the specific CCU progress note (MUST have a piece of family history and social history each day) - .achhluresidentprogressnote
	1. Do NOT copy forward, the note is designed to autofill with updated lab results/info if you create a new note every day.
	2. You may use a prior Assessment and Plan separately but it MUST be updated each day
4. If your patients aren’t on the FAB5 (aspirin, other anti-platelet, beta-blocker, ACEI, statin), document why
5. Review all new cardiac imaging (cath, ECHO, etc.)
6. Always think about the next step for your patient- staying in CCU, transfer, discharge?
	1. If someone is presenting, one intern should have a computer and help put in orders, (seniors will teach you how but all interns should pay attention so nothing gets missed and you can cross-check each other)
	2. Each intern should know their patients well and know a little bit about each other’s patient’s in case something happens acutely and an intern is unavailable.
7. After rounds:
	* Ensure that all orders/changes talked about on rounds are completed
		+ - Interns should try to get all of the changes in during rounds, but they may miss something here and there (cross-check each other!)
	* Start and complete transfers on your patients **ASAP** – Telemetry beds are at a premium
	* Do any procedures needed (lines, Swans etc.)
		+ - You may not do this with the teaching attending depending on how busy it is; they will tell you which other attending to ask if necessary.
	* Call any consulting physicians for notification of consult as well as to ask any clarifying questions if you don’t understand their thought process
	* Round on all your patients in the afternoon
	* Answer any questions from family members – you should talk to family at least once a day
	* You may be asked to conduct a code status discussion. If you are uncomfortable with this, ask your senior to help the first few times, it gets more comfortable with time
	* Complete all sign out notes prior to sign out at 6pm
		1. Use .imccuhandoff | .imccumedlist | .imccutodo
	* Make sure all labs/CXR’s are up to date
		1. Ensure daily labs/order sets are in place
		2. Vented patients: CMP, CBC, Mg, Phos, ABG, CXR
			1. Will also need Mech Vent Bundle + Sedation + Restraints
		3. Everyone else: CMP, CBC, Mg, Phos
		4. Consider: LFTs, PT/INR, H/Hs q6, Trop, CK-MB, CK, Lactic acid q2 etc.

2. New admissions

* 1. The senior and fellow will generally complete all new admissions from the ER
		1. Depending on how busy it is, your senior will assign you a patient who was just admitted to follow for the rest of the day
	2. There are times when people are directly admitted to the CCU or transferred to the CCU from outside facilities
		1. You will be asked to do these admissions
		2. When this happens, ensure that all records are with the patient and if not, call the outside facility to obtain the records (just have them fax it to the CCU)
		3. Look through the labs and make sure there is nothing else you want to order
			1. If the patient is a direct admit, you will need to put in general admit orders and STAT labs
			2. Place Admit order- you must do this under the attending
			3. To put in general admit orders look for the order set pertaining to the patient
				1. ACS Admission Orders KHS (Kevin Silver, MD)
				2. GEN Heart Failure Admission (Kevin Silver, MD)
			4. Look for past records, cath reports, ECHOs, stress tests
			5. Go see the patient—this should normally take ~ 30 minutes
			6. If the patient is unable to give history, call their family/care provider
		4. After you see the patient, write out you assessment and plan *before* you talk to your senior; this will allow you to work through the thought process and get your thoughts on paper
			1. This is part of the learning process…it’s okay if you’re wrong! We’ll work through it together
		5. After you staff with your senior, he/she will go see the patient and then add anything in
		6. Staff with attending and get their recommendations
		7. Do home med rec and admission med rec—order hospital meds off of admission med rec
		8. Enter sign out note

3. Code STEMIs

* 1. Generally speaking, the fellow, senior, and intern with the pagers will go down to the ER or directly to the cath lab if it is a transfer
		1. The senior may tell the interns to complete their rounds if it is in the morning
	2. A resident should stay with the patient until they are transported to the CCU
	3. H&P is generally completed after the heart cath/stent deployment is complete as a STEMI is a medical emergency
		1. You may be asked to complete the H&P when the patient is in the CCU
	4. **Remember:** All STEMI patients should be loaded with 325mg of ASA, 180mg Brilinta (if approved by Fellow/STEMI Doc) and 4000 units of heparin
		1. Some if not all of these may be done by EMS
	5. OK to give nitro on the way up to the cath lab if it is not an inferior infarct

4. Code Blues

* 1. The CCU team is a part of the Code Blue team.
	2. The senior with the pager will respond to codes during the day
	3. The senior and the intern will both respond to codes at night
	4. HOWEVER- if the Code is called in the CCU, everyone should respond until the ICU team gets there
	5. If one of the CCU teaching patients is coding, the CCU team is the primary team running the code

5. Night shift

1. Nights start at 6pm in the fish bowl for sign out – DON’T BE LATE
2. It is extremely helpful to round on all the patients on the list around 7:30pm (after nurses switch shifts)
	* 1. Read the notes from the day
		2. If the patient is sick, SEE THE PATIENT, so you have a baseline exam
3. Either you or the senior should be on the unit at all times
	* 1. This is a critical care month, even if all the patients on your list are NSTEMI’s awaiting cath or post-cath, they can still have post-cath complications or new chest pain
		2. You are a part of the Code Blue team at night; you can’t hear the overhead speaker if you are in the call room asleep
4. Go through orders and make sure all the patients have labs and EKG’s for the next morning, especially if the day team was busy
5. Renew restraint orders after midnight

6. Discharges

1. Many of the patients in the CCU are discharged from the CCU
2. ALL patients need
	* 1. Discharge med rec
		2. Scripts
		3. Follow up appointment with PCP or IMC if IMC patient
		4. Follow up appointment with any specialists they need to see
		5. Discharge orders
		6. Discharge Summary

7. Transfers

- Find out who the patient’s PCP is

- This should be on the top of the H&P form, but ALWAYS clarify with the patient

- Look up PCP on Summa @ Work’s “Covering Physicians” page to see who PCP admits to.

- If the patient goes to IMS, type in IMS to the on call tab of the Summa telephone directory to get the attending on call

- Call the attending to sign out the patient

- They will tell you which attending’s service to put it under

- If the patient goes to Med Team, look at the date and time of the patient’s admit order

- Remember that Med Team’s admit 7a-7a; if the patient came in a 4am, it goes to the previous day’s admitting med team (i.e. Med C admitting on 5/2, Med D on 5/3; patient comes in at 4am on 5/3- they go to Med C

- Call the Med Team senior there that day (imsumma.org-> schedules) and sign out the patient

- They will tell you what attending to put it under

- Complete the ICU transfer note

- Complete Transfer Med Rec and place Transfer Order (Tele, Gen/Med etc)

- ensure all lines, foleys are out (if they don’t need them), IV meds transitioned to orals if possible, cycling labs/CXR/ABGs are changed to daily or discontinued.