#### March 2021



# **ICU Specialty Council**

Date :03/25/2021

Leader (Champion):	Facilitator:	Recorder:	Time Keeper:
Logan Jenkins-McNanna	Logan Jenkins-McNanna	Trish Nicholas	Convene Time: 1430 Adjourn Time:1515

Agenda:	Agenda Order	Meeting Outcomes / Decisions	Actions Needed: (What, Who, When)	
Reflection				
Review MICU agenda items		<ul> <li>Jenkins presented to Dr. Mustafa the recommended changes from the nurses review for the SVHS hypothermia policy per the AHA's guidelines. Dr. Mustafa to review and approve or make other changes.</li> <li>PD scales ordered</li> <li>Security Rounding-TJ Ford states they will begin rounding through ICU as staffing allows. (Crystal Brown)</li> <li>ProStat not being given as ordered: Pharmacy potentially could make an extra barcode but prefers seeing if there is another place to document. Defers to Betty Irvin. Will follow up. (Brittney Smith)</li> <li>Massage chair in unit: Pending discussion. (Rani Simpson)</li> </ul>	<ul> <li>Dr. Mustafa to approve.</li> <li>Heather to follow up with Betty Irvin.</li> <li>Teresa recommends getting off the unit to the Relaxation Station. More massage chairs have been ordered.</li> <li>Rapid Response box has been ordered. Will evaluate if there are enough monitors to set one aside for RR/Code use only.</li> </ul>	
		<ul> <li>Increased call and visitor interruptions</li> <li>Creating SICU breakroom</li> <li>Tube feeding stored in ICU C2 stockroom</li> <li>Adjusting to nurse servers outside rooms</li> </ul>	<ul> <li>Discuss at later date</li> <li>Implemented.Monitor for any needs for improvement.</li> <li>Continue to monitor +/- and make adjustments as needed</li> </ul>	
Review SICU agenda items		<ul> <li>Since nurse servers were moved to outside room, increased clutter on window sills (Jenni Gray)</li> </ul>	<ul> <li>Nightstands added in rooms for additional work surface and to store belongings. Logan reported improvement with nightstands. Team will need to be diligent when transferring or</li> </ul>	

	discharging patients to check for belongings.
New EKG machine needed (Kevin Norman)	• Teresa will order new EKG machine once it has been checked by Henry, Clinical Engineering, and determined to be out of commission. Trish following up with Henry.
	Trish will request replacements     from Pharmacy
<ul> <li>OmniCell keys lost during COVID</li> <li>Ethical questions regarding continuation of care after brain death determinationhow long is reasonable/ethical? (All)</li> </ul>	<ul> <li>Lana reported that Michael Millard has updated the Brain Death Policy and it will be available once approved by Med. Exec. Teresa advised that Ethics would need to be involved if family wished to</li> </ul>
	keep patient on support >24 hours (unless ARORA actively involved)
Hand sanitizer dispensers broken (SICU and MICU teams)	<ul> <li>Sheila had followed up on this in the past. Teresa reached out to Tracy, EVS: ordered and received dispensers. Teresa reached out to Clay, Maintenance, to install.</li> </ul>
<ul> <li>New chairs needed in nurses' stations (Janet Smith)</li> </ul>	Teresa reported that chairs were ordered for MICU and would be ordered for SICU next month.
	<ul> <li>Lana will offer classes, beginning w/Hemodynamics.(con't) (con't)Comfortable with</li> </ul>
Education needed for new & existing RNs.	
	Lana is comfortable presenting the education, but requests an ICU RN to help with the hands-on portion. Charlene McConnell agreed to team with Lana to teach Hemodynamics.

	<ul> <li>More organization needed with visitors and phone calls. Nurse has to often be the "bad guy" and visitation breaches are disruptive. Phone calls interrupt workflow.</li> </ul>	<ul> <li>Potentially restructure the unit coordinator role once Cheryl retires to involve being stationed at front entrance of units, checking in visitors &amp; ensuring 1 per pt, answering phones and possibly providing brief updates (stable/critical/etc). This would require organized/scheduled more thorough update calls from nursing to family. UBCs to discuss if this is their proposal, duties included, plan for updating families, hours, etc and bring back to Specialty Council. Teresa voiced concern that privacy could be violated if the person at the checkpoint is giving updates. Explore enclosed area?</li> </ul>
Closing	Next meeting as scheduled. Special thank you to Heather and Kevin, who both agreed to work night shift to help with Spring Break staffing tonight. For this reason they were unable to attend this meeting. Sarah on vacation. MICU updates above provided by Heather along with hand-outs for all in attendance.	

## Attendees: March 25, 2021

Full Name	Credentials	<b>Title</b> e.g., Clinical Nurse, Clinical Educator, etc.	Department	Present
Syed Mustafa	MD	Medical Director	Critical Care	V
Logan Jenkins-McNanna	BSN, RN, CCRN	Clinical Nurse	Surgical Intensive Care	$\checkmark$
Heather Evans	BSN, RN	Clinical Nurse	Medical Surgical Intensive Care	$\checkmark$
Kevin Norman	RN	Clinical Nurse	Surgical Intensive Care	$\checkmark$
Sarah Cogburn	BSN, RN	Clinical Nurse	Medical Surgical Intensive Care	$\checkmark$
Sheila Clemens	BSN, RN	Manager	Medical Surgical Intensive Care	$\checkmark$
Trisha Nicholas	BSN, RN	Manager	Surgical Intensive Care	$\checkmark$

\* = Attachment

### **REQUESTED POLICY CHANGES**

#### **Unresponsive after ROSC**

- SVI/SVN/SVM policy GCS <8-9. SVHS policy GCS <6. SVHS screening sheet states GCS <8</li>
  - What GCS are we aiming for if a patient is unresponsive after ROSC?

#### When to initiate

- SVI/SVN/SVM policy states begin within 6 hours after ROSC. SVHS policy states begin within 6 hours of collapse
  - Collapse or ROSC?

#### Initial body temp

- SVHS screening sheet states only initiate protocol if temp >34 at presentation. SVHS policy states only initiate protocol if temp >30 at presentation. SVI/SVN/SVM policy states temp >32. ICU management sheet states initial temp 30-33 then rewarm to 33.
  - Temp >34 or Temp >30 or temp > 32 or rewarm?

#### Maintenance phase

• SVHS policy states MAP >80. American Heart Association suggest MAP >90

• MAP >80 or MAP >90?

#### Paper charting

• We currently chart in EPIC along with paper charting.

• Can we change to just EPIC charting?

#### EEG order after initiation of cooling

- SVHS order set states continuous EEG, which we don't offer.
- AHA recommends obtaining EEG as soon as possible.
  - When do we need to obtain EEG? If it is on night shift do we call the EEG team in?
  - Repeat EEG at 48 hours after the patient is warmed?

#### Serial ABG's

• Serial ABG's? This is also how we get ionized calcium

• Yes or no? What frequency?

#### Electrolyte protocol differs from maintenance phase

- Protocol states replace Mag <1.4 and Ionized calcium replace <4.0 ICU sheet states replace Mag <2 and ionized calcium replace <1.0.</li>
  - We can go by electrolyte protocol for potassium. We need parameters and replacements for Magnesium and Ionized Calcium unless we can go by the electrolyte protocol parameters?

#### **Potassium Replacement**

• SVHS protocol states d/c K+ replacements 8 hours prior to rewarming.

- $\circ$  AHA recommends to discontinue K+ replacements 4 hours prior to rewarming
  - Discontinue at 4 hours or 8 hours?
  - When do we start a heparin drip?
  - When do we start an insulin drip?