

An Approach to Rounding in the Critical Care Unit

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Objectives

1. To develop an approach to patient assessment prior to rounds
2. To review the structure of critical care rounds and the roles of multidisciplinary team members on rounds
3. To discuss an approach to presenting a patient care plan



PATIENT ASSESSMENT PRIOR TO ROUNDS

Prior to Rounds

Prior to rounds, review the following:

1. Chart

- Reason for admission
- Ongoing issues
- Consultant notes and suggestions

2. Nursing flowsheet

- Vitals
- Ventilator settings
- Ongoing infusions (pressors, inotropes, paralytics, etc.)
- Fluid balance

Prior to Rounds

Prior to rounds, review the following:

3. Investigations

- Bloodwork
- Microbiology
- Imaging

4. Medications

- Antibiotics
- Analgesics and sedatives
- Important home meds

Prior to Rounds

5. **Speak to the nurse** to discuss any concerns

6. **Examine the patient***

- For all patients:
 - Assess level of consciousness and orientation
 - Perform lung auscultation
 - Assess for abdominal tenderness or distention
 - Check wounds and drains
 - Examine extremities for edema and adequate perfusion
- Additional exam based on reason for admission, nursing concerns, investigations

Prior to Rounds

- Have a computer on wheels ready
- Designate tasks:
 - One team member to type/write the daily progress note
 - One team member to review investigations and enter orders
- Determine where rounds will start
 - Best to start with sickest patients
 - Rotate where you start otherwise on different days



STRUCTURE OF ROUNDS AND TEAM

Structure of Critical Care Rounds

Multidisciplinary

- Physician team (attending +/- fellow, residents)
- Bedside nurse
- Respiratory therapist
- +/- Pharmacist
- +/- Physiotherapist
- +/- Dietician

Structure of critical care rounds

Patients and Families

Patient (if awake) and family members should be included → This will be impacted by current visiting restrictions around COVID-19

- Rounds can take place around the patient's bedside/in the room unless precluded by infection control measures (i.e. patient in isolation for any reason)
- Consider alternate ways to involve families and SDMs during the pandemic:
 - Zoom, Facetime, conference calls

Roles of team members

MD looking after the patient provides a *brief* summary of the patient

- Age and gender
- Reason for ICU admission
- Ongoing major issues

Example: This is a 55y/o M admitted April 3rd with ARDS secondary to COVID-19. The major issues are weaning ventilation and delirium management.

Roles of team members

Nurse presents head-to-toe and raises nursing concerns

- Neurologic: sedative or paralytic infusions and doses, presence of pain/delirium, neurologic deficits, mobilization
- Cardiovascular: trends in vitals, need for vasopressors/inotropes, presence of edema
- Gastrointestinal: rate and type of feeds, presence of bowel movements
- Genitourinary: urine output and 24 hour fluid balance
- Skin: presence of pressure ulcers or other wounds
- Lines and tubes: peripheral IVs, central lines, Foleys, drains and their locations
- Infection: presence of fevers, antibiotics

Roles of team members

Nursing presentation can also be done using an issues-based approach

- Changes over the past 24 hours are highlighted as well as ongoing active issues (e.g. hypotension, agitation, poor urine output)
- This approach tends to work better for patients who are well known to the team with few active issues
- Head-to-toe approach is favored for newly admitted or very active patients to avoid missing any details

Roles of team members

Respiratory therapist discusses ventilator settings and issues with ventilation

- Current settings
- Last available ABG or VBG
- Attempts at weaning support and result of SBT (spontaneous breathing trial)
- Issues with synchrony, compliance, oxygenation, airway

NB: if RT not present, nurse or MD may be the one to review the above, if known

Roles of team members

+/- Other allied health team members

- Perfusionist: ECMO settings and issues
- Dietician: dietary and nutritional concerns
- Physiotherapist and occupational therapist: mobilization and functional issues

Roles of team members

Designated MD or RN reviews results of pertinent new investigations

- Bloodwork:
 - Helpful to highlight trends in abnormal lab values
- Microbiology:
 - Review most recent culture results
- Imaging:
 - Check final imaging reports from past 24-hours
 - Review new CXRs as a group

Roles of team members

Pharmacist reviews medications:

- Current doses and need for adjustment
- Concerns about drug-drug interactions
- Guidance on need to check levels of specific medications
- Review of VTE and stress ulcer prophylaxis
- Important home medications
- Anything missing

Roles of team members

MD looking after the patient proposes a plan for the day and summarizes action items.

It is helpful to highlight the following:

- Major changes to the treatment plan
- Planned imaging studies or procedures
- Results to follow up on

If working in a team with multiple learners, the attending or fellow may also provide a summary to create shared team cognition.

Roles of team members

- Ensure all allied health concerns have been addressed
 - Verify all required orders have been placed
 - Check in with the entire team to make sure no outstanding issues or concerns
- Provide family/patient with a **brief** update and answer questions
 - More in-depth discussions should be held after rounds



PRESENTING A PATIENT CARE PLAN

Patient Care Plan

Two approaches:

Issues-based

Preferred as more holistic and integrates multiple systems

Examples:

- 1) Septic shock 2^o pneumonia
- 2) Renal failure
- 3) Transaminitis
- 4) Nutrition

Systems-based

Examples:

- 1) Neuro
- 2) Cardiovascular
- 3) Respiratory etc.

Patient Care Plan- FASTHUGS BID

- Feeding
- Analgesia
- Sedation
- Thromboprophylaxis
- Head of bed 30°
- Ulcer prophylaxis
- Glycemic control
- Spontaneous breathing trial
- Bowel regimen
- Indwelling catheter/line removal
- De-escalation of antibiotics
- **Bonus:**
- Family updates
- Mobilization
- Goals of care

Conclusions

- Having a systematic approach to rounding is important
- Encouraging input from all members of the interdisciplinary team is critical to providing optimal patient care
- Ensure that the plan for the day is clear, along with any action items to follow-up on