

## Presenting in the PICU

### 1. Patient one-liner (if surgical patient, include POD#)

- a. Include MAJOR ISSUES and relevant physiology/indication of ICU admission: septic shock on vasoactive infusions, acute respiratory failure requiring mechanical ventilation, DKA requiring insulin gtt, etc.
- b. If a new patient, then a full H&P should be presented. ER events should be included.

### 2. Relevant 24h events (this should be BRIEF and not an early recap of every system and event)

- a. Only report issues that will significantly affect plans to be made that day
- b. May report events broadly e.g. “agitated overnight required adjusting sedation”
- c. Most minor events can be incorporated into the plan by systems below

### 3. Data

- a. Vital sign TRENDS (not generic range)
  - i. **T-max, HR** (ranges, not reading off numbers; i.e. “HR was in the 150s initially and has decreased to the 120s by this am”, rather than “98-156”), **MAP** (on which pressors)
  - ii. **O2Sat, RR, Respiratory support**: HFNC settings (I and FiO2), mech. vent settings (FiO2, PIP/PEEP PC, PS, Rate), tidal volume, EtCO2, **CXR** if available – pull up to have ready for rounds
  - iii. **Sedation update**: SBS goal, drips and drip changes, prns. Withdrawal update: WAT-1 scores
- b. I/O
  - i. Intake by route (enteral, IVF, gtts)
  - ii. UOP in cc/kg/h
  - iii. Other outputs e.g. NG, JP, CT, stool total quantity, sense of trend (increasing/ decreasing in output) and the character of any output, air leaks in chest tubes, etc. if pertinent
  - iv. Net fluid balance over last 24h and LOS
  - v. Weight if obtained
- c. Labs
  - i. Focus on CBC, Chemistry 10, ABG/VBG, lactate, CRP and +/- coagulation panel and LFTs depending on patient pathophysiology, report all values, trend)
  - ii. Include micro updates
- d. Imaging and test review

### 4. Physical examination – focus on pertinent

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### 5. \*\*\*\*\*Summary one-liner including assessment of overall trajectory\*\*\*\*\*

- a. One sentence summary of current state/differential diagnosis (if relevant) and trajectory – and your interpretation thereof
- b. Generally, with each system presented, be prepared to discuss your thought process on ddx and trajectory

### 6. Plan by systems: (only present active systems)

**\*\*Quick update of what we are currently doing and what the new plan is from here; justification for plan is needed\*\***

- a. Neuro: Summary statement highlighting major issue being monitored
  - i. Sedation (include goal SBS, current gtts, and # prns required); is there therapy to optimize or wean?
  - ii. Analgesia (include prns and assessment of adequate control)
  - iii. Delirium risk/assessment
  - iv. Other relevant medications, AEDs etc.
  - v. Contingency plan: Seizure, increased ICP, inadequate sedation, for example
- b. CV: Summary statement highlighting major issue being monitored
  - i. Assessment of hemodynamics: integrate VS trends, relevant telemetry, EKGs, examination
  - ii. Goal BP review
  - iii. Relevant medications and frequency; is there a therapy to optimize or wean?
  - iv. Contingency plan: pressors, anti-HTN, bradycardia?, tachycardia?
- c. Resp: Summary statement highlighting major issue being monitored
  - i. Goals
  - ii. Current level of support; can we wean anything? How? ERT?
  - iii. Relevant medications and frequency; is there any therapy to optimize or wean?
  - iv. Contingency plan: escalation of NIV (end-point), intubation/extubation plan, vent settings, PTX, ETCO2 trend, etc, airway concerns, tracheostomy awareness
- d. FENGL: Summary statement highlighting major issue being monitored
  - i. Nutrition goals; is patient NPO? For how long has nutrition been (in)adequate
  - ii. Fluid rates/content and total fluid goals
  - iii. Electrolyte abnormalities and plan to address
  - iv. Bowel function?
  - v. Contingency plan: imaging, labs, NPO status
- e. GU/REN: Summary statement highlighting major issue being monitored
  - i. Assessment of renal function, including fluid balance and goals
  - ii. Contingency plan: diuresis, med adjustment for GFR, etc.
- f. ID: Summary statement highlighting major issue being monitored
  - i. Fevers?
  - ii. Work-up to date
  - iii. Antibiotic therapy (include indication and duration)
  - iv. Contingency plan: culture/work-up, antibiotic escalation
- g. Heme: Summary statement highlighting major issue being monitored
  - i. DVT ppx? Early mobility?
  - ii. Contingency plan: Transfusion criteria
- h. Endocrine/metabolism: Summary statement highlighting major issue being monitored
  - i. Glycemic control?
  - ii. Steroid therapy? Is a taper needed?
- i. T/L/D with #days in place, plan for removal/replacement
- j. Dispo plans
- k. Checklist – if person going through this pays attention during presentation, this can go a lot faster and more efficiently