

# ICU Presentation Format

- I. Give brief Identifier
- II. NURSING PRESENTATION
- III. System Based Findings
  - Neuro
    - Exam
      - If TBI – know neuro exam off sedation
      - If SCI – know extremity truncal strength and sensory exam
      - If Intubated, give neuro exam off sedation if possible
      - If extubated – note level of consciousness, degree of orientation, ability to follow commands
    - Sedating Meds
      - Analgesics and Anxiolytics and any other meds that alter neurologic responsiveness
      - If you report a patient has delirium – know what that means.... What kind of delirium?
    - Lab / Radiology / diagnostic data
      - ICP levels
      - Status and drainage amounts of ventriculostomy if one placed for TBI
      - Pupillometry readings
      - CO2 level is under severe TBI management
      - CTs/MRI
    - **Neuro problem List and plans (if any)**
      - INCLUDE plans for adjustment of sedating / neuro-altering medications
  - Cardiovascular
    - Physical Exam
    - BP range
    - BP Meds / Pressors / Inotropes / Anti-arrythmics / Anti-hypertensives
    - Lab / Radiology
    - **CV Problem List and Plans (if any)**

- Pulmonary
  - Physical Exam – Including breathing pattern assessment
  - SpO2 on what level of Oxygen support
  - If intubated: Vent Settings
  - ABG
  - If not intubated: source of supplemental oxygen
  - Performance on Incentive Spirometer
  - CXR, CTs etc
  - ***Pulmonary Problem Lists and Plans***
  
- Nutrition / Gastrointestinal
  - Enteral
  - TPN
    - If neither, why not?!
  - Last BM / flatus
  - Quality of output (diarrhea?)
  - Does patient need GI prophylaxis? If so, what
  - ***GI/Nutrition - Problem List and Plans***
  
- Fluids / Electrolytes
  - 24 hour I & O balance
  - Assessment as to the need of ongoing fluids
  - Assessment of electrolyte levels
  - ***Fluid & Electrolytes Problem List & Plans (if any)***
  
- Renal
  - Exam (ie what kind of catheter? Assess necessity.
  - BUN / Cr
  - If on CRRT or Dialysis – current status / Need for Rx
  - ***Renal Problems & Plans (if any)***
  
- Endocrine
  - Glucose, Na, K+
  - Any pre-existing conditions that may affect acute ICU stay?
  - ***Endocrine Problem List and Plans (If any)***
  
- Hematologic
  - H&H, Coagulation status
  - Anticoagulation meds?
  - Need for clotting meds?
  - DVT Prophylaxis?

- ***Hematologic Problem List and Plans (if any)***
- Infectious Disease
  - Febrile last 24 hrs?
  - WBC
  - Pending Cultures
  - Current Abx
    - NOT entire history of Abx rx, **just most recent**
  - e.g. - “Patient is on Vancomycin day 2 / 7 for MRSA from her tracheal aspirate on 6/18”
  - ***ID Problem List and Plans (if any)***
- Musculoskeletal & Wounds
  - Ability to mobilize –
  - Know Ortho / Neuro limitations
  - Wound assessment
  - ***Musculoskeletal & Wound Problems and Plans ... IF PATIENT CAN BE MOBILIZED, Make firm plan to do so that day!***
- Ethics / Family
- Disposition Planning
  - Is patient ICU status?
- Lines / tubes review – ongoing necessity if not covered in previous discussion
- Prophylaxis if not mentioned previously in presentation
  - DVT
  - GI
- MEDICATION REVIEW
- **ORDER READBACK**