Presentation template for SNICU rounds

One-line introduction (Age, major relevant comorbidities, recent PMH or PSH, major recent events, current problem list, day# in ICU and day# post-surgery):

Major events in the past 24 hours (Procedures, significantly improved or worsened organ failure, code status discussions):

System-based presentation (vitals, exam, lab, imaging, current treatment - including last 24 hours, assessment and plan):
- **Neuro**:
  - Vitals (GCS, ICP, CPP, Pain score, CAM-ICU score):
  - Detailed neuro exam (as relevant):
  - Labs (sodium):
  - Imaging:
  - Current treatment (mannitol, hypertonic saline, antiepileptics, sedation, analgesia, paralytics, ventriculostomy, subarachnoid bolt):
  - Assessment and plan (wean sedation, mobilize):

- **Respiratory**:
  - Vitals (RR, SpO2):
  - Respiratory examination (include quantity, color and consistency of secretions, chest tubes and output):
  - Labs: ABG, with FiO2 at the time of ABG.
  - Imaging: Chest Xray findings:
  - Current treatment (FiO2, Vent (mode, settings), bronchodilators, diuretics, bronchoscopy, antibiotics, inhaled vasodilators, ETT type, size and position):
  - Assessment and plan (HOB>30, lung protective ventilation, spontaneous breathing trial, diurese, bronchoscopy):

- **Cardiovascular**:
  - Vitals (HR, BP, CVP, PA, CO, CI, SVR, PPV):
  - CV Examination (include peripheral pulses, IVC-US):
  - Labs: Troponin, EKG, lactate, Svo2
  - Imaging: preop echo? Recent echo? Chest CT
  - Current treatment (pressors @ rate, antihypertensives, fluid therapy, diuretic therapy, antiarrhythmic therapy, IABP, VAD, ECMO. Also mention aspirin, plavix, heparin and coumadin. Home antihypertensives?):

  - Assessment and plan:
  - (Downstream: blood pressure, lactate, Svo2, base deficit, urine output, creatinine, mental status.
  - Upstream: Rate, rhythm, preload, contractility, afterload, Hb, SpO2. For complex patients, discuss left- vs right-sided preload, contractility and afterload).

Lines, days in-situ, skin site condition:
Should any lines be removed today?
GI:
Vitals: Bowel movement? Diarrhea? Emesis? Residuals on tube feeds?
Exam: NG or OG tube? Abdomen soft? JP drain output?
Labs: LFTs, prealbumin, amylase, lipase
Imaging: Any CT abdomen/pelvis performed? Plain abdominal films?
Current treatment (NPO status, swallowing function, tube feeds @ rate, goal TF rate, PPI, H2 blocker, Bowel regimen like Colace and Senna):
Assessment and plan (start feeds, ulcer prophylaxis):

FEN/Renal:
Vitals (24 hour I/O with mention of urine and drain output, last 8 hours I/O, total admission I/O. Was 24 or 8 hour urine output was supported with diuretics?):
Exam (evaluate fluid status, including IVC-US, intraabdominal pressure)
Labs (BMP, Ca/Mg/PO4, urine lytes):
Imaging (renal ultrasound, CT abdomen if relevant):
Current treatment (MIVF type and rate, fluid or diuretic therapy, electrolyte imbalance correction, IHD or CRRT, CVN):
Assessment and plan (adjust dosing in renal failure, remove Foley):

Heme/ID:
Vitals: Tmax and Tcurrent
Exam (extremities concerning for DVT, sites concerning for infection):
Labs (White count, H/H, platelets, INR, PTT. Fibrinogen, TEG, Cultures):
Imaging (DVT, abscess on CT):
Current treatment (transfusions in the past 24h, antibiotics with day#, heparin, enoxaparin, warfarin, sequential compression devices, aspirin, Plavix, IVC filter):
Assessment and plan (stop antibiotics, decrease labs, DVT prophylaxis, Vanc trough):

Endo:
Labs (glucose, cortisol, TSH, T4):
Current treatment (insulin, steroids):
Assessment and plan (wean steroids?):

MSK:
Injuries:
Exam (skin condition, motor/sensory exam, pulses, swelling):
Imaging:
Current treatment (mobility restrictions, activity level, C-collar, operative plans):
Assessment and plan:

<table>
<thead>
<tr>
<th>F (feeding)</th>
<th>H (head-up)</th>
<th>L (lines to be removed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (analgesia)</td>
<td>U (ulcer proph.)</td>
<td>A (antibiotics to be stopped)</td>
</tr>
<tr>
<td>S (sedation)</td>
<td>G (glucose control)</td>
<td>M (mobilization)</td>
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<tr>
<td>T (thromboembolism proph.)</td>
<td></td>
<td>B (beta-blockade)</td>
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