

## **Information Regarding ICU/CCU Coverage and On-Call Responsibilities at IMMC**

1. Admissions
  - a. Attending physicians should call directly with information regarding patients being admitted to the ICU or CCU and to discuss initial plans, how/whom to reach for further discussion and assistance.
  - b. Notify ICU and CCU Service residents promptly the next day re any problem patients or new admissions to these services during on call time.
  
2. Transfers
  - a. Any patient transferred out of ICU to ward service must have transfer orders and a transfer note on the chart by time of transfer out of unit. (Note should highlight problem areas, active concerns, current plans and current medications)
  - b. For patients transferred to teaching service (e.g. Y8 Pulm, Y 8 GI, Y7 General Med), please contact resident on service to assure they can take patient and to personally answer any questions regarding transfer of patient's care.
  
3. Weekends
  - a. We allow, on average, one day out of seven free of clinical responsibilities. This needs to be coordinated with staff physician and then communicated to nurses, phone operators, and covering residents on call.
  - b. Unless day off, patients are under your care until you contact the on call resident and sign-out patients to them. This applies weekends and weekdays.
  
4. Special Issues
  - a. On Call Hours: Duty begins 4:30 p.m. weekdays and 7:30 a.m. Saturdays and Sundays. ICU and CCU residents must sign out patients to on call resident before leaving the hospital each day.
  - b. When on call, serve as backup to intern on call for ward services when they have major questions or concerns regarding unstable patients.
  - c. Seek permission for autopsies when patients die (as much as possible).
  - d. Notify attending physicians of any deaths on service or any significant changes in patient status.
  - e. Attend all codes as transmitted via code pager and overhead pages (except for Trauma Calls).
  - f. Be sure to complete all dictations (admission notes, procedure notes, discharge or death summaries) and sign all notes and orders by the last day on service.
  - g. Any physician on the Internal Medicine Residency Faculty may admit patients to the ICU and request resident involvement. However, if the patient is to remain in the ICU more than 24 hours and the attending physician wishes to continue to have resident involvement, there must be a Pulmonary/Critical Care consult.

