Working in The Vanderbilt CVICU: An Opportunity of a Lifetime

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Overview

- Who is in the CVICU
- CVICU Rules and Resources
  - On the web
- Patient Care
  - Multi-discipline rounds
  - CVICU equipment
- Professionalism
- Scholarship
CVICU Medical & Surgical Director

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Associate Professor of Medicine
Internal Medicine, Cardiology

Antonio Hernandez, MD, MSCI
Associate Professor
Anesthesiology Critical Care Medicine, Cardiothoracic Anesthesiology

Bret Alvis, MD
Assistant Professor
Anesthesiology Critical Care Medicine
CVICU Manager, Program Director & Educator

Manager: Kim Carter, RN

Programming: Jessica Williams, RN

Education: Kaela Craven, RN, MSN
CVICU Pharmacy

Andrew McRae, PharmD, BCCCP
CVICU Staff Scope of Practice

- **Charge Nurse:** experienced nurse on unit responsible for patient flow and appropriate escalation of nursing concerns/issues.

- **Help – All:** procedure nurse who will also help with admissions

- **Care Partner:** Non-licensed personnel who may help with patient hygiene, mobilization, and obtaining supplies
Cardiovascular Intensive Care Unit

Cardiovascular Fellows 2020-2021

Welcome to the Vanderbilt University Hospital CVICU Website!

This site provides clinical resources for nurses and house staff working in the CVICU. Opportunities to get involved (both in and outside of work) and information about projects on which our staff-led councils are currently working can be found under the Community pages. Frequently accessed policies and standard operating procedures are also easily accessible from the Policies page. The most up-to-date information about advancement opportunities, professional development opportunities, and continuing education classes as well as preceptor resources are contained here for easy, 'one-stop shopping'.

Are you trying to find a resource tier that was previously posted around the unit? Check out the blog for these and other clinical updates.

Clinical Resources  Blog & Updates  Community
# Cardiovascular Intensive Care Unit

## Clinical Resources

For the most comprehensive clinical resources please reference [ElSevier Clinical Skills (Mosby's)](https://www.mosby.com). Below you will find many additional clinical resources to aid you in the care of our complex cardiac ICU patients.

### Frequently Accessed Links

- AACN Clinical Resources
- CVICU Orientation Manual
- El Sevier Clinical Skills (Mosby's)
- Learning Exchange
- NEJM Figures & Multimedia
- UpToDate

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## Rounding Schedule

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<tr>
<td>0700-0900</td>
<td>CCU Attending w/ Residents and Fellows</td>
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<tr>
<td>0800-0900</td>
<td>CSX w/ Adv. HF</td>
</tr>
<tr>
<td>0900-1100</td>
<td>CSX</td>
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<tr>
<td>0900-1100</td>
<td>Adv. Heart Failure Attending w/ Residents and Fellows</td>
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Rounding in the CVICU

- Rounds are multi-disciplinary
  - Attending Physician
  - Fellow
  - Residents / Interns
  - Nursing
  - Pharmacy
  - Others
AHA SCIENTIFIC STATEMENT

Prevention of Complications in the Cardiac Intensive Care Unit

A Scientific Statement From the American Heart Association

The Cardiovascular Intensive Care Unit—An Evolving Model for Health Care Delivery

John Loughran, MD, Tauqir Puthawala, MD, Brad S. Sutton, MD, MBA, Lorrel E. Brown, MD, Peter J. Pronovost, MD, PhD, FCCM, and Andrew P. DeFilippis, MD, MSc
Rounding in the CVICU

- Rounding structure established and available on the web
- Know and document everything but only present what matters
  - Na of 131 is not noteworthy if it have been between 130-134 for the last 1 week but it is significant if it has dropped from 143 to 136 to 131 over the last 24 hours
Rounding in the CVICU

- Assessment and Plan that accounts for all pertinent findings.
  - Not: the patients presents with X, Y and Z BUT: the patient presented with X that resulted in Y and was complicated by Z
  - Back up your plan with evidence
    - Citing the guidelines is not enough.
      - Why your patient does or does not fit the guidelines
Patient Care

- Answer all pages, text or calls as if they are an emergency, answer within 1 minute
  - Arrange for college to respond when doing procedures
  - Acceptable response: “can this page wait 20 minutes” → “Yes” → “page me back in 20 minutes”

- Keep your team (including the attending) and the patient informed.
Code Button
Identify yourself as a physician and define who is running the code (yourself or name of another physician in the room)

Ask or assign the following positions:
- Giving medications
- Running the defibrillator (CVICU RN qualified)
- On dec for chest compressions
- Managing the Airway
- Managing access (getting central line or I/O)
- Recording

Ask for the patient's primary nurse to describe the events of the code, get input from telemetry.
How to Defibrillate

Electricity will move between the Pads, the heart must be in between the pads to receive the electricity
How NOT to Defibrillate
How to Defibrillate: The Buttons

- **On / Off**
- **Charge**
- **Shock Dose**
- **Shock**
- **Sync Button**

- **EKG Lead Selection**
- **Cable to EKG Leads**
- **Cable to Pads**
How to Defibrillate: The Buttons

- On / Off
- EKG Lead Selection
- Charge
- Shock
- Sync Button
- Shock Dose
- Cable to EKG Leads
- Cable to Pads
How to Transcutaneous Pace

The external pacer must have 3 working ECG electrodes to be able to transcutaneous pace.

The machine will not deliver pacing without ECG input.
How to Transcutaneous Pace: The Buttons

- Machine On / Off
- Turn Pacer On / Off
- Pace Rate
- Pace Dose
- Cable to EKG Leads
- Cable to Pads
- EKG Lead Selection
How to Transcutaneous Pace: The Buttons

- Machine On / Off
- EKG Lead Selection
- Turn Pacer On / Off
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- Cable to Pads
Suction and Bag-Valve-Mask

Hanging on a hook on the window-side of the door
Consider for all post cardiac arrest patient who are not following commands

- Full Protocol on The CVICU Internal Web Site
- All cases should be discussed with CVICU attending in real time.
Professionalism

- Don’t leave a patient in need. Take care of the patient first, discuss politics later (if at all)
  - Respond to codes
  - Go help the ER even if the patient will ultimately go to the MICU
  - Don’t sign out a patient without a clear plan
  - Don’t abandon your resident / RN with a critically ill patient
Scholarship

- Make yourself better and help others provide better care
  - Teach and learn from house staff and nurses
  - Science of care delivery
    - Write a protocol
  - Make a discovery
    - research
  - Interpret and explain new discovery
    - Review article / teach a class
Time Management

- If you do not think you have time now, you never will!
  - Your responsibilities will only get greater
  - Now is when you will shape your practice
    - It is up to you what kind of doctor you will be