

Working in The Vanderbilt CVICU: An Opportunity of a Lifetime

Andrew Paul DeFilippis, MD, MSc
Associate Professor of Medicine
Medical Director, Cardiovascular
Intensive Care
Vanderbilt University Medical Center



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



Andrew DeFilippis, MD, MSc
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

<https://www.vumc.org/cvicu/welcome-cvicu-website>

Vanderbilt University Medical Center

People Finder | For Patients and Visitors

Cardiovascular Intensive Care Unit

Search

Home | Community | Clinical Resources | Advancement | Policies | Blog | More | COVID-19

CARDIOVASCULAR FELLOWS 2020-2021

FIRST YEAR	SECOND YEAR	THIRD YEAR
Lawrence Chaires	Kernal Akat	Kaushik Amancherla
Hannah Fish-Trotter	David Armstrong	Andrew Cluckey
Stephen Holby	Cherie Dahm	Debra Dixon
Jaimie Kowal	Majd El-Harasis	Matthew Fleming
Jose Martinez-Parachini	Jonathan Heimlich	Kathryn Gale
Lindsay Panah	Tara Holder	Dan (Leslie) Li
Alexander Sullivan	Anupam Kumar	Amar Parikh
Victoria Thomas	Megan Lancaster	Fiona Strasserking
John Wells	Jean Wassenaar	Timothy Thayer

CLICK HERE
To learn more about the team and see who is on call!

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 flier 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

Home Community **Clinical Resources** ▾ Advancement Policies Blog More ▾ COVID-19 ▾

Clinical Resources

For the most comprehensive clinical resources please reference [El Sevier Clinical Skills \(Mosby's\)](#). Below you will find many additional clinical resources to aid you in the care of our complex cardiac ICU patients.

Show entries

Search:

Category ▲	Device	Description
BIS	BIS Reference Card	BIS brain monitoring reference card for use when chemically paralyzing patients
Blanketrol	Blanketrol III Quick Reference Guide	A quick reference guide on how to use the the Blanketrol III
C-Collar	ASPEN Collar Placement Instructoins	A guide on how to properly place an ASPEN C-Collar
C-Collar	ASPEN Collar Sizing Guide	A guide on how to properly fit an ASPEN C-Collar
CAM-ICU	CAM-ICU Flowsheet	CAM-ICU delierum flowsheet
CentriMag	CentriMag Alarm & Alert Guide	CentriMag alert guide
CentriMag	CentriMag Powerpoint	CentriMag PowerPoint presentation
CentriMag	CentriMag Circuit Checklist	Use this CentriMag circuit checklist for ongoing assessments and during handoff.
Coagulopathy	Factor-VII Administration	How to administer Factor VII
CORTRAK	CORTRAK Advanced	CORTRAK dohoff post pyloric feeding tube

Frequently Accessed Links

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

Rounding Schedule

Time	Team
0700-0900	CCU Attending w/ Residents and Fellows
0800-0900	CSX w/ Adv. HF
0900-1100	CSX
0900-1100	Adv. Heart Failure Attending w/ Residents and Fellows





Rounding in the CVICU

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



Rounding in the CVICU

Circulation

AHA SCIENTIFIC STATEMENT

Prevention of Complications in the Cardiac Intensive Care Unit

A Scientific Statement From the American Heart Association

Original Research

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

**John Loughran, MD¹, Tauqir Puthawala, MD², Brad S. Sutton, MD, MBA¹,
Lorrel E. Brown, MD¹, Peter J. Pronovost, MD, PhD, FCCM^{3,4,5},
and Andrew P. DeFilippis, MD, MSc¹**

Journal of Intensive Care Medicine
1-8

© The Author(s) 2016

Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/0885066615624664
jic.sagepub.com

 SAGE



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 colleague 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



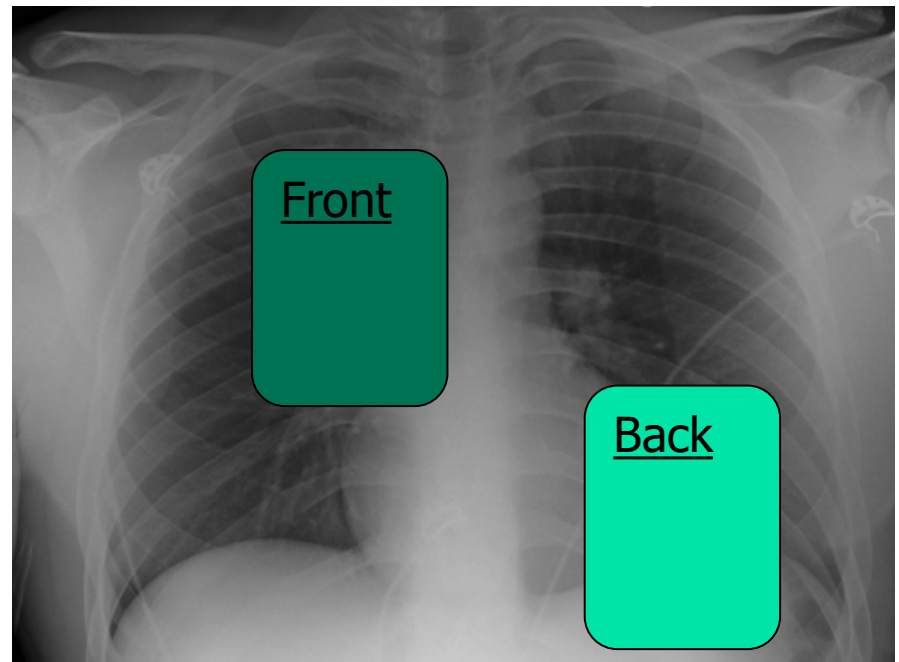
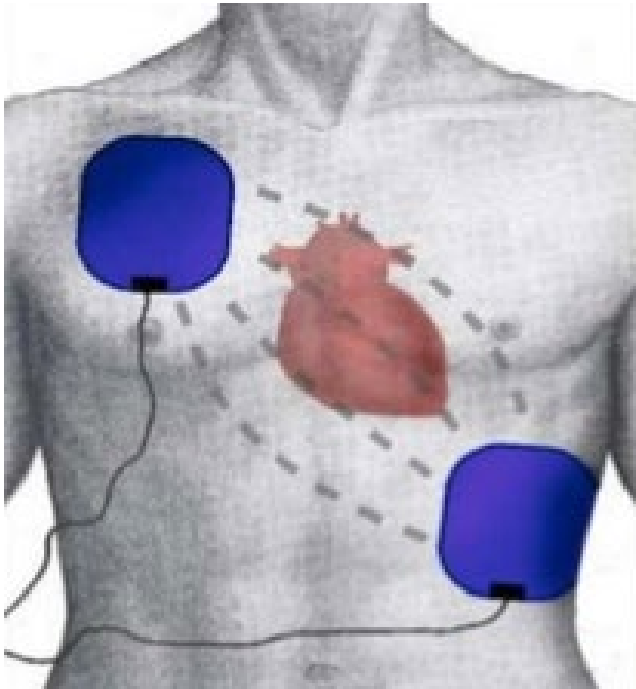


Code Principles in CVICU

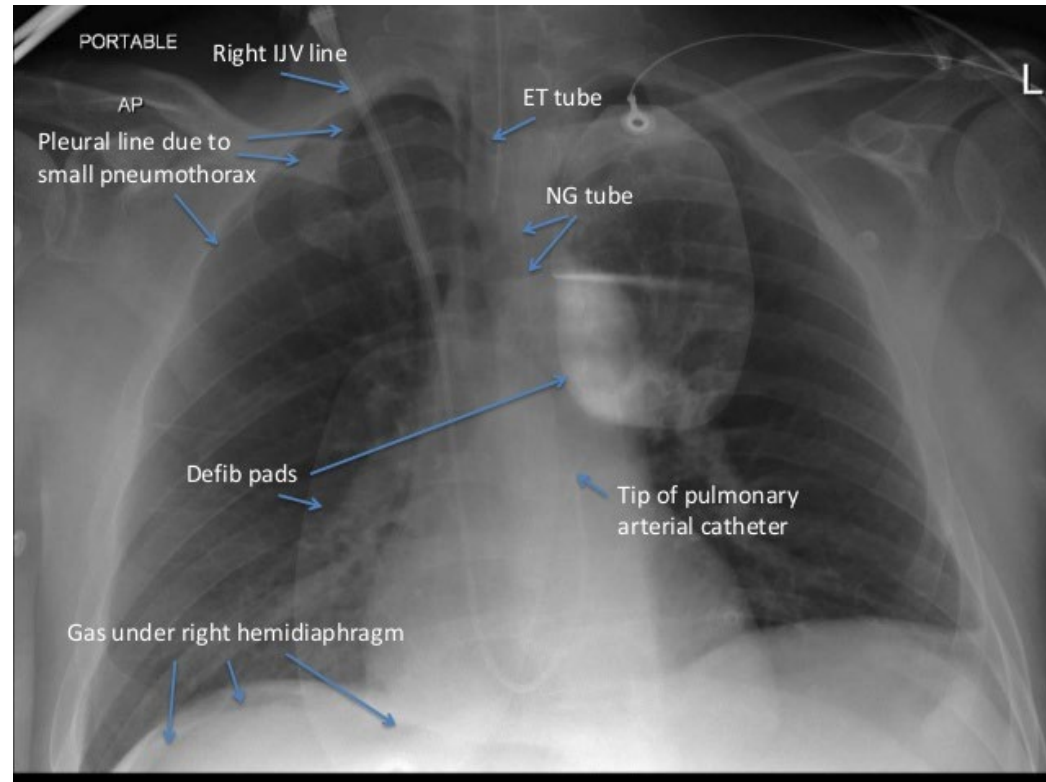
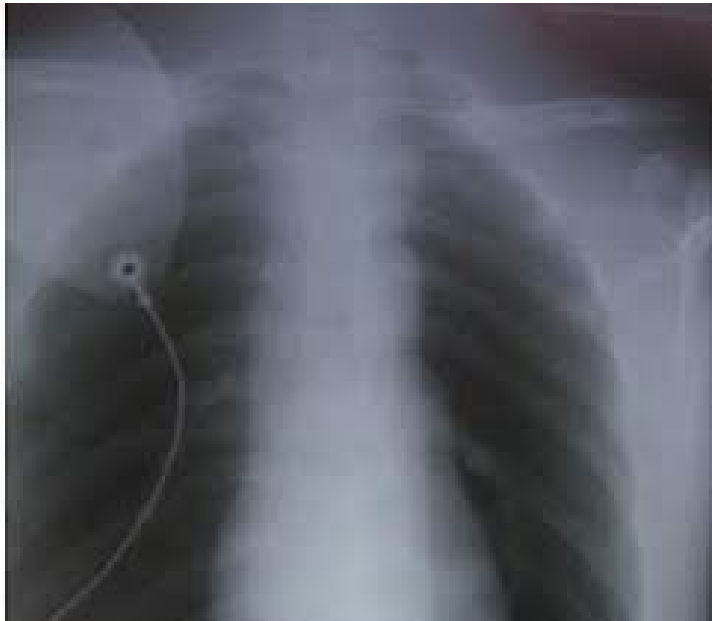
- Identify yourself as a physician and define who is running the code (yourself or name of another physician in the room)
- Ask or assign the following positions:
 - Giving medications
 - Running the defibrillator (CVICU RN qualified)
 - On dec for chest compressions
 - Managing the Airway
 - Managing 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

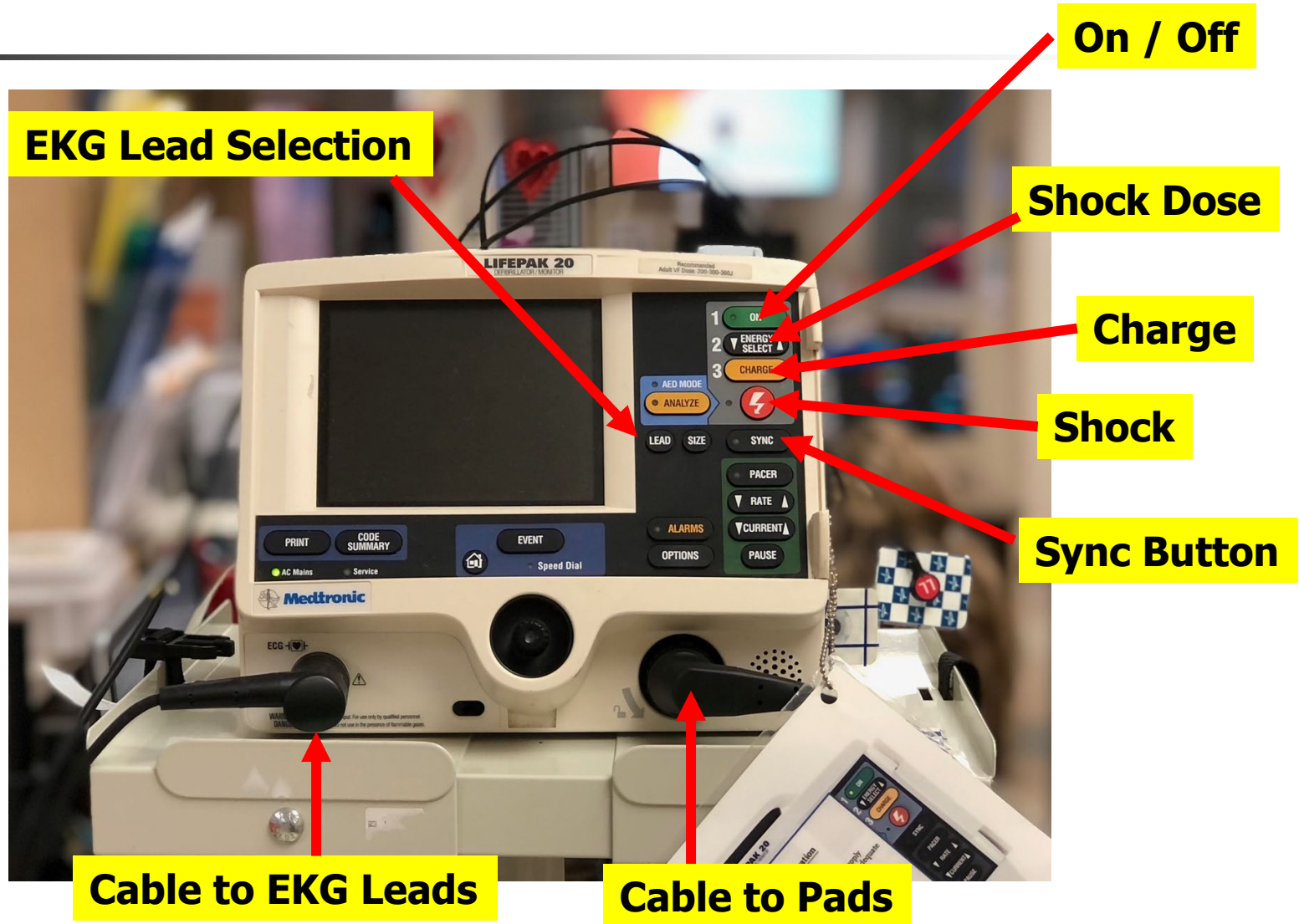
Electricity will move between the Pads,
the heart must be in between the pads to
receive the electricity



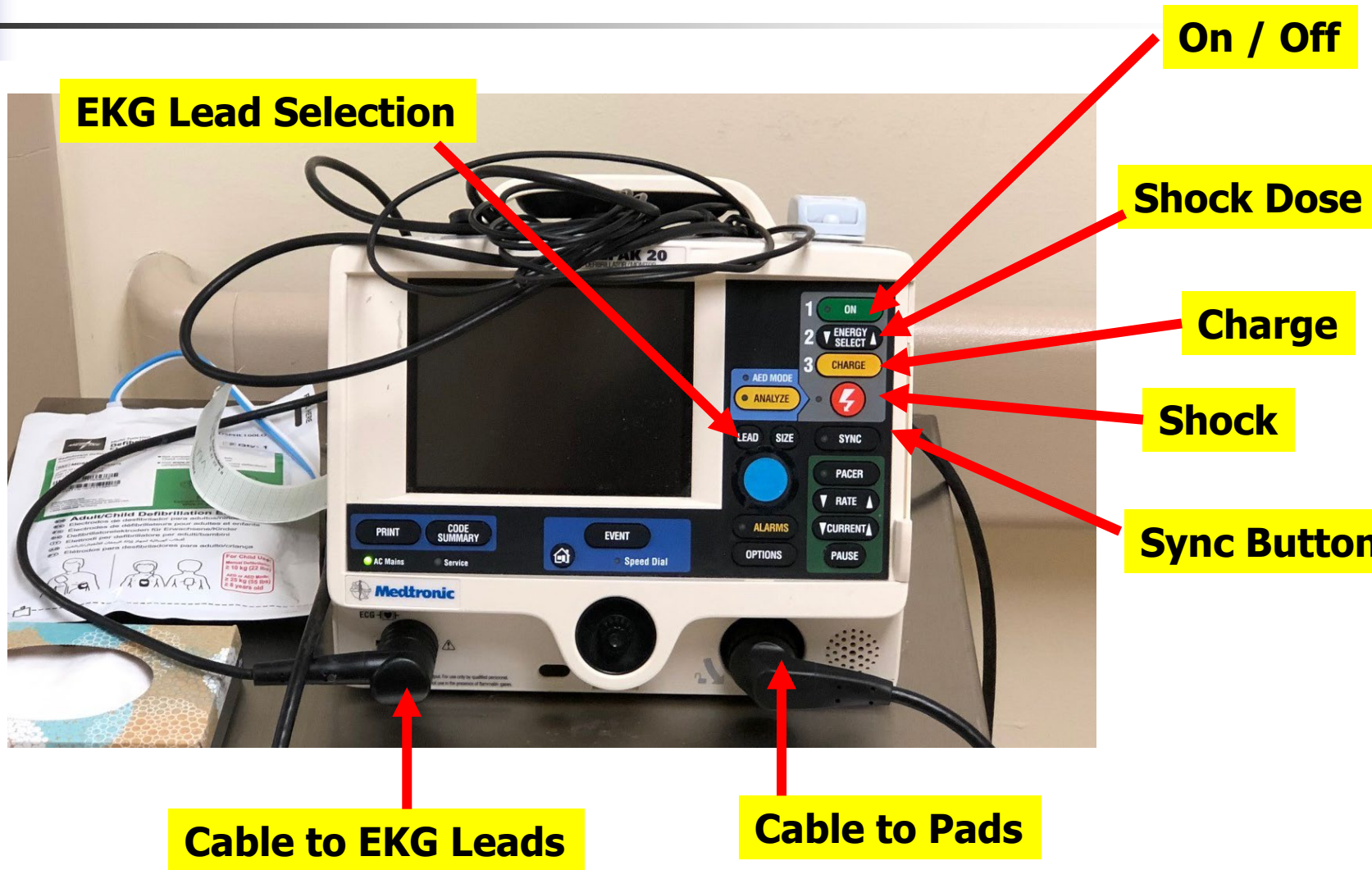
How NOT to Defibrillate



How to Defibrillate: The Buttons



How to Defibrillate: The Buttons



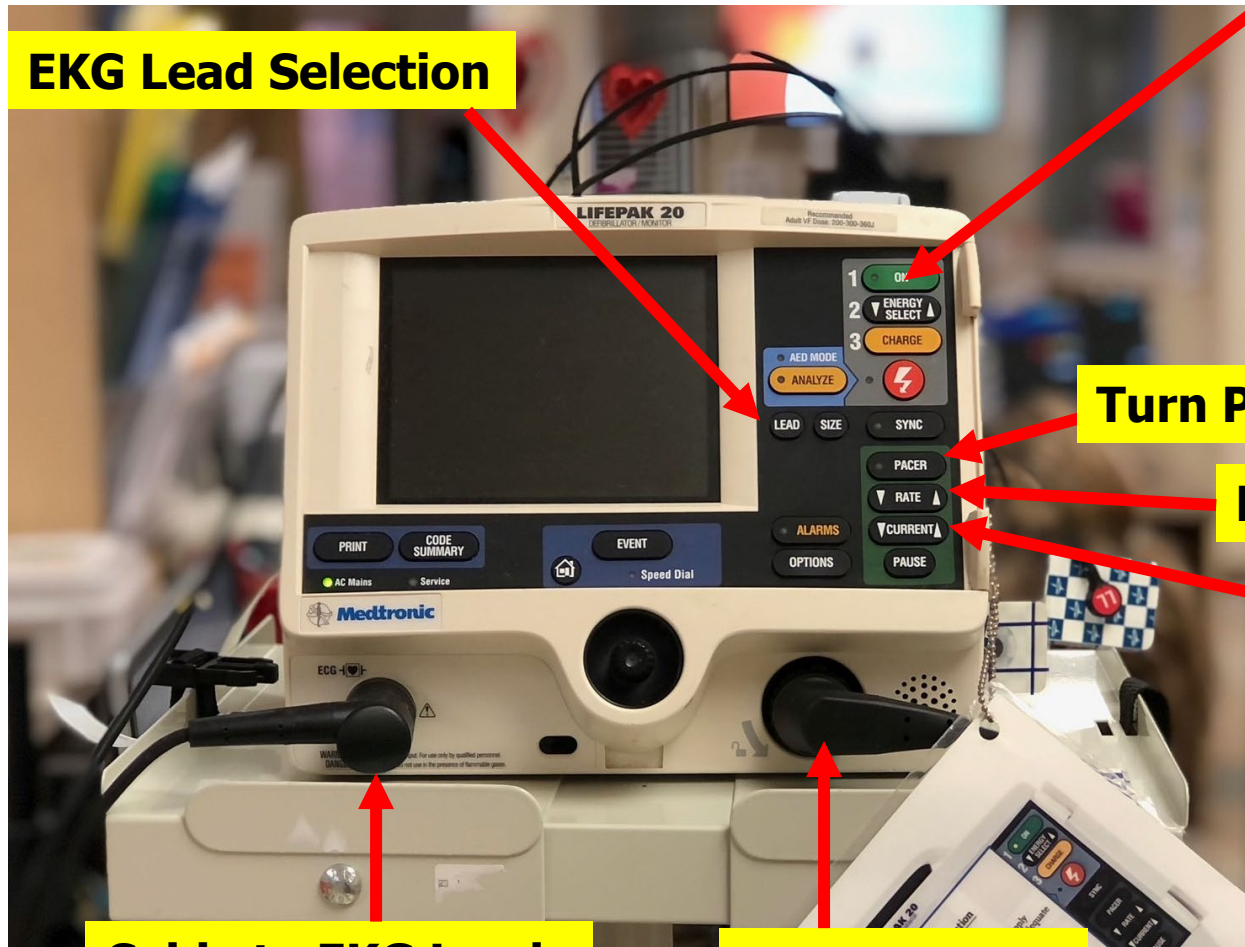
How to Transcutaneous Pace



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**

EKG Lead Selection

Turn Pacer On / Off

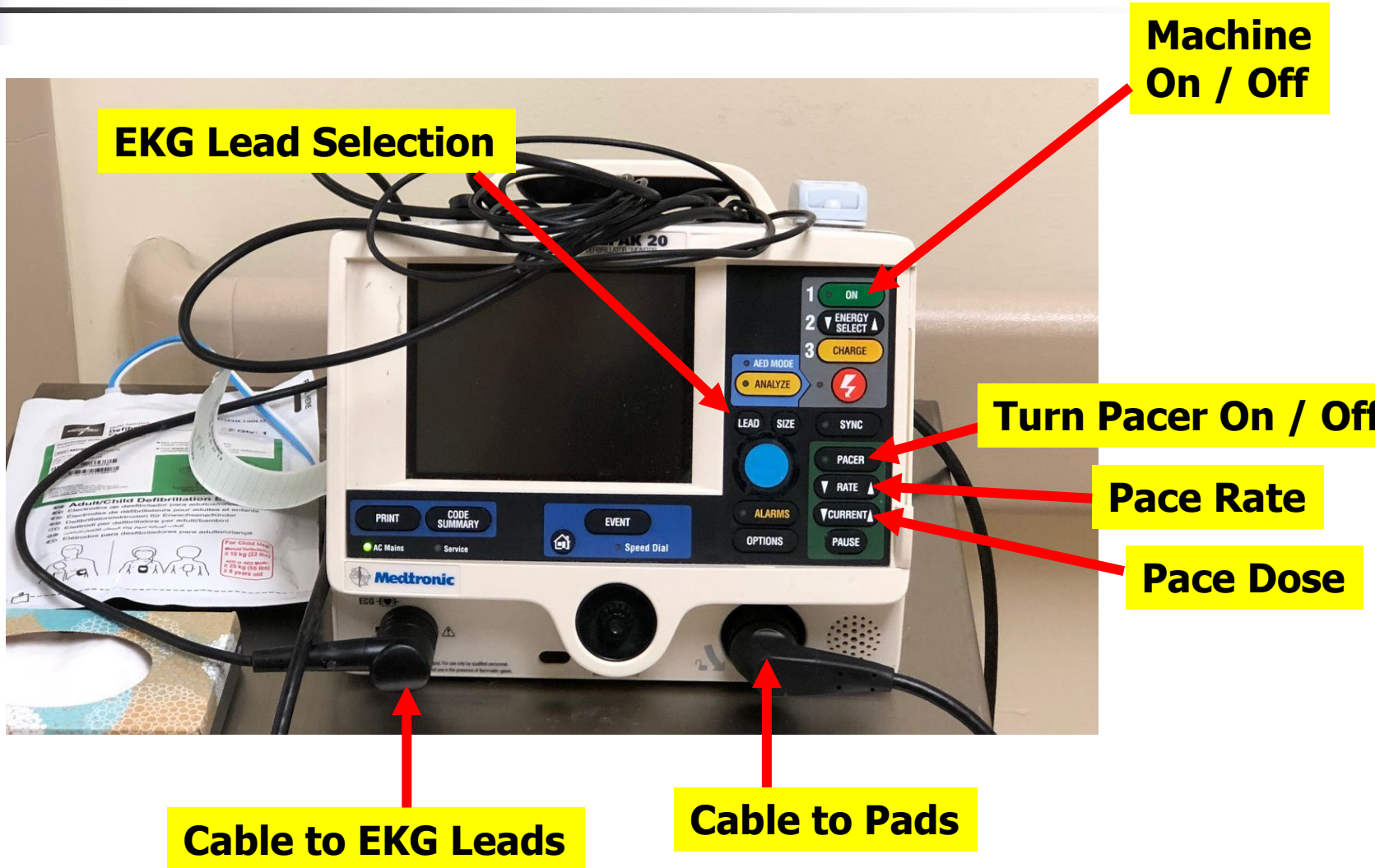
Pace Rate

Pace Dose

Cable to EKG Leads

Cable to Pads

How to Transcutaneous Pace: The Buttons



Machine On / Off

EKG Lead Selection

Turn Pacer On / Off

Pace Rate

Pace Dose

Cable to EKG Leads

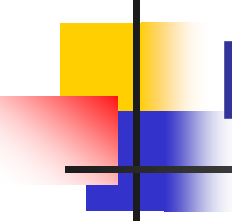
Cable to Pads

Suction and Bag-Valve-Mask



Hanging on a hook on the window-side of the door





Therapeutic Temperature Management :The Big Picture

- 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.

[Full Protocol on The CVICU Internal Web Site](#)



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