**Auxiliary Model of Care Priorities / ICU Guide**

**Daily Care Priorities:** (such as activities of daily living) are color coded and based on staffing and other resources, such as capacity/total patient volume and surge. The COLOR will be designated at the campus level every day during CODE ORANGE or when Crisis Standards of Care are designated. Please note you can always do more if time, staffing and patient acuity allows.

|  |  |
| --- | --- |
| Mouth Care | Complete these (“RED”) priorities when “red” is noted at the campus level for care priority. |
| Peri Care |
| Spokesperson Update |
| Partial Bath | Complete these (“YELLOW”) priorities in addition to “red” priorities when “yellow” is noted at the campus level for care priority. |
| Dermal Defense |
| Patient Education |
| Full Bath | Complete these (“green”) care priorities in addition to “red” and “yellow” when “green” is noted at the campus level. |
| Care Planning |
| Medication Education |
| OOB |

**Lead ICU RN Responsibilities**

|  |  |
| --- | --- |
|  | ICU Specific Assessments |
|  | Hemodynamic Management and Drip Titrations: Paralytics, vasopressors, opioid, and sedation. |
|  | ICU devices |
|  | Rhythm Strips Q8hour (EKG, A-line, CVP, etc.); alarm review |
|  | Trach Care/ETT Suctioning |
|  | Equipment checks (Chest tubes, bili-drains, etc.) |
|  | Verify Documentation of Non-ICU RN; responsible for shift and transfer handoff. |
|  | Restraint Management (team approach) |
|  | Pronation / Repositioning |

**Non-ICU RN Responsibilities**

|  |  |
| --- | --- |
|  | Focused Assessment Q4hour |
|  | Hourly Assessments as Ordered (Neuro, NV, etc.) |
|  | Vital Signs per MD order |
|  | I/O’s Q1hour |
|  | Medication Administration\* (within RN scope of competency / assess RN ability real time) |
|  | Required Documentation (see below) |
|  | Restraint Management |
|  | Ordered Treatments: accucheck, wound care/dressing  change; Oxygen (BiPap, NRB, any FM, NC);  chest tube management |
|  | PIV placement, IVF Management and labs |
|  | Patient Care: Turns Q2hr, Oral care Q4hr, Peri care BID; Pronation |

**Required Documentation:** please refer to COVID 19 Disaster Documentation Tip Sheet- (live in EPIC, under Learning Home Dashboard)

**Admission:**

|  |  |
| --- | --- |
|  | Advanced Directives Assessment |
|  | Allergies Reviewed |
|  | Depression/Suicide Screening |
|  | Domestic Abuse Assessment |
|  | Fall Assessment |
|  | Home Med List Complete |
|  | Influenza Screening |
|  | Lay Caregiver Designation |
|  | Nutrition Assessment |
|  | Pneumococcal Vaccine Screening |
|  | Preferred Pharmacy Documented |
|  | Pregnancy/Lactation Status |
|  | Risk for Withdrawal Screenings |
|  | Skin/Braden Assessment |
|  | Travel Hospitalization Screening/Travel Screening |
|  | Vitals, Height and Weight (Actual/Bed Scale) |

**Shift:**

|  |  |
| --- | --- |
|  | Falls Assessment |
|  | Glasgow Coma Score |
|  | Pain Assessment |
|  | Remove Urethral Catheter Per Protocol |
|  | Urethral Catheter Necessity |
|  | Skin/Braden/NSCS Assessment |

**Discharge:**

|  |  |
| --- | --- |
|  | After Visit Summary Printed |
|  | Designated Lay Caregiver Discharge Review |
|  | Return OOH DNR at Discharge/  Return POLST at Discharge |

**Teamwork Makes the Surge Work!**

Thank you for being a team to provide our patients with the best care during this surge. This is an unprecedented and stressful time for everyone. Be patient, ask questions, and Speak Up for Safety.

“Lead” ICU RN (SME)

* Be available and visible, provide routine check-ins
* Receive report from Lead ICU RN, then do a quick mini-report of patients from team Non-ICU RNs
* Assess and development a plan for the shift, based on assignment acuity, tasks, and experience/background of team members
* Visualize patient, rooms, monitors, and equipment frequently
* Assist with alarms and zeroing/leveling lines
* Ensure Non-ICU RN knows how to contact team

“Primary” Non-ICU RN:

* Be Proactive- You are able to care for these patients
* Receive report from off going Non-ICU RN, then provide your Lead ICU RN with a quick mini-report of patients
* Discuss a plan for the shift, based on assignment acuity, tasks, and experience/background of team members
* Utilize ICU RN for any unfamiliar equipment or with patient concerns
* \*Medications outside of your scope or that you are unfamiliar with should be administered by ICU RN
* Assist your fellow Non-ICU RNs when able

**Unit Information**

Phone #: Nutrition Room Code:

Manager: Equipment Room Code:

Assistant Nurse Manager: Break Room Code:

CNE: Tube Station #:

Charge RN #: