**CCU Expectations:**

Welcome to the Elmhurst CCU! We are excited to work with you all over the next month in our CCU and stepdown unit, where you will learn a large breadth of cardiology. You will be responsible for a cohort of patients that can be very sick, and it is very important to work together as a cohesive team. To this end, please take a look through the following information in preparation for your rotation, and reach out with any questions or concerns!

**Where are we?**

A7 holds the inpatient cardiology services, which are divided into the CCU and Stepdown Unit (SDU). There are 9 beds in the CCU, one of which is kept open when possible for any “CPORT” or STEMI patients who come in, and there are 6 beds in the SDU.   
A7 SDU is covered by a group of NPs during the weekday (general hours 9am-5pm). You will cover A7 SDU outside of these hours. The Cardiology fellow and attending assigned to the CCU also cover A7 SDU.

**General resident roles** include:

* Frontline provider for CCU patients during the weekday.
* Frontline provider for CCU + A7 Stepdown Unit (SDU) during the weeknights and weekends.
* Appropriate communication with your team members, including coresidents, fellows, attendings, nurses, respiratory therapists, pharmacy, etc.
* Enter orders for patients in a timely fashion. Confirm dosing with CCU fellow if you have any questions.
* Keep the CCU fellow apprised of any medications/interventions that you feel the patients may need. Ideally this should be done prior to administration assuming time allows.
* Write all admission notes for patients you have admitted, including patients admitted to A7 SDU if they are admitted during the timeframe when you are covering that unit.
* Write all discharge notes for your patients.
* Coordinate discharge for patients you are covering. This includes ensuring adequate follow-up is scheduled and any post-discharge orders are completed.
* You should complete all your notes prior to leaving for the day if you are on short call. Notes should not be handed off to other residents.
* Perform physical exams on all patients you are covering and writing notes on. If you are presenting a patient on rounds, you should have examined this patient in the morning prior to starting on rounds.
* Perform procedures needed for patients under appropriate supervision (e.g., central lines, arterial lines).

**Shifts:**

There will be 3-4 residents in the CCU at any given time based off of staffing capabilities from the Internal Medicine and Emergency Medicine departments. Scheduling for resident hours will vary depending on whether there are 3 or 4 residents assigned to the CCU in a particular month.

When you are leaving for the day, you should notify the CCU fellow prior to doing so. If the CCU fellow is unavailable, you should notify the CCU attending. You should not leave prior to notifying the CCU fellow/attending to be sure there is nothing else to be done prior to leaving and that appropriate signout is completed. When you are leaving, all patients you are covering should be signed out to your coresident as well as CCU fellow.

When 4 residents are on the CCU block, the structure should be:

* Day call
* Pre call
* Long call
* Post call

The Day Call resident is expected to stay until 3-4pm unless there is nothing going on, in which case they can leave no earlier than 2:30pm. The pre-call resident can leave at 1pm, assuming they have tied up loose ends and/or signed out whatever cannot be tied up. All notes on your assigned patients, including discharge summaries, should be completed prior to leaving for the day.

When 3 residents are on the CCU block, the structure should be:

* Day call
* Long call
* Post call

Given there is more call as a part of this system, there will need to be more flexibility regarding shift-end. In general, the day call resident can expect to leave between 2pm and 4pm based off of how busy the unit is.

**Rounds:**

Rounds generally start at 9am. At times, it will start a bit later than this. You should speak with your CCU fellow to establish the exact start time of rounds.

Presentations in the morning can be done in two ways:

* Post-call resident presents all patients. This resident has to stay for all of rounds. All patients are then divided up between the Day Call and Pre-Call residents. Long Call residents will cover patients when there are only 3 residents assigned to the CCU; otherwise, their priority is new admissions.
* Post-call resident presents new patients only. Post-call resident signs out all overnight events to the remainder of the residents, who then present the old patients. The presenting resident must complete an updated physical exam prior to presenting on rounds. If there are big updates from overnight that require feedback from the resident on overnight, then that discussion happens with the CCU fellow/attending prior to the post-call resident leaving.

The non-post call residents should come in at the time that they need to for the above to be completed. If the post-call resident presents all patients, they do not need to come in as early but should still come at least 30 minutes before rounds, and no later than 9am.

**CCU-Reminders for Providers**

**Restraint orders**- need to be renewed soon after midnight, if indicated**.**

**Foley catheter**

· Initial order to insert/apply catheter should have an indication

· Order for urinary catheter care every 24 hours.

· Please review the need for Foley every day during rounds.

· Urinalysis needs to be sent first and if positive, then only urine cultures.

**Central lines**

· Please review the need for central line every day during rounds.

· No blood drawing from central lines

· Central lines placed in ED should be removed within 24-48 hours and replaced as indicated.

· Hemodialysis lines cannot be used as IV access.

· Blood cultures should not be sent routinely for patients with central line, if patient spikes fever, unless it is discussed with attending.

· Pan-cultures are not necessary; send the specimen based on the suspected source of infection. For example, if a patient spikes a fever and has significant chest x-ray findings, sputum culture is indicated.

· Intraosseous kit available in the unit in case of an emergency to get immediate access.

**Consents**

· Consents should be done in the patient’s preferred language.

· Use the consent forms in the patient’s language if available (13 languages available for most consents).

· Use of an interpreter needs to be documented in the consent form.

· If the provider spoke to the patient in his/her preferred language to obtain consent, that needs to be documented in the consent (“spoke to patient in preferred language”).

· Consents should be complete with date and time in all required fields. Patient / family member who signs the consent should write the date and time next to it (not the provider).

**DNR paper work** (the white form-FHCDA) should have **2 attending** **signatures** and all the required fields need to be completed. Please verify the paperwork with the charge nurse or head nurse. DNR order should be done by the Attending Physician.

All patients should have an order for the **code status.**

**Live On NY -** All patients should be called into Live On NY (organ donor network) before terminal extubation.

**Sedation/vasopressor orders:**

· If a patient is on more than one medication for sedation, only one of them should be titratable; the other medication should be ordered as a continuous drip. Same applies to vasopressors.

· Titration orders should have titration criteria.

· Continuous orders should have parameters to notify the physician.

· Orders should reflect the current drip rate on renewal or reconciliation after transfers/admission.

· Old orders should be discontinued and new orders to be placed for titratable medications for new admissions and transfer-in.

**Wash-in/wash-out**. Please comply with Infection Prevention and Control guidelines.

**Cardiac Cath consents**: to be completed only by cardiology fellows / NPs; not CCU residents.

**Interhospital transfers:**

· All pacemaker dependent patients with transvenous pacemaker should be transferred with a physician (fellow). Pacemaker box and cable needs to be returned to CCU.

· For transfers on IABP, cardiology fellow and CCU RN should go with the patient. For Mt. Sinai transfers on IABP initiated with the ‘shock team’, the accompanying medical staff will be at the discretion of the CCU attending.

**Placement of COVID patients in CCU**

· Rooms 9, 10 and 17 should be used as a last resort for new admissions who are being ruled out for COVID-19

· Transfer out COVID-19 positive patients to the MICU or floor unless patients are highly unstable cardiology patients like IABP, STEMI with stents. (Based on Attending discretion).

· COVID positive patients in CCU should be placed in room 27 or 28 (designated negative pressure rooms) as much as possible.

Please **communicate** with the charge nurse about admissions/ transfers-in.

**Isolation orders need to be placed for** all patients with confirmed positive / rule out cases pending results.

Assign roles clearly during **Team 700**.