

## ICU Pandemic Rounding Checklist

	<b>Review</b>	<b>Consider/ reminders</b>
<b>Primary diagnosis</b>	Confirmatory investigations Specific treatment	Consults needed?
<b>Cardiovascular</b>	BP, HR Peripheral perfusion Vasopressors, inotropes Fluid status (lactate, ScvO <sub>2</sub> )	Vasopressin trial Steroid trial Unusual causes: - hemorrhage - tamponade - auto-PEEP - pneumothorax
<b>Respiratory</b>	Vt 6ml/kg IBW, Pressure <30 cmH <sub>2</sub> O Reduce FiO <sub>2</sub> Breath sounds equal Secretions Ventilator synchrony Oxygen saturation Impending need for intubation?	<b>Doing well:</b> Move towards weaning: - control -> support - consider SBT <b>Doing badly:</b> - change PEEP - paralysis - prone - recruitment
<b>Renal</b>	Fluid balance Urine output Creatinine	Furosemide to keep in balance/negative Nephrology opinion
<b>GI</b>	Nutrition: Tolerating feeds Distension Bowel movements	Bowel regimen Increase feeds to target
<b>Neurological</b>	Pain control Sedation level, delirium New localizing lesions	Daily awakening Lighten sedation
<b>Labs</b>	Review all, replace electrolytes	Repeat B/W later in day?
<b>ID</b>	Positive cultures Antimicrobials: narrowest spectrum dose duration	Discontinue a-b? Define duration Renal dose Narrow spectrum
<b>Prophylaxis</b>	DVT prophylaxis GI prophylaxis?? HOB elevation Skin/wound issues Mobilization	Physio re mobilization
<b>Lines</b>	Central line: duration ongoing need Adequate lines: bleed, inotropes, etc	Remove central line?
<b>Disposition</b>	Ready for ward? - off inotropes - oxygenation need reduced	Reduce vital signs q1h to q4h to decrease nursing workload
<b>Family</b>	Update Consents? Social work/spiritual care	Goals of Care discussion