1. All patients admitted to the STICU are followed by the STICU team. Patients overflowing from other ICU’s will be primarily managed by the STICU team.

2. Other services that occasionally admit to the STICU are OB-GYN, Orthopedics, NICU overflow, Stroke Unit overflow. These patients are followed by the STICU team.

3. Communication with the primary team is essential. When in doubt, let the primary team know. Conversely, the primary team MUST communicate with the ICU team.

4. The nurses should only communicate with the STICU team. The first person called is the STICU resident on call at 713-704-7250. If the information is significant, (i.e., the patient required starting pressors, etc.) or the STICU resident is unsure, they should call the STICU fellow at 713-704-9731. The STICU fellow will determine if the STICU attending or the primary service needs to be notified. The STICU fellow will also determine whether they should call the admitting service or whether the STICU resident will be allowed to call the admitting service. Only senior residents or chiefs will be called from the admitting service, never the intern or second year.

5. A STICU Fellow is typically assigned to in-house ICU call 5 to 6 nights per week and may only be assigned to home call if a PGY-3 surgery resident is on in-house STICU call. The STICU charge nurse will immediately notify the on-call fellow of all new STICU admissions. The fellow will see and evaluate all non-trauma service admissions to the STICU within two hours of patient arrival to the STICU. Trauma admissions to the STICU that have already been evaluated in the ER by in-house trauma faculty will be evaluated by the STICU resident on call and discussed with the STICU fellow. If the STICU fellow is unavailable, the STICU resident should then call the ICU attending on call.

6. If a nurse is concerned with a decision made by the ICU resident on call (or the lack of a decision), they should call the ICU fellow on call. If the ICU fellow is unavailable (or the nurse remains concerned), the nurse should then call the ICU attending on call to discuss the issue.

7. If the trauma team has questions or issues regarding neurosurgery patients or neurosurgery questions, the Neurosurgery resident or midlevel provider should be called first. In the event that the Neurosurgery resident or midlevel provider is not available, then the neurosurgery attending should be contacted.

8. Prior to beginning any invasive procedure in the STICU, the attending and fellow covering the STICU must be notified. It will be at the discretion of the covering attending to determine if they will be present at bedside for the procedure. The only exception to this is patients in extremis that need immediate, emergent intervention. In those situations, the attending should be notified of the deterioration in the patient’s condition but life-saving interventions should proceed without delay. Attending physicians are expected to be present for major procedures such as intubations, percutaneous tracheostomies, PEG tubes, IVC filters, bedside laparotomies and thoracotomies.

9. Orders for all patients in the STICU should only be written by a member of the STICU team. If the primary service wishes to place an order on their patient, then they should communicate with the STICU team and the STICU team will place the order if deemed necessary and appropriate.

10. Orders for all patients other than trauma that are transferred to the floor/SIMU should be written by the primary service residents. In the event the primary service residents are unavailable, the STICU team may write these orders to facilitate transfer out of the STICU. All trauma patient transfer orders are written by
the STICU resident.

11. Discharges to home, rehab, sub-acute facility or morgue are dictated by the residents on the primary service with the exception of trauma—not the STICU service resident. The STICU resident is expected to dictate trauma discharges or deaths if admitted greater than 24 hours.