Introduction: The following outlines the standard operating procedures of the NCSU Veterinary Health Complex Intensive Care Unit (ICU):

Procedures:

A. INTENSIVE CARE UNIT

1. ICU techs are responsible for nursing care and treatments of our critically ill patients.
2. They are also responsible for the smooth operation of the unit, and for consulting and communicating with clinicians regarding patient status.
3. ICU techs are not allowed to leave ICU unattended.
4. VISITORS are only allowed in ICU during Visitation Hours -clients can visit with patient in the ICU visitation room. Exceptions may be authorized by ICU technician for clients to visit cage side. Please see Visitation SOP.
5. Patient records are not to leave ICU except while accompanying the patient for procedures outside of ICU.
6. ICU patients benefit from a quiet, stress-free environment, therefore individuals not working directly with a patient, may be asked to leave the unit.
7. Gloves must be worn for all patient handling. And while preparing and administration of IV products.
8. Hands should be washed, antiobiotic foam applied and gloves changed in between patients
9. Admission
   a. Every patient:
      1. completed cage card
      2. updated problem list
      3. flow sheet with complete orders, including resuscitation code made by student or clinician on flowsheet computer
      4. communicate verbally with ICU tech about patient status and plan
   b. place record in hard back binder with label on spine & put in records rack clot for that cage #
   c. initial all performed treatments on flow sheet
   d. weigh on ICU scale, <6lbs on gram scale
   e. Initial PCV, TS, BUN, and GLU performed on ICU equipment
   f. Please give notice to ICU tech when you know a new patient may be arriving so they can give you the cage assignment and be prepared for any procedures that the patient may need upon admittance
10. Discharge
a. To owner
   1. Inform ICU tech of impending discharge so charges & patient can be prepared and any controlled drugs wasted.

b. To necropsy
   1. Student, intern or resident to take body to necropsy, pending owner’s decision as to final disposal. See ICU tech for additional instructions

c. Overflow
   1. ICU clinician or ICU technician can request that least ill patients be moved to Intermediate Care Unit.

11. Case Responsibility
   a. Student to complete 7am treatments, obtain TPR, PCV, TS, Azostix & glucose, daily weight & walk patient before am rounds - ICU tech can be asked for help & will do routine treatments after that time. Student help may be requested if treatments time consuming.
   b. If students are unable to finish 7am treatments, they are to return after AM rounds to complete.
   c. Primary clinician responsible for case is to authorize & sign all orders before morning rounds.
   d. First clinician listed will be considered primary clinician
   e. Primary clinician decides long-term management of patient. Life-threatening situations may be handled by tech or another clinician.
   f. Students are responsible for cleaning the cage once their case has left ICU.

12. Drugs
   a. ICU stocked with emergency & some shelf drugs.
   b. Prescribed drugs to be ordered through UVIS and obtained from pharmacy by student or primary clinician. Pharmacy delivers drugs at 10:00am and 7:00pm. If new drug needed outside of the normal delivery hours the student or clinician can go to pharmacy and pick up.

13. Blood Work
   a. Student responsible for PCV, TS, Azostix & Glucose before am rounds & upon admission to ICU.
   b. Student responsible for drawing & submitting samples to lab.
   c. Students are responsible for ensuring all lab work needed is requested in UVIS, tubes are correctly labeled, and samples are submitted to clin path.

14. Patient Orders
   a. Flow sheet created by clinician or student – write additions or changes on sheet legibly in ink
   b. Include clinician's home phone/beeper # & student's home phone #.
   c. Flow sheets need to be proof read for accuracy before 11am. and signed by clinician
   d. Major reason for admitting to ICU/life-threatening problems on orders & updated daily.
   e. Write drug orders - q24h, q4h, q6h, q8h, q12h. with dose in mg. and administration route
   f. Administration times:
      1. q24h. – 7:00 (do not use abbrv.S.I.D.)
      2. q12h. - 7:00, 19:00
      3. q8h. - 7:00, 15:00, 23:00
      4. q6h. - 7:00, 13:00, 19:00, 1:00
      5. q4h – 7:00, 11:00, 15:00, 19:00
   g. Patients admitted between treatment times will be treated upon admission & switched to schedule as soon as patients’ condition permits.
   h. Fluid orders in ml/hr & include route; w/additives in mg/kg/hr
i. Write feeding instructions in orders (type food, amount, freq)

j. Monitoring parameters chosen for more frequently than q12h will require special orders written on back of printed flow sheet w/corresponding #.

k. Number comments chronologically & initial.

l. Any additional orders or changed orders to flowsheet can be made by ICU clinician, primary student or the clinician on the case only. Changes can be made by tech with verbal orders from clinician.

m. Changed orders must be written on flow sheet & communicated to ICU tech to ensure flowsheet highlighting is done for appropriate times.

n. Write comment in section on back of flowsheet, number chronologically and initial.

15. Charges
   a. ICU charges are based on the level of care the patient is receiving
   b. Additional procedure or supply fees may apply.

16. Cleaning
   a. Tidy as you go.
   b. Disinfect tables following use.
   c. Leave no personal belongings in ICU.
   d. Needles & syringes go in "sharps" container.
   e. Patients are to stay in same cage for duration of stay. (NO CAGE HOPPING without supervisor approval)
   f. Place garbage, dirty towels & dirty blankets in labeled bins.
   g. It is the responsibility of the person who removes a patient from ICU to clean the cage and return remaining meds to pharmacy and to alert an ICU technician if there are any controlled drugs that need to be wasted.

17. Night/Weekend/Holiday
   a. Students on the cases in ICU are responsible for performing all 7am treatments on the weekends.
   b. All 7am treatments must be completed no later than 8:00am.
   c. All owner visits must fall within the visitation hours posted in ICU. There can be exceptions when approved by the ICU technicians.
   d. The owner visits must be coordinated and planned by the student on the case, when possible. When conditions allow, the ICU intern/ICU techs can bring the owner into ICU for visits as long as case load permits.