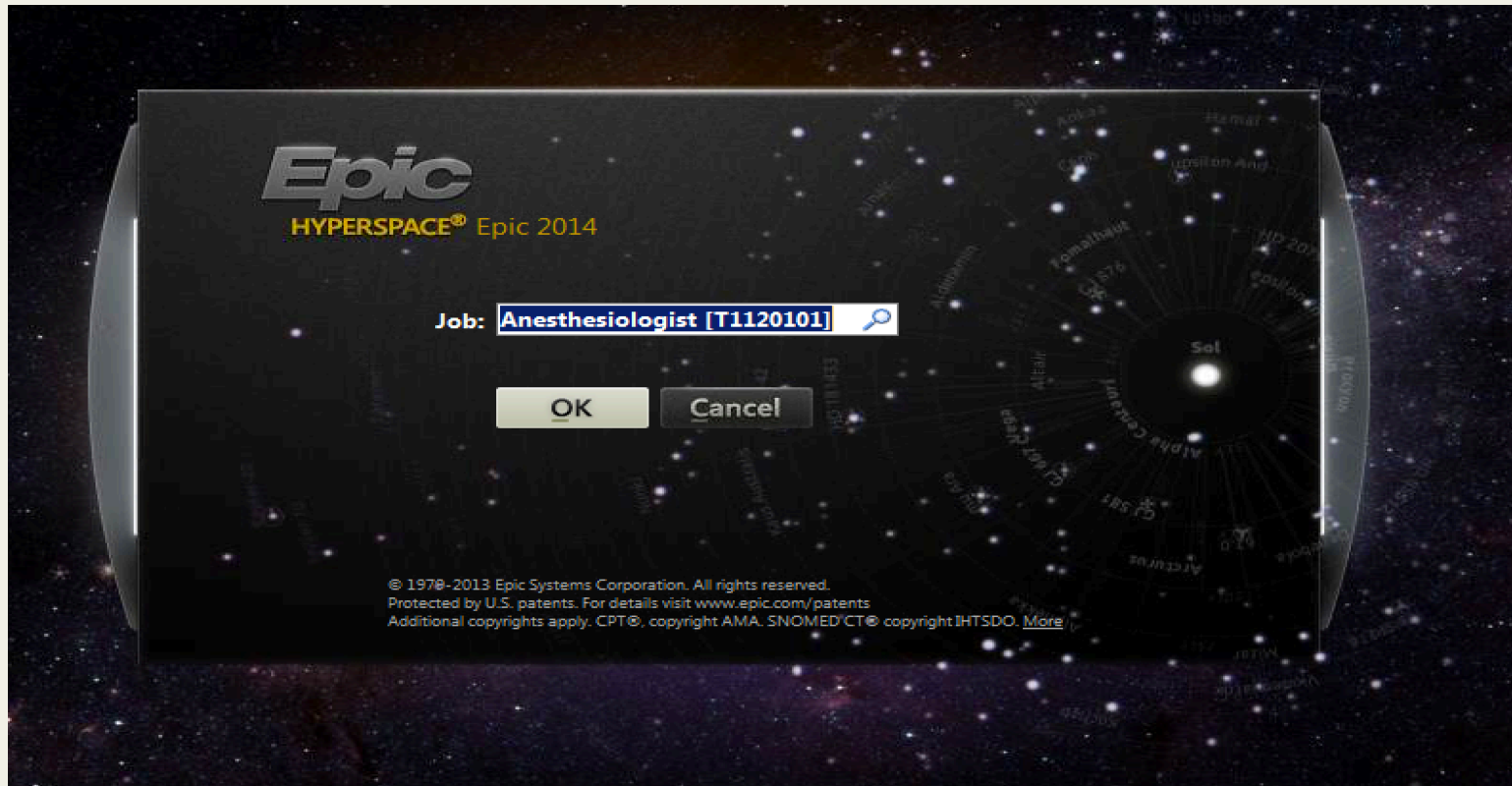


EPIC for RICU Consult

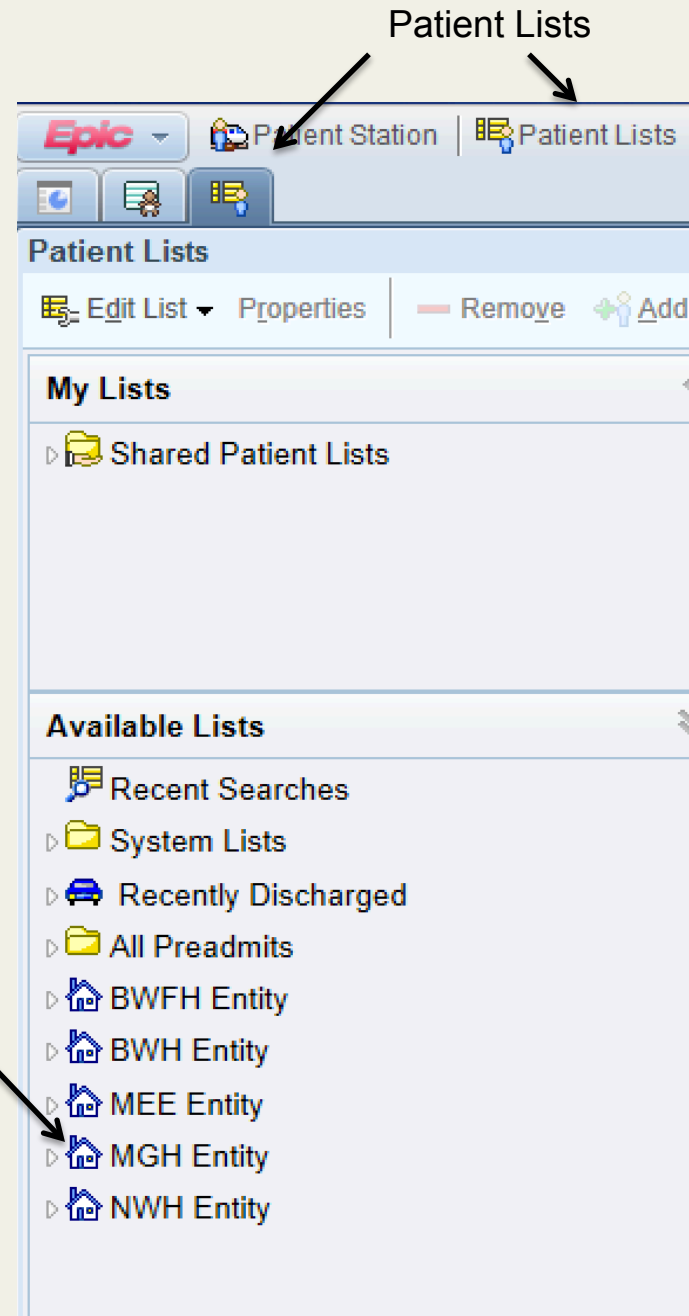
The examples presented are for airway management but the pathways are the same for other procedures such as central line placement



Log in as MGH Anesthesiologist NOT MGH Critical Care

1. After selecting patient lists, next select MGH Entity (or MEE if consult is at MEEI).
2. Select Units
3. Select location.

As for any patient, you can simply use MRN to locate the electronic record.



After selecting patient, click on procedures

Patient	PPE	Pre	Intra	Post	Orders	Procedures	Consults/Rounding
MGH Blake 12 ICU (11 Patients)							
Unit/Bed	Patient Name / Age / Sex	MRN	New Message	Unacknowledged Orders			
MGH Blake 12 ICU B1274 A	Zztuschy, Test (41yrs M)	8473142					
MGH Blake 12 ICU B1278 A	Ccb, Micro (33yrs M)	8473358					
MGH Blake 12 ICU B1290 A	Mrtbbkmgh, Five (55yrs F)	8477026					
MGH Blake 12 ICU	Mrtbbkmgh, Five (55yrs F)	8477026					

Select Floor/ICU intubation

remove Add Patient PPE Pre Intra Post Orders Procedures Consults/Rounding Walk-In OB Anesthesia Consult

Anesthesia Record Select

Select a procedure to document on for Mrtbbkmgh, Five.

☒ Create a new procedure: FLOOR/ICU INTUBATION

Accept Cancel

Mrtbbkmgh, Five <8477026> Female - 55 y.o. - 09/06/60

This brings you to a page with multiple functions.

The screenshot shows a medical software interface. On the left is a sidebar with navigation buttons: Macro, Staff, Px Note, Meds, An Proc Vitals, LDAs, Attest, Patient Evaluated, and (More). The main content area has a top bar with 'Back' and icons. Below it are sections: Medications (None), Events (No anesthesia events filed.), Lines, Drains, and Airways (No lines, drains, or airways are recorded for the patient.), Procedure Notes (No procedure notes have been written.), Anesthesia Start Vitals (No data found.), and Patient Evaluated Vitals (No data found.).

Macro will bring you to the Floor/
Intubation selection of drugs. Deselect
those not to be used.

The screenshot shows the 'Floor/ICU intubation' macro configuration screen. It has tabs for Favorites, Public, Personal, and Shared. The 'Personal' tab is selected. The main content area is divided into three sections: Grid Medications, Lines/Drains/Airways, and Quick Event Sequence. The Grid Medications section has a table with columns for medication name, dose, and status. The Lines/Drains/Airways section has a text area for specifying lines, drains, or airways. The Quick Event Sequence section has buttons for Replace Existing, Add Before Existing, Add After Existing, and Keep Existing. The 'Intubation' event is selected in the Quick Event Sequence section.

Grid Medications		
<input checked="" type="checkbox"/> fentanyl (mcg)	<input checked="" type="checkbox"/> midazolam (mg)	<input checked="" type="checkbox"/> ketamine 100 mg/mL (mg)
<input checked="" type="checkbox"/> propofol 10mg/ml (mg)	<input checked="" type="checkbox"/> etomidate 2mg/ml (mg)	<input checked="" type="checkbox"/> succinylcholine 20mg/ml (mg)
<input checked="" type="checkbox"/> Cisatracurium 2 mg/mL (mg)	<input checked="" type="checkbox"/> rocuronium 10gm/ml (mg)	

Lines/Drains/Airways	Quick Event Sequence
No lines, drains or airways specified in macro.	<input checked="" type="button" value="Replace Existing"/> Intubation
	<input type="button" value="Add Before Existing"/>
	<input type="button" value="Add After Existing"/>
	<input type="button" value="Keep Existing"/>

Select staff

Production - MGH ANESTHESIA - RICHARD M. M.D. PINO

Speed, Ronald C

Anesthesia Attending: (none)

Medications

Events

Lines, Drains, and Airways

Procedure Notes

Anesthesia Start Vitals

Patient Evaluated Vitals

Responsible Staff

Richard Mario Pino, MD, PhD

Anest.

Do not list anesthesia start and stop

Complete start and stop times of involvement

Speed, Ronald C [5524900]
Procedure: FLOOR/ICU INTUBATION
ASA: Not recorded

Anesthesia History
Anes Complication(s): No medical history recorded

Allergies
DILTIAZEM
LOSARTAN
AMLODIPINE
DOXAZOSIN
HYDROCHLOROTHIAZID

Times
Proc start time: None
Incision Time: None
Proc end time: None

Last Abx
Abx: ceTRIAxone (ROCEPHIN) 2 g in sodium chloride 0.9% 50 mL IVPB-MBP
New Bag 2 g at 1141
Frequency: Every 12 hours
Orders not given: ampicillin (OMNIPEN) 1 g in sodium chloride 0.9% 50 mL IVPB-MBP
vancomycin (VANOCIN) 1,250 mg in sodium chloride 0.9% 250 mL IVPB

Labs
Last Lab Resulted: Today 1720 (!)
WBC: 11.96 (!)
RBC: 4.68
HGB (BG): 13.8
HCT: 42.2
PLT: 222
MCV: 90.2
MCH: 29.5
MCHC: 32.7
RDW: 14.6 (!)
MPV: 9.8
PT: Refused*
PLA/R: Refused*
PH: 7.37
PCO2: 42
PO2: 74 (!)
Na: 136
K+: 3.9
Cl: 96 (!)
BUN: 15
Creatinine: 1.24
Glucose: 101
AST: 16

Close Encounter
Link to requirements: !

Vitals
BP: 141/82 Pulse: 98
Resp: - SpO2: 89
Temp: 40 °C (104 °F)
Ht: 1.651 m (5' 5")
Wt: 68.5 kg (151 lb)
BMI: 25.1
BSA: 61.5 kg (135 lb 9.3 oz)
Last BSA: 1.76 m²

Medical History
Medical History: No medical history recorded

Summary

Handoff

Illness severity

Patient summary

Action List

Situation awareness

Synthesis by receiver

Speed, Ronald C [5524900] Male Current as of 02/24/17 1814 80 y.o.

Height 1.651 m (5' 5") Weight 68.5 kg (151 lb) BMI 25.1 (202/3/17)

Allergies DILTIAZEM, LOSARTAN, AMLODIPINE, DOXAZOSIN, HYDROCHLOROTHIAZID

Planned Anesthesia Type Not recorded

Procedure FLOOR/ICU INTUBATION

Intra Medications

Lines, Drains, Airways, & Wounds %

Peripheral Intravenous Line

Peripheral IV Right Forearm 1 day

Peripheral IV Right Hand less than 1 day

Drain

Urinary Catheter 1 day

Airway Details

Technique: Laryngoscope: Size: Type: Direct View: Video View: Mask Ventilation: Quality: ETT Depth: ETT Size: Attempts: LMA Size: LMA Type:

PX Performed

There are no orders to display.

NPO Status

NPO status has not yet been recorded.

Intra Pain Med Admins (Filter: Pain Med Admins Medications Shown)

None

Last Abx Admin

ceTRIAxone (ROCEPHIN) 2 g in sodium chloride 0.9% 50 mL IVPB-MBP

6:15 PM 2/24/2017

You can now select the drugs

IMPORTANT: We will now use our own supply of drugs in all locations.

IMPORTANT:
The Administering user defaults to the anesthesiologist who signed in. The Administering user must be changed to the person who signed out the controlled substances for proper reconciliation.

Add New

fentaNYL (mcg)

O2 Flow (aux) (L/min)

O2 Flow (fresh gas) (L/min)

Air (L/min)

N2O (L/min)

fentaNYL (mcg)

midazolam (mg)

propofol 10mg/ml (mg)

ClSatracurium 2 mg/mL (mg)

1631 1632 1633 1634 1635 1636 1637 1638 1639 1640 1641 1642 1643 1

Dose Reminder Other

Quick doses

Last dose

None 25 mcg 50 mcg 100 mcg 150 mcg 250 mcg

Other dose (mcg)

250

1 2 3 Clear

4 5 6

7 8 9

0 .

Administering user

Richard Mario Pino, MD, PhD

Comment

Administering user

Mitchell J Donner, MD

Mitchell J Donner, MD

Meds will appear on eMAR

Thursday March			
1300	1400	1500	1600
Orders From Other			
Anesthesia from 3/24/2016 in MGH Blake 12 ICU			
Read-only fentaNYL (PF) (SUBLIMAZE) injection : Intravenous : As needed : severe pain			
			1638 Given 250 mcg

From the Px (Procedure) Note tab, select Airway Placement

Macro

Staff

Px Note

Meds

An Proc Vitals

LDAs

Attest

Add Procedure / View Note

Add New Block / Procedure

Airway Placement	Arterial Line	Central/PA Line	Epidural/Intrathecal Catheter
Spinal	Combined Spinal Epidural	Lumbar Drain	Peripheral Block
IV Regional Block	Diagnostic/Therapeutic LP	Blood Patch	POC U/S Image Capture
TEE	Eye Block		

Current Note

★ B abc ↻ ? + Insert SmartText ↩ ⬅ ➡ 📄 🔄 🖼

Vital Signs

Vital signs in ICUs and telemetry units will automatically enter the record.

The nursing staff on the floors will enter the vital signs on the record manually.

The screenshot shows a software interface with a left sidebar containing several buttons: 'Macro', 'Staff', 'Px Note', 'Meds', 'An Proc Vitals', 'LDAs', 'Attest', 'Patient Evaluated', and '(More)'. The 'Patient Evaluated' button is highlighted with a black arrow pointing to it. The main content area on the right displays various sections: 'Medications' (None), 'Events' (No anesthesia events filed), 'Lines, Drains, and Airways' (No lines, drains, or airways are recorded for t), 'Procedure Notes' (No procedure notes have been written), 'Anesthesia Start Vitals' (No data found), and 'Patient Evaluated Vitals' (No data found).

The screenshot shows the 'Vitals' section of the software interface. It features a timeline at the top with dates from 0930 to 0951. Below the timeline, there are input fields for 'BP', 'Heart Rate', 'SpO2 (%)', 'Temperature', and 'Respiratory Rate'. The 'EKG' section displays a grid of buttons for different rhythms: SR, AF, BBB, Jxnl, PAC, PVC, 1st AVB, A Pace, V Pace, Asystole, VTach, VFib, AFlutter, SVT, 1st HB, 2nd HB, and 3rd HB.

By clicking “Patient Evaluated” the vital signs will populate the intubation record.

⚠ Medications documented here as part of the note will not automatically update the medication list or the MAR. Please ensure that any necessary medications given are appropriately ordered and/or documented in the medication list or on the MAR.

Staff

Performed by

Anesthesiologist

PINO, RICHARD MARIO [1000232]

Resident/CRNA

DONNER, MITCHELL J [1101933]

Other Anesthesia Staff

Start Time: 3/24/16

1650

Now

End Time: 3/24/16

04:55 PM

Now

Intubation

Floor/ICU Intubation

Diagnosis

respiratory failure

Mask Ventilation

Quality



easy

easy with adjunct

difficult

not possible

not attempted

Adjunct



jaw thrust

muscle relaxant

nasal airway

oral airway

two hands

Airway Placement

Technique



direct laryngoscopy

awake intubation

blind nasal

video laryngoscopy

LMA

fiberoptic

ILMA

lightwand

nasal

rapid sequence induction

through tracheostomy

Laryngoscopy

Laryngoscope Type



Mac

Miller

Glidescope

C-Mac

Laryngoscope Size



0

1

1.5

2

3

4

5

D-blade

Number of Attempts



1

2

3

4

5 or more

Difficult Intubation?



Yes

No

ETT Type



cuffed

double lumen

evac

laser

nasal RAE

NIM

oral RAE

uncuffed

wire reinforced

ETT Size



2.0

2.5

3.0

3.5

4.0

4.5

5.0

5.5

6.0

6.5

7.0

7.5

8.0

8.5

9.0

ETT Depth at Teeth



22

Cuff Inflation Volume



4

Cuff Pressure



Tube Position



bilateral breath sounds

EtCO2

bronchoscopy

Confirmed by

Spine Precautions



cervical collar

in-line stabilization

cleared by surgeon

LMA Insertion

LMA



3

4

LMA size

Type

flexible

intubating

5

LMA Placement Attempts

1

2

3

4

>4

Outcomes

Were any complications observed?



Yes

No

Notes

abc | [Icons] | Insert SmartText | [Icons]

The procedure note is similar to the paper RICU consult note

Only two attestations are needed:

1. Immediately available (or personally performed procedure)
2. Floor/ICU intubation

We have been advised to only attest to these two statements

Add New	Add New Attestation			
Immediately available Richard Mario Pino, MD, PhD 03/24/2016 1653	Pre-op eval	Present at induction	Present at emergence or during transport	Immediately available
Floor/ICU Intubation Richard Mario Pino, MD, PhD 03/24/2016 1653	Personally performed anesthetic	Attending handoff	Peripheral nerve block	Central line/PA line
	Arterial line	Blood patch	Combined Spinal Epidural	Diagnostic lumbar puncture
	Epidural	IV regional	Lumbar drain	Spinal
	TEE	Other critical events	Floor/ICU Intubation	Anesthesia start to induction >30 mins reason

This is how the final note looks:

Procedure Notes

Last edited 03/24/16 1608 by Richard Mario Pino, MD, PhD

Airway Placement Procedure Note:
Patient does not have a difficult intubation.

Floor/ICU Intubation

Diagnosis: respiratory failure
Resident/CRNA: DONNER, MITCHELL J
Airway procedure initiated at: 3/24/2016 4:04 PM and ended at 3/24/2016 4:05 PM.

Mask Ventilation:

Quality: not attempted

Airway Placement:

Technique: direct laryngoscopy

Laryngoscopy:

Laryngoscope type: Mac
Laryngoscope size: 3
Direct view: grade 1
Number of attempts: 1
ETT type: cuffed
ETT size: 7.5
ETT depth at teeth: 22
ETT cuff inflation volume: 4
Tube position confirmed by: bilateral breath sounds and EtCO2
Spine precautions: in-line stabilization

Outcomes:

Complications observed? no

N.B.: Billing is done automatically – nothing for us to do!