

ICU Rounds: Top Tips from ISICEM 2017



A systematic, standardised approach to rounds, with the patient at the centre, makes for successful rounds, according to [Craig Coopersmith](#), Professor of Surgery at Emory University School of Medicine, and past president of the Society of Critical Care Medicine. Coopersmith was presenting at the 37th International Symposium on Intensive Care and Emergency Medicine, meeting in Brussels 21-24 March 2017.

See Also: [5 Ways to Improve ICU Rounds](#)

The more members of the multidisciplinary team on rounds, the better, advised Coopersmith, as everyone on the team is an expert. Each team member has unique expertise and perspective that can improve rounds, whether they are a pharmacist, dietitian, social worker, spiritual support worker or physician assistant. The patient spends 100 percent of time with themselves, the doctor might spend as little as 5-10% of their day with the patient, whereas the nurse spends between 33-100% of their time the patient, knows them, and should be on rounds. The nurse knows the patient as a person and knows their needs better than the doctor.

Include the Family

Include the family, said Coopersmith, as it drastically improves their experience in the ICU and may improve patient care. He observed that they are nearly always thankful for being included, and will often tell you something important about the patient that is not in the medical history.

Be equal on the team, said Coopersmith. He calls everyone on the team by their first name, even though everyone has letters after their name. However, he has never called the patient by their first name, unless asked to. He advised that rounds should start the same time each day, as a standardised approach is better for the multiprofessional team and for patients and their families.

Although the team on rounds is large, the intensivist needs to accommodate the learners. The flow of information is critical, said Coopersmith, and everyone needs to understand the daily plan. If the daily plan is not articulated and reiterated, and the resulting orders read back, nobody knows what it is. And just because something is said does not mean it is understood. Therefore mandating that it be repeated and/or repeated back drastically decreases the risk of errors.

Conversely, talking with no follow-up is useless. Have a to do list, either electronic or written, but clearly visible and understandable.

Rounds should be efficient, educational, professional, interactive, and-despite the very serious nature of what we do - should be fun (if at all possible), he concluded.

Characteristics of a High Functioning Team

- Everyone knows their role
- Everyone performs their role to the best of their ability every time
- A team trains together
- Everyone respects their teammates:

- No one is more or less important
- An ICU cannot function at its highest level without everyone doing their job at their highest level
- An ICU cannot function at its highest level without mutual respect

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