

ICU Resident Caps

Rounding

- The On-Call team will round on no more than 8 patients going into call. The Rounding team will round on a maximum of 8 patients. The Rounding team (previously “short-call”) will only be responsible for rounding on already established patients, including those from the night before.
- The senior resident will assign patients to interns and students on the team within the parameters of the cap above. The senior resident should account for acuity and experience when assigning patients to their team members.
- If the upper level resident has the day off, the management of the sub-intern’s patients may be assisted by the intern under the direction of the attending intensivist.

Admissions

- The On-Call team should go into call with no more than 8 patients. Any excess patients should be redistributed to the Rounding team or be made “non-teaching”.
- The On-Call team can admit up to 8 new patients, but total patients seen cannot exceed 12.
 - If team starts with 8, can admit up to 4 ($8+4 = 12$)
 - If team starts with 5, can admit up to 7 ($5+7 = 12$); intern new admit cap is 5.
 - Irrespective of the On-Call team’s initial patient load, a formal “check-in” will be performed by the resident team after 4 admissions to ensure that they can safely accept more patients. If it is determined after the “check-in” that the On-Call team cannot accept more patients, then they will alert the ICU attendings that they are “closed” and will reopen if/when they are able to do so.
- Even if “capped” the On-Call team will respond to Resuscitations, RRTs, & Stroke Alerts.
- Night team can admit up to 8 new patients.
- At night, admissions over the cap can be assigned to an ICU resident team for day team rounding, in which case other patients should be made non-teaching (i.e. “set the list”), as soon as possible.
- Designating patients to transition to non-teaching should be done either in consultation with the overnight attending or as predetermined by the day team and primary intensivist prior to the start of the next shift (ideally at 6 pm when intensivists sign-out).

Non-teaching patients

- Should be addressed the night before and early in the morning with the Intensivists.
- When the teams are “capped”, patients need to be moved to non-teaching. Discuss with the Intensivist which patients would be best.
- Patients should not be moved back on teaching once made non-teaching while in the ICU.

For any questions, please contact:

Matt Applegate, MD
Chief Resident, Internal Medicine
303-478-9624 cell
303-897-2319 pager

Aaron Calderon, MD
Program Director, Internal Medicine
303-596-1682 cell

