

**EPIC specific considerations for ICU rotations at St. Michael's Hospital**

**This is a working document and may be updated, so please refer to document sent by rotation coordinator**

Many of you have likely used and are quite familiar with EPIC from other hospitals/rotations. We have adopted a few conventions in the ICUs at SMH that are detailed below.

1. Treatment teams and EPIC chat
2. Admitting provider, attending provider and service
3. Problem list and past medical history
4. Notes and ICU course
5. ICU best practices
6. Nursing care orders, confirmation of lines, tubes
7. Sign and hold orders

**Using treatment teams and 1st contact function in EPIC**

Step 1 - when you come in the morning - click on the correct team and sign in

The screenshot shows the 'Provider Teams' section in the EPIC interface. It features a tab labeled 'Provider Teams' and a search bar with the text 'Add teams' and a plus icon. Below this is a list of seven treatment teams, each with a checkbox, a name, a patient selection status, and two action buttons ('Select all' and a dropdown menu with 'X' and 'v' icons).

Team Name	Patient Selection Status	Action Buttons
<input type="checkbox"/> SMH CCRT	0 Patients Selected	Select all X v
<input type="checkbox"/> SMH MSICU	0 Patients Selected	Select all X v
<input type="checkbox"/> SMH Neurosurgery Team A - TNICU (Spear...	0 Patients Selected	Select all X v
<input type="checkbox"/> SMH Neurosurgery Team B - TNICU (Mathi...	0 Patients Selected	Select all X v
<input type="checkbox"/> SMH TACS - TNICU	0 Patients Selected	Select all X v
<input type="checkbox"/> SMH Trauma Neurosurgical ICU	0 Patients Selected	Select all X v
<input type="checkbox"/> SMH TACS - MSICU	No patients to select	Select all X v

Depending on the unit you are in you will need to pick **TWO** treatments teams:

For MSICU:

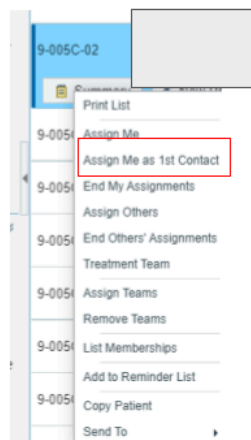
1. SMH MSICU
2. SMH TACS- MSICU - for non-urgent communication with TACS

For TNICU:

1. SMH Trauma Neurosurgical ICU
2. SMH TACS-TNICU - for non-urgent communication with TACS

Step 2 - go back to the normal patient list

Step 3 - for patients assigned to you - right click on the patient and click Assign me as 1st call



Step 4 - at end of day - please click sign out



## On call team

1. Follow step 1 and sign into the correct team
2. Go back to patient list and ctrl A to select all patients
3. Right click - Assign me as 1st contact

**Using treatment teams also enhances ease of communication with EPIC chat**

**Admitting provider, attending provider and service**

Transfer to Medical Surgical Intensive Care Unit (MSICU)		✓ Accept	✗ Cancel
Service:	<input type="text" value=""/>		
Level of care:	<input type="text" value="Intensive Care"/> <input type="button" value="Acute"/> <input checked="" type="button" value="Intensive Care"/> <input type="button" value="Step Down/Up"/>		
Admitting provider:	<input type="text" value=""/>		
Attending provider:	<input type="text" value=""/>		
Provider Care Team	<input type="text" value=""/>		
Bed request comments	<input type="text" value=""/>		
Next Required		✓ Accept	✗ Cancel

When a patient is admitted to the ICU, as part of the admission orders there will be a box that pops up as above.

As an example, let's admit a neurosurgical patient.

We have adopted the following conventions:

1. Admitting provider is the staff **SURGEON**
2. Attending provider is the staff **INTENSIVIST**
3. Service is **Neurosurgery**
4. Level of care is **Intensive care**

As an example, let's admit a hematology patient.

1. Admitting provider is the staff **HEMATOLOGIST**
2. Attending provider is the staff **INTENSIVIST**
3. Service is **Hematology**
4. Level of care is **Intensive care**

If it's a medical patient we are admitting from the ED then admitting and attending will both be the staff intensivist and service will be ICU.

## Problem list and Past medical history

We use problem-oriented charting in the ICUs, so all consults and progress notes that we have customized will have the problem list appear so that issues can be documented on here directly. Updating the problem list is therefore essential for consistent charting in our ICUs. When a patient is admitted it is important to fill out both the problem list and the past medical history.

There are several ways to access the problem list:

1. Click on the principal problem

ADMIT TO ICU: TODAY (2H)  
Patient Class: Inpatient  
Principal Problem: Seizure

2. Find it along the activities tab

The screenshot shows the EPIC interface for a patient's problem list and medical history. At the top, a navigation bar includes tabs for Chart Review, Summary, Timeline, Notes, Orders, Problem List (selected), Admission, Transfer, Discharge, Flowsheets, and Results Review. Below the navigation bar, the 'Problem List' section is active, showing a list of problems being addressed during the admission. The list includes 'Respiratory failure with hypoxia', 'Respiratory failure', and 'Fluid overload', each with a 'Create Overview' link, a status checkmark, and a priority of 'Medium'. A 'Reconcile Outside Problems' button is visible. Below the problem list, the 'Medical History' section is shown, featuring a 'Quick Entry' area with a search bar and a list of conditions: Arthritis, COPD, Hypertension, Asthma, Coronary artery disease, and Stroke. Each condition has a plus sign and a minus sign for toggling.

**Problem List**

Problem List [Care Coordination Note](#) [View External Note](#)

Show: ☐ Past Problems

**Reconcile Outside Problems**

Diagnosis	Notes	Hospital	Principal	Priority	Diagnosed
Hospital (Problems being addressed during this admission)					
Respiratory failure with hypoxia	<a href="#">Create Overview</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Updated: Today Docci, Mattia, MD					
Respiratory failure	<a href="#">Create Overview</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medium	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Updated: Today Docci, Mattia, MD					
Fluid overload	<a href="#">Create Overview</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Updated: Today Docci, Mattia, MD					
Present on Admission?:	Yes No ?				

☒ Mark as Reviewed ☐ Never Reviewed

**History**

**Medical History**

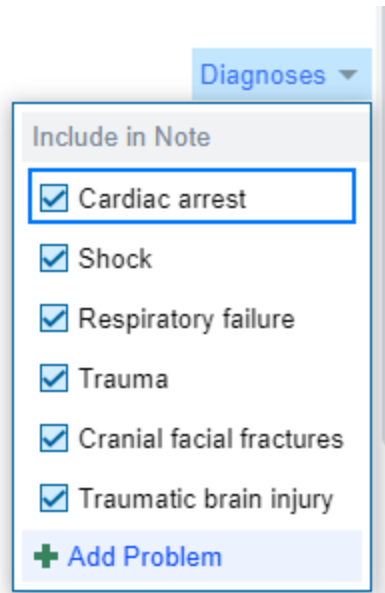
[+ Add](#) [+ Pertinent Negative](#) [DxReference](#)

**Quick Entry**

**Medical History**

+ Arthritis -	+ COPD -	+ Hypertension -
+ Asthma -	+ Coronary artery disease -	+ Stroke -

3. In our templated notes you can access the problem list by clicking on diagnoses and then add problem



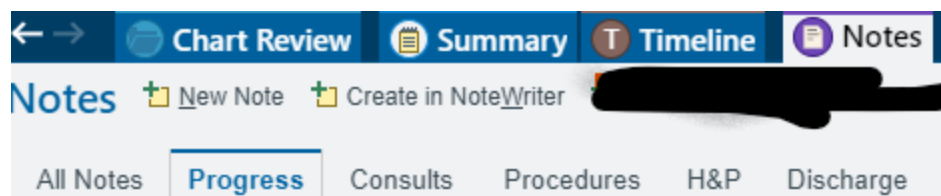
## Notes

In general, please avoid excessively long and copied and pasted reports in notes. ICU notes should be focused.

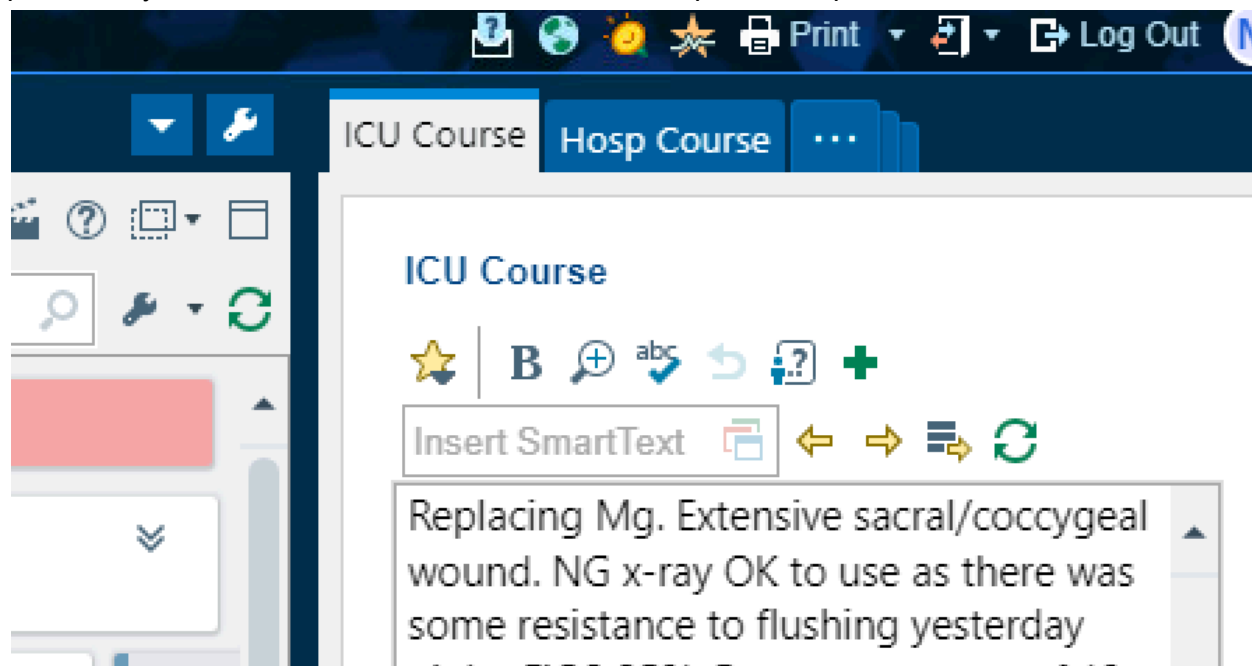
For consults and progress notes, you may have templates/notes saved from other rotations which you may want to use. In general this is ok as long as you have the problem list in your note. The smartphrase .diagpoc will bring in the problem-oriented charting problem list.

However, we have created consult and progress note templates that have everything required for an ICU consult and progress note. They can be accessed in the following way.

1. Go to notes tab
2. If you then click on the progress note sub tab and click "new note" it will bring up automatically our ICU progress note
3. The same is true for consults



The sidebar ICU course must be updated daily and can be pulled into notes for a summary of patient stay in the ICU. It should be brief and include pertinent updates.



A few other conventions about notes in the ICU. Please try to avoid copying and pasting entire imaging reports, these are readily accessible in the chart. This contributes to note bloat and makes documentation un-readable. Please ensure that copy and pasted information is accurate, this is critical.

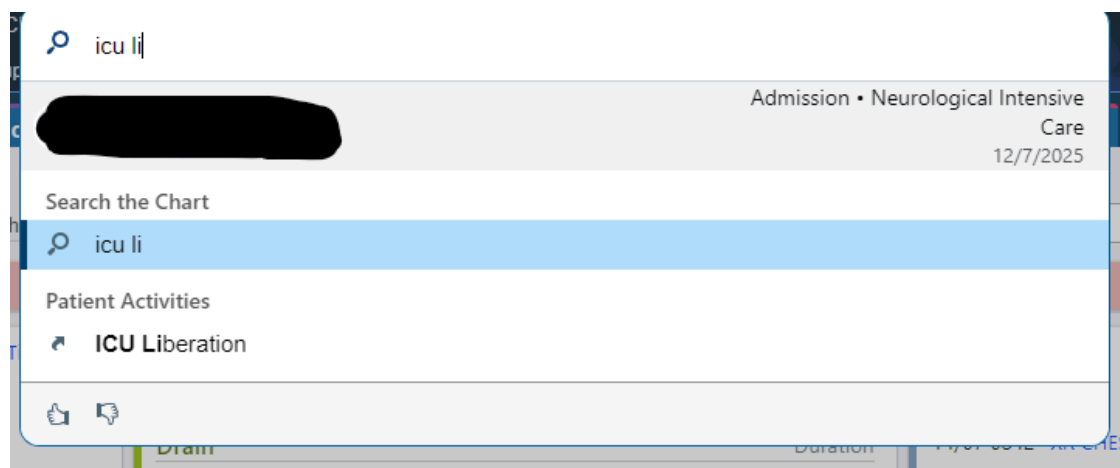


**ICU best practices - AKA The best practice checklist, FASTHUGSBID, ICU liberation**

In the ICU, there are evidence based best practices that, when implemented, markedly improve outcomes in patients in the ICU. In order to maximize uptake, consistency and accuracy, we have built a best practice activity in EPIC. This activity is a shared document and therefore shared responsibility and can be accessed and documented on by physicians, nurses etc.

The overarching idea is that everyday, the elements contained in the best practice navigator are reviewed by the team. Many teams may do this during rounds, it may be reasonable before the whole team rounds to review this before rounds. As you will see in the screenshots below, many (if not all) of the elements have data which is automatically pulled from the chart.

To access, open a patient's chart. Press ctrl+Space to get you into the search bar at the top and search ICU liberation



Once clicked on, you will be taken to the elements of the best practice checklist. There are two parts - the A-F bundle that is recommended by the Society of Critical Care Medicine:

**ICU Liberation**

**Element A - Assess, Prevent and Manage Pain**

New Reading

Admission (Current) from 12/7/2025 in St. Michael's Hospital - Trauma and Neurosurgery Intensive Care Unit (Cardinal Carter - 9th Floor) with Andre...

	14/7/2025 2200	15/7/2025 0000	0200	0400	0600	0800
<b>A = Assess, Prevent and Manage Pain</b>						
Pain Assessment Scale	BPS	BPS	BPS	BPS	BPS	BPS
<b>Behavioral Pain Scale (BPS)</b>						
Facial Expression	Relaxed	Relaxed	Relaxed	Relaxed	Partially tightened (e.g., brow lowering)	Relaxed
Upper Limbs	No movement	No movement	No movement	No movement	No movement	Partially bent
	Tolerating movement	Tolerating movement	Tolerating movement	Tolerating movement	Coughing but tolerating ventilation for most of the time	Tolerating movement
Compliance with Ventilation						
Vocalization (Non-Intubated Patients)	—	—	—	—	—	—
Behavioral Pain Scale Total Score	3	3	3	3	5	4

**Element B - Sedation & SBT**

New Reading

Admission (Current) from 12/7/2025 in St. Michael's Hospital - Trauma and Neurosurgery In...

14/7/2025  
0807

**B = Both Spontaneous Awakening and Breathing Trials**

Did patient receive sedative and/or opioid intravenous medications in the last 24-hours? —

Was patient receiving mechanical ventilation? —

SBT Daily Screen PaO<sub>2</sub>/FiO<sub>2</sub> ratio <200

**Element C - Choice of Sedation and Analgesia**

New Reading

Admission (Current) from 12/7/2025 in St. Michael's Hospital - Trauma and Neurosurgery Intensive Care Unit (Cardinal Carter - 9th Floor) with Andre...

	14/7/2025 2200	15/7/2025 0000	0200	0400	0600	0800
<b>C = Choice of Sedation and Analgesia</b>						
Riker Sedation-Agitation Scale (SAS)	Unarousable	Unarousable	Unarousable	Unarousable	Unarousable	Unarousable

**Element D - Delirium**

The second component is the St. Michael's specific ICU best practices:

**ICU Best Practices**

Responsible Create Note Macro Manager

☐ Show Last Filed Value ☐ Show Details ☐ Show All Choices

**DVT Prophylaxis**

Is the Patient on DVT Prophylaxis

☐ No - Low Risk ☐ No - Receiving Therapeutic Anticoagulation ☐ No - Other (Comment)

**Feeding**

Enteral or parental feeds

☐ Yes ☐ No - Hemodynamic instability ☐ No - No access less than 24hours ☐ No - Test or procedure within 12 hours ☐ No - Airway management (intubation/extubation)

☐ No - GI intolerance (e.g. vomiting, GRV greater than 500 mL, abdominal distention)

**Head of Bed**

**Stress ulcer prophylaxis**

Patient on Stress ulcer prophylaxis ?

☐ Yes - lansoprazole disintegrating tablet 30 mg ☐ No - Not Intubated ☐ No - Other (Comment)

**Glycemic Control**

Blood glucose well controlled (BG range 5.1-10mmol/L)?

☐ Yes ☐ No

**Bowel Regimen**

Bowel movement in the last 24 hours?

☐ Yes - Bowel Movement in the last 24 Hours ☐ No - Bowel Movement in the last 48 Hours ☐ No - On TPN ☐ No - Bowel Bostruction ☐ No - Other (Comment)

**Indwelling Line Review**

Indwelling Lines Reviewed

☐ CVC - Triple-lumen Right Internal jugular (3 Days) ☐ No Lines to Review

**De-escalation of antibiotics**

**Nursing care orders, confirmation of lines, tubes**


In general, there is an order for everything you can think of in EPIC and therefore, we strongly want to avoid nursing care or nursing communication orders. The typical offenders for these are things like “keep MAP >65” - there is a map target order on your monitoring or vasopressor orders. “Clamp chest tube” - there is a chest tube order set, same for EVD’s etc, tubes, flushes.

**Please find these orders in EPIC - if they do not exist, please let one of us know so we can build a correct order.**

As it relates particularly to confirmation of lines and tubes, in the Sorian-era we would often write a nursing care order “ng ok to use”. The obvious problem is that this “ng ok to use” order has no link to the actual NG that has been inserted. So which NG is ok to use? The 4th one that was pulled out? For these reasons, we have decided to use the lines, drains, airway (LDA) Avatar to confirm placement of lines and tubes in EPIC.

The avatar can be accessed by both nursing and MDs.

1. In the summary tab click on:

 **Lines, Drains, and Airways**

2. Click on the line or tube you would like to document on



**CVC 24/03/25 Right Subclavian**

Placement Date/Time: 24/03/25 1933 Orientation: Right Location: Subclavian

3. Click on properties

← Back **CVC 24/03/25 Right Subclavian**

**Properties**

Placed: 24/3/2025 1933 Orientation: Right Location: Subclavian

[Properties Audit Trail \(all rows\)](#)

4. Scroll down to placement verification - click on x-ray and then on the small comment box and add name

**Placement Verification**

☐ Blood return ☐ Ultrasound ☒ X-ray ☐ Other (Comment)

Removal Date:  Removal Time:

Earliest Known:

Removal Reason:

Catheter damaged: ☐ Site change: ☐ Other (Comment):

Removal Catheter Length (cm):

Per order:  Per patient/fam...:

**Placement Verification**

Comment:

Sklar

☒ Accept ☐ Cancel

**Line discontinuation**

To dc lines place an order, do not use the avatar:

One an order is placed the nursing team will remove the line from the avatar

The screenshot shows the Epic interface for placing orders. At the top, there are links for "Providers" (with a person icon) and "Edit Multiple" (with a pencil icon). Below these are two input fields: "Place orders, order sets, or pathways" with a green "+" icon and a "New" button, and "Select order mode" with a dropdown arrow and a red "Next" button with an exclamation mark icon. A yellow banner below these fields states: "This patient has active treatment/therapy plans." with a copy icon. Underneath the banner is a section titled "New Orders" with a clipboard icon. This section contains three entries, each with a green header and a light green background: "Discontinue central line" with the instruction "Once, today at 1149, For 1 occurrence", "Discontinue arterial line" with the instruction "Once, today at 1149, For 1 occurrence", and "Discontinue urinary catheter" with the instruction "Once, today at 1149, For 1 occurrence".

**Sign and hold orders**

In Epic, "**Sign and Hold**" is a feature that allows you to **prepare orders in advance** but **delay their release** until a later time. In the ICU, you will see this mainly in patients from the ORs. When you see sign and hold orders please review them, accept them or discontinue them as necessary. Surgeons may put antibiotic orders and APS may have pain orders here.

The screenshot shows a section of the Epic interface with a yellow header bar. Below the header are two teal-colored bars with white text. The first bar says "Signed and Held orders exist on THIS encounter - Click to release" with a right-pointing arrow icon. The second bar says "Signed and Held transfer/admission orders exist on THIS encounter - Click to release" with a right-pointing arrow icon.