

Resuscitation Rotation

Course Overview

last updated 02/01/17

Goals: By the end of this rotation, the resident should be able to:

1. Perform an advanced cardiac ultrasound for hemodynamic assessment of the undifferentiated, shocked patient.
2. Understand the time-sensitive macro- and microcirculatory resuscitation endpoints that must be achieved for the patient presenting to the ED in shock.
3. Perform an in-depth analysis of a critically ill ED patient including a systems-based approach to their resuscitation and time-sensitive critical care issues.

Description: The EM resident resuscitation rotation is a dedicated critical care service toward the management of the critically ill patients in the Resuscitation & Critical Care Unit (ResCCU). During this rotation, the resident's role will be to act as the primary care provider for patients in the ResCCU. In addition to providing in depth clinical care, the resident will be given the opportunity to perform a number of procedures, including central line placement, tube thoracostomies, thoracentesis, & paracentesis that can be performed under the supervision of the ResCCU attending.

Rotation duration: 2 – 4 weeks

Location: The Resuscitation & Critical Care Unit at the HUP ED.

Rotation Core Faculty

- **John Greenwood, MD (Rotation Director)**
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- **Walker Lee, MD**
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- **Ben Abella, MD**
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Typical daily schedule/staffing:

1. **Days generally worked in rotation:** Monday-Friday, AM shift: 0700 – 1900 or PM shift: 1900 - 0700. There will be no resuscitation resident availability during Wednesday morning conference from 0800 – 1200, Thursday Critical Care Seminar 1200 – 1300.
2. **Schedule:** It is expected that the residents coordinate and create a schedule so that both AM and PM shifts will be covered in the ResCCU during the course of their rotation.
3. A ResCCU attending will be physically present in the ResCCU from 0700 – 1700, and 2100 – 0700. Between 1700 – 2100, the daytime attending should be contacted for patient care related issues or to review new patients. The LOW side

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attending will be available for physical intervention during these time when needed.

4. Schedule requests are situational and discussed with the rotation director.

Team Organization: Attending, resident (usually one PGY-2 or PGY-3) and possibly an MS IV or MS III

Resuscitation Resident Roles & Responsibilities:

1. **Direct Patient Care:** Patient management decisions should be discussed with the ResCCU attending. A comprehensive plan will be constructed and used as a ResCCU note in the patient's medical record.
2. An example of a ReCCU Patient Evaluation Form can be downloaded from the Penn.CCProject.com website, under the resuscitation rotation tab (at the top of the page). The password for the rotation page is: ResCCU.
3. Teach residents and med students about various critical care topics.
4. **Procedures:** Chest tube, pigtail, CVC, HD catheters, thoracentesis, bronchoscopy. If you have the time &/or attending manpower, you can do anything else. Procedures can be alternated between residents, however if the EM-3 feels comfortable, they should be the primary supervising resident for most procedures.
5. **Evaluations:** Each resident (and the attending for the week) will be assigned an evaluation form through MedHub. Please try and add any additional comments as these will be very helpful to tailor the rotation your needs and make it better! In addition to a faculty evaluation form, please be sure to complete the rotation evaluation form in MedHub at the end of your 2 week rotation.

Lecture/Conference Attendance Requirements

1. **Thursday Critical Care Seminar:** 1200 – 1300 – the weekly critical care seminar led by the resident/attending on duty takes place in the ED Interactive Learning Lab.