

TSICU Mandatory Call Criteria

Core attending mandatory call list

- Code Blue/White, RRT, or Code Stroke
- Transfer to the ICU or SDU/PCU
- Any CRITICAL RESULT not on sign out
- UNANTICIPATED transfusion > 1 unit
- Failure in achieving an expected treatment plan (e.g., delay in urgent consult, diagnostic study, urgent medication, higher level of care transfer, etc.)
- Need for invasive procedure, surgery, or intubation not on sign-out
- Any Attending staff request that the attending be contacted
- New patient and/or family request to speak to the supervising faculty
- Request by the Charge Nurse / Nurse Manager to speak to the supervising faculty

Trauma / SICU specific call list (in addition to all of the above):

- Acute respiratory failure NOT responsive to conventional therapy WITH:
 - Hypoxia (sat < 90% or P/F <200)
 - Hypercarbia (pCO₂ > 50 with pH < 7.30)
- Unplanned extubation requiring possible re-intubation
- Hemodynamic instability
 - SBP < 90 and requiring initiation or escalation of vasopressors or non-responsive to > 2 liters IV fluids
 - SBP > 180 OR DBP > 120 AND end-organ dysfunction
- New arrhythmia
- Massive hemorrhage (bleeding associated with hemodynamic instability) or uncontrollable due to ANY cause
- Activation of Massive Transfusion Protocol
- Acute decrease in GCS
- Altered mental status of new onset without identifiable etiology
- Refractory elevation of intracranial pressure
- Status epilepticus or seizures refractory to initial therapy
- Recommendation(s) from consult service acutely affecting patient care
- New radiologic findings relayed from radiologist to team verbally
- Acute threatened loss of limb
- Wound dehiscence or evisceration
- Chest tube drainage > 250 cc/hr
- Unplanned loss of a drain
- Patient leaving AMA or elopement