# ICU WORK SCHEDULE
# PRINCE OF WALES HOSPITAL INTENSIVE CARE UNIT

## 1. Routine daily ward rounds

Two routine daily ward rounds take place in the ICU.

08:15 round
Attendance: All daytime and previous overnight ICU staff. Conducted by Consultant on call for the week.
Duration: 45 - 90 min.

16:00 round
Attendance: All daytime and arriving overnight ICU staff. Conducted by Consultant on call for the week.
Duration: 45 - 90 min.

## 2. Combined rounds

Microbiology
Regular weekly rounds (Tuesday 14:30 h)
Attendance: All daytime ICU staff, Microbiology Consultant and SMO/MO. Conducted by Consultant on call for the week.
Duration: 30 min.

Radiology
X-ray rounds – vary between 1-2 times each week. 12 noon
Attendance: All daytime ICU staff, Radiology SMO/Associate Consultant
Conducted by Radiologist.
Duration: 45 min.

## 3. Combined Grand Rounds

i) Bi-monthly grand rounds are shared with the departments of Medicine and Surgery.

ii) Combined Department of Surgery/Department of Anaesthesia and Intensive Care mortality and morbidity meetings are held concurrently.

## Communication between Primary teams and ICU team for admitted patients

No formal arrangement is possible because of workload constraints. ICU policy is to provide a senior, informed doctor to consult with all primary teams that are observed entering the ICU to assess or follow up patients. Workload is such that this is

occasionally not possible. See Administrative and Guidelines for mechanism of intra departmental communication.

**Consultations for admission to ICU**

i) Formal in-hospital consultations to ICU are made verbally because of their urgent nature.
Mechanisms include direct telephone contact or via a dedicated senior and junior pager. In general, consultation via pager will be through the senior pager; crash call/trauma call will be through the junior pagerConsultations are dealt with immediately, although on rare occasions no staff may be available because of other coexisting emergencies. In this case the primary referring team remains responsible for patient management until ICU staff become available.

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|---|---|---|
| Contact numbers: | Telephone extensions: | 3026/3027/3063 |
| | Paging numbers: | 2170 (senior on call)/2159 (junior on call) |

ii) Formal consultations from outside the hospital are dealt with on a case by case basis. There are Guidelines for Transport of the Critically Ill Patients from the HAHO COC.

iii) The outcome of all consultations are documented in the patient case notes by ICU staff, regardless of final decisions.

iv) The number of consultations to ICU and the outcome (ICU admission or refusal) is periodically monitored. Detailed information about refused patients is recorded periodically and reviewed.

v) For more detailed admission policy and admission criteria see relevant guideline.

**Consultations to other departments and primary teams**

Formal in-hospital consultations from the ICU to other departments are always made verbally because of their urgent nature. Mechanisms include direct telephone contact or via a pager.

**Contingency Plan during Rainstorm and Typhoons**
Departmental guidelines are to be followed.
Staff rostered for ICU duties are considered to be essential staff and therefore are required to continue with the intensive care unit and resuscitation service

Essential staff should forward the names of their replacement to ICU consultant if there are any difficulties affecting their ability to work.
Staff should be aware of their own safety and not travel (either to work or home) if there are immediate concerns.

Typhoon Signal No. 8 and Black rainstorm

- Essential staff waiting to be relieved should remain until the next shift of staff arrives.
- The next shift of essential staff should report for duty.

Typhoon Signal No. 9 and 10

- Staff at home rostered to be on duty should contact the ICU consultant for assessment of the situation.
- Staff already on duty may be required to work extended hours until relieved or as directed by the supervisor.