**Systems Based ICU Presentations**

Just like a regular presentation, you want to present:

1. Reminder 1-liner of who the pt is (should be updated – in oral presentation and note!)
2. Overnight events (but don’t go on a tangent here, wait for your plan)
3. Vitals (trends)
4. Physical exam (pertinents only)
5. Here, rather than presenting all of your lab data and imaging, you’ll just go straight to your assessment and plan, and you’ll present pertinent labs and imaging in each system.

Alright, now that you’ve made it this far, let’s go by systems (order doesn’t always matter, just generally trying to go from head to toe, I usually put renal before GI just bc it’s nice to address all the metabolic acid/base stuff right after you’ve discussed the respiratory acid/base stuff):

1. Neuro
2. Cardiovascular
3. Pulmonary
4. Renal
5. GI
6. Heme/ID
7. Endocrine
8. ?Any MSK/skin stuff
9. Ppx stuff/checklist things re-iterated at the end (I’ll show you)

Here’s an example (I’m just making this up off the top of my head so no real values or anything):

1. Neuro – pt here w/ status epilepticus, 2/2 HSV, intubated/sedated on x/y/z medications, EEG overnight with burst suppression and no further seizures, physical exam shows x, Depakote level is therapeutic, last CT head on (?date) stable; plan today is to titrate off versed by x amount every x hours while continuing EEG monitoring and cont acyclovir (discussed in ID)
2. Cardiovascular – pt w/ no underlying cards conditions however became hypotensive w/ increased sedation requiring central line placement for pressors, is currently on x pressors at x dose w/ MAPs stable at x; ekg and echo were normal, no evidence of sepsis, tsh and cortisol WNL, essentially negative w/u for alternative etiology of hypotension; plan is to titrate down pressors as tolerated (hopefully will be able to as we titrate off sedation)
3. Pulmonary – pt’s blood gas today is pH/CO2/pO2 on vent settings of mode/volume or pressure/RR/PEEP/and FiO2, CXR is stable, she has no underlying lung conditions; plan is to start SBTs once pt able to come off of sedation and becomes eligible for an SAT
4. Renal – pt’s BUN/Cr today is x, this is stable/better/or worse than the prior day, her UOP is x, she does or does not have a Foley, electrolyte wise (either normal or discuss each electrolyte issue separately in this section – **sometimes you have a problem list within a system list**, for example under renal you may have:
   1. AKI (?2/2 ATN w/ muddy brown casts on UA likely in setting of acute hypotension after intubation/sedation)
   2. Hyponatremia (?2/2 SIADH given euvolemic, etc)
   3. Anion gap metabolic acidosis (2/2 lactic acidosis 2/2 seizures, now resolved)
5. GI – no active issues, KUB cleared her DHT this AM, okay to begin tube feeds today
6. Heme/ID – initial leukocytosis in the setting of seizures and HSV infection; leukocytosis has resolved and all other infectious workup thus far has been negative (ie blood cx, urine cx, sputum cx, CSF cx, and serologies other than HSV); plan is to continue acyclovir per ID recs
7. Endo – no active issues, TSH and cortisol within expected limits; plan is to follow sugars q6h while initiating tube feeds w/ an insulin sliding scale ordered
8. No MSK/skin issues; plan for PT/OT once able to titrate off of sedation
9. Ppx – GI ppx w/ H2B, DVT ppx w/ lovenox, pt remains full code, MPOA is mom who we have updated and whose phone number is on the board and in the chart, BOOM DONE!