**4400 SICU Provider Absence Policy**

 On rare occasion, a SICU shift is unable to be covered by a resident or NP, whether due to sickness or other reason. While the NP service has a sick-call position built into the schedule that can be utilized in such a case, due to staff and work hour constraints we are not able to have the same built into the resident schedule. **It is the responsibility of the resident’s primary department to provide coverage for any unforeseen or unanticipated absences during the SICU rotation.** If a resident is going to miss their shift for whatever reason, they should follow their department’s usual policy for missed shifts, typically contacting their chief resident or program coordinator. In addition, the resident should contact Kendra Gregory (k.gregory@wustl.edu) and Justin Knittel (knittelj@wustl.edu). Finally, the resident should call their respective team’s fellow (Red Fellow- 314-305-3841, Blue Fellow- 314-305-4596) to inform them that they will be missing their shift so that other arrangements can begin in the SICU.

**Team Reorganization in setting of Decreased Providers**

 When one of the ICU teams is short a provider and a replacement is unable to be found, this will obviously increase the burden of patient care on the rest of the ICU. A missing provider in the SICU will require great communication and teamwork between both ICU teams and all staff. Fellows and attendings from both teams should meet and review the current SICU census, as well as the patient load on each team and with each provider. A coverage option should be decided upon by all present parties so that there is continuous care of all patients in the SICU. Uncovered patients are divided amongst the remaining ICU providers on both teams, this should include fellow and attending participation as primary coverage to help facilitate coverage and prevent any one team member from having to cover more than 1-2 additional patients. In addition, resources such as EM senior rotators or “firefighters” can assume coverage of patients as well. Good communication and participation by attendings, fellows, NPs, and residents will prevent these events from overly burden one team versus another, or one team member.