

Surgical Critical Care Case Logging for General Surgery Review Committee for Surgery

Surgical critical care should include overall experience in each of the seven surgical critical care conditions, and must be logged using code **99292**:

1. Ventilatory management
2. Bleeding (non-trauma)
3. Hemodynamic instability
4. Organ dysfunction/failure
5. Dysrhythmias
6. Invasive line management and monitoring
7. Parenteral/enteral nutrition

Residents should log a distinct condition (from the list above) only once throughout the duration of care of an individual patient (i.e., if the patient is treated for bleeding multiple times, that condition should only be logged once).

If the patient is managed over time and different conditions are addressed, the original case should be edited and modified (via the Case Search tool) *as opposed to logging additional cases*.

The minimum is for 40 cases, **not** 40 of the critical care conditions. Each case entered must have two or more of the conditions present.

The Defined Category and Minimum Report can be generated to assess where a resident stands against the 40-case minimum for surgical critical care experience (effective for surgery residents graduating in 2018). One of the surgical critical care patient management codes (99292) must be marked as the primary credit procedure to count toward the minimum. Among these 40 cases, there must be at least one in each of the seven categories.

The Critical Care Report lists all patients for which a resident entered a surgical critical care condition. Each patient must have at least two of the seven conditions present. After logging these conditions (using code 99292), the resident must select one of the conditions as primary, however, this report counts each condition equally.