

How to Use Best Case/Worst Case-ICU:

Step-By-Step Completion of the Graphic Aid

Step 1 – Note the Date of Admission

Write the patient's name or initials and room number at the top of the graphic aid. Note the date of admission in the first column.

Best Case/Worst Case: ICU		What things may look like going forward.			
		Name: AD Room Number: 321			
Date: 6/4, admission Event:	Date: Event:	Date: Event:	Date: Event:	Date: Event:	

Step 2 – Note the Events

In the next column, write the date you are rounding on the patient and any significant events that happened during the past twenty-four hours.

Best Case/Worst Case: ICU		What things may look like going forward.			
		Name: AD Room Number: 321			
Date: 6/4, admission Event:	Date: 6/5 Event: Brain injury, intubated	Date: Event:	Date: Event:	Date: Event:	

Step 3 – Add Outlook to the Systems-Based Patient Presentation

During morning rounds, at the end of the systems-based presentation, include “outlook” to stimulate a description of the Best Case Scenario.

For example,

Neuro: stable SDH, q1h neurochecks, sedation with propofol

Cardiac: afib (chronic), rate controlled on IV equivalent of home metoprolol, holding home warfarin

...

MSK: plastic surgery consulted for facial fractures, will see her in a few days when swelling goes down to discuss operative treatment; per Ortho right arm and hip fractures are non-operative; non-weight bearing in both extremities with right arm sling in place

PPx: SCDs, holding SQH until tomorrow (24h after stable head CT)

Outlook: “What is the outlook?” or “In the Best Case Scenario we are hoping ...”

Step 4 – Place the Star

Draw a star on the line to represent the Best Case Scenario. Placing the star higher on the line and further from the box (Worst Case Scenario) indicates there is much uncertainty between the Best and Worst Case Scenarios. Placing the star lower on the line and closer to the box (Worst Case Scenario) indicates that the Best Case Scenario is close to the Worst Case Scenario.

Best Case/Worst Case: ICU		What things may look like going forward.		
		Name: <u>AD</u> Room Number: <u>321</u>		
★ Best Case Scenario	Date: 6/4, admission Event:	Date: 6/5 Event: Brain injury, intubated	Date: Event:	Date: Event:
↑ Hopes				
↕ Range of What is Possible				
↓ Worries				
■ Worst Case Scenario				

Step 5 – The Best Case Scenario: What we are hoping for

Use your knowledge and expertise to tell a story about what might happen if things go as well as we might hope. The story should use patient-familiar words and have a beginning, a middle and an end. The story should describe the care that they will receive as their course progresses and what the patient's life will be like over time, specifically: additional interventions, estimated time in the ICU, rehab, anticipated cognitive and functional recovery, disposition and post-hospital support needs.

To memo the Best Case Scenario for patients and family members/loved ones, write short notations about this story next to the star for that day on the graphic aid.

Best Case/Worst Case: ICU

What things may look like going forward. Name: AD
Room Number: 321

	Date: 6/4, admission Event:	Date: 6/5 Event: Brain injury, intubated	Date: Event:	Date: Event:	Date: Event:
★ Best Case Scenario					
↑ Hopes					
↑ Range of What is Possible					
↓ Worries					
■ Worst Case Scenario					

Star annotation (6/5):

- breathing tube out tomorrow
- surgeries for face
- hope brain bleed stable
- therapy, ~1 wk in hospital
- nursing home ~2 wks, home with help for several months

Star icon: ★

Upward arrow icon: ↑

Step 6 – The Worst Case Scenario: What we are worried about

Describe what we are worried about if the patient's story unfolds poorly. The Worst Case Scenario doesn't always change based on major events, so it may not need to be updated every day. You can draw a line across the bottom box as the days progress if you want to show that the Worst Case Scenario has remained the same.

Best Case/Worst Case: ICU		What things may look like going forward.			
		Name: <u>AD</u> Room Number: <u>321</u>			
★ Best Case Scenario	Date: 6/4, admission Event:	Date: 6/5 Event: Brain injury, intubated	Date: Event:	Date: Event:	Date: Event:
↑ Hopes					
↕ Range of What is Possible		★ -breathing tube out tomorrow -surgeries for face -hope brain bleed stable -therapy, ~1 wk in hospital -nursing home ~2 wks, home with help for several months			
↓ Worries					
■ Worst Case Scenario					
	<div style="border: 2px solid purple; padding: 5px; display: inline-block;"> Gets sicker, needs more life support, could die from injuries </div>				

Step 7 – Update the Graphic Aid daily

Each day, update the BC/WC-ICU graphic aid. **If an event occurs that will change the outlook** for the patient, write it down. If nothing has happened to change the outlook, write “none” or use a strikethrough.

Again, place the star for the Best Case Scenario on the line for that day, considering how events affect the placement of the star in relationship to the box (the Worst Case Scenario). If the position of the star has stayed the same, and there are no events that would be expected to alter the outlook, you may simply place the star in the same location or draw an arrow over. Describe the outlook verbally during rounds, even if there are no changes, in order to reinforce what we are hoping for (Best Case Scenario) with the ICU team.

Best Case/Worst Case: ICU		What things may look like going forward.			
		Name: <u>AD</u> Room Number: <u>321</u>			
<div style="text-align: center;">★ Best Case Scenario</div> <div style="text-align: center;">↑ Hopes</div> <div style="text-align: center;">↓ What is Possible</div>	Date: 6/4, admission Event:	Date: 6/5 Event: Brain injury, intubated	Date: 6/6 Event: ∅	Date: 6/7 Event: ∅	Date: Event:
		-breathing tube out tomorrow -surgeries for face -hope brain bleed stable -therapy, ~1 wk in hospital -nursing home ~2 wks, home with help for several months			

If the position of the star has changed (because of an event), tell a new story that describes the change in outlook, the new Best Case Scenario. For example, if a patient has a stroke, you will want to place the star lower on the line, closer to the Worst Case Scenario. The Best Case Scenario has now changed and is less favorable than it was before this new event.

Provide a narrative that lays out what we expect over time because of this new event (e.g., additional interventions, estimated time in the ICU, rehab, anticipated cognitive and functional recovery, disposition and support, what their life will be like). Write short notations about the updated story next to the star for that day.

Best Case/Worst Case: ICU		What things may look like going forward.			
		Name: <u>AD</u> Room Number: <u>321</u>			
<div style="text-align: center;">★ Best Case Scenario</div> <div style="text-align: center;">↑ Hopes</div> <div style="text-align: center;">↓ What is Possible</div>	Date: 6/4, admission Event:	Date: 6/5 Event: Brain injury, intubated	Date: 6/6 Event: stroke	Date: Event:	Date: Event:
		-breathing tube out tomorrow -surgeries for face -hope brain bleed stable -therapy, ~1 wk in hospital -nursing home ~2 wks, home with help for several months			

New Best Case Scenario: what we are hoping for now, after stroke

Step 8 – What does the patient enjoy?

On the back of the graphic aid there is a space for families to tell the team about the patient. **Anyone** on the team can help them complete this, or they can complete it on their own.

What does Annabel enjoy?

- plays piano
- enjoys spending time with her seven grandkids
- likes to read historical fiction

It helps us to know more about Annabel. What is she known for?

What makes her happy?

What does she enjoy doing?

Step 9 – Display the graphic aid

Display the graphic aid in the patient's room so that the family and team can access it. Either side of the graphic aid can be displayed. Bring the graphic aid out daily for rounds so that the Best Case Scenario can be updated based on any major events from the previous 24 hours.

Using Best Case/Worst Case-ICU as a Team

- **Generating the outlook:** (Recommended: Attending/Fellow)
 - It is important that a team member with experience generates the outlook: they need to use their experience and knowledge to tell the story of the Best Case and Worst Case Scenarios. The attending or fellow may want to invite a resident to generate the outlook and then confirm or adjust the story.
 - If the team member leading the systems-based patient presentation has the experience to generate the outlook, they can do so by starting, “In the Best Case Scenario, we are hoping...”
 - If the team member leading the systems-based patient presentation does not feel that they have the experience to generate the outlook, they can prompt the attending/fellow to describe the outlook at the end of the review by saying “What is the outlook?”
- **Annotating the graphic aid:** (Recommended: Resident/APP)
 - Someone on the team will be responsible for writing the patient’s name, room number, and date on the graphic aid. They will also list any overnight events, draw the star related to prognosis, and write bullet points next to the star to briefly convey the Best Case Scenario to family members. If they have questions about what overnight events should be listed, or how to represent the Best Case Scenario with bullet points on the graphic aid, they should ask the person who is generating the outlook.
- **Confirming graphic aid notes with the team:** (Suggested: Initiated by Resident/APP)
 - It may be helpful to pause after generating the outlook and review the graphic aid as a team to ensure everyone is on the same page. The team can confirm the location of the star (Best Case Scenario) in relation to the square (Worst Case Scenario), what event(s) are listed at the top of the day, and what bullet points describing the Best Case Scenario are listed next to the star.
- **Using the graphic aid with patients and families/loved ones:** (Any team member)
 - If family is at the patient’s bedside, the physicians or APPs caring for the patient should use the graphic aid during their daily communication with family members. If daily updates with family occur over the phone, it is still useful to describe the Best and Worst Case Scenarios. Remember that the Best Case Scenario describes “what we are hoping for” and the Worst Case Scenario describes “what we are worried about”.
 - Discussing the graphic aid with families is not limited to physicians or APPs. Nurses, therapists, pharmacists, and other team members can all use the graphic aid to discuss the patient’s care or outlook with their family members. If the family has additional questions about the graphic aid any team member can reach out to resident physicians, APPs, or attending physicians to further discuss the graphic aid with the family.
- **Filling out the back side of the graphic aid:** (Patients, family members, any team member)
 - Family members can fill out the back side of the graphic aid to share more about their loved one. Anyone on the team or who participates in the patient’s care can encourage the family to complete this and assist them if needed.