Your First Weeks in the ICU

How ICU orientation works, getting the most from your preceptor, organizing a shift, and speaking up for safety

WHAT YOU WILL DO

In your first weeks you will work beside a preceptor who shares your patients, complete skills checkoffs, and slowly take over the whole assignment. Your job is to learn the unit, say plainly what you have and have not done, and ask early. Nobody expects you to know everything; they expect you to know when to get help.

HOW ICU ORIENTATION USUALLY RUNS

Length and steps vary by unit and by your experience.

STAGE	WHAT IT LOOKS LIKE	YOU MOVE ON WHEN
Classes and unit setup	Hospital orientation, computer charting, unit tour, where the code cart, airway and drip supplies live	You can find equipment and log in to every system you need
Shared assignment	Preceptor holds the patients; you take assessments, meds and charting on one patient	Your assessments and charting are complete and safe
Growing assignment	You take one patient, then two; preceptor checks your plan and steps in less	You run the shift, and your preceptor mostly watches
Full assignment	Your preceptor is nearby but you make the calls and call providers	Checkoffs are signed and you and your preceptor and educator agree you are ready
After orientation	Independent, with a charge or resource nurse; residency classes continue	Ongoing: new skills are checked off as they come up

Checkoffs (competencies) list the skills you must show before doing them alone: drips, arterial lines, ventilated patients, restraints, and unit devices. Signed means checked, not mastered.

WORKING WITH YOUR PRECEPTOR

WHEN	WHAT TO DO
Start of shift	Name one or two goals ("I will titrate the norepinephrine and call the provider myself") and any skill you have never done
During the shift	Talk through your plan before acting; ask "what would you watch for here?"
End of shift	Ask for one thing done well and one to work on; write both down
Every week or two	Check progress against your checklist with your preceptor and educator

EXAM TIP Say "I have not done this yet" out loud. It is a safety statement, not a weakness.

ORGANIZING AN ICU SHIFT

After report, check each patient, line, drip and alarm before anything else. Build a timeline of fixed tasks (meds, labs, turns, glucose checks) and group care so one trip into the room covers several tasks, which also gives your patient longer stretches of rest. Re-plan whenever the patient changes; the plan serves the patient, not the clock.

SPEAKING UP

TeamSTEPPS gives words for a safety concern. CUS: "I am Concerned. I am Uncomfortable. This is a Safety issue." Two-challenge rule: if your first concern is brushed off, state it again; the other person must acknowledge it. If it is still not addressed, take stronger action and go up the chain of command.

SAFETY Anyone on the team, including a new nurse, can stop the line for a real safety breach.

CALL FOR HELP WHEN

- Your patient is changing and you are not sure why, or vital signs cross a call parameter
- You are asked to run a drip, device or procedure you have not been checked off on
- An order looks unsafe or unclear to you
- You are falling behind on timed meds or assessments
- Your preceptor is away and a patient becomes unstable: get the charge nurse or call a rapid response

UNIT-SPECIFIC

Check your unit's policy for orientation length, the competency checklist, which skills need a second nurse, who your resource is after orientation, and whether a nurse residency program is offered.

Sources (6) are listed with links at icubasics.com/sheets/icu-first-weeks.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.