FAST HUGS BID: Modified Mnemonic for Surgical Patient

Sir,

JL Vincent described and published the FAST HUG mnemonic to identify and check the key aspects in the general care of critically ill patients admitted in the Intensive Care Unit (ICU).[1] WR Vincent and Hatton updated the mnemonic by adding few more components to FAST HUG mnemonic thus reframing it to FAST HUGS BID.[2] Both mnemonics improved the care of the critically ill patient in the ICU. There has been several modifications and additions to the mnemonic. FAST HUG MAIDENS is a mnemonic used to identify drug-related problems in the ICU.[3] Papadimos *et al.* used FAST HUG mnemonic to reduce the incidence of ventilator-associated pneumonia in a surgical ICU.[4] Monares Zepeda and Galindo Martín changed the constituents of FAST HUG mnemonic to implement a nutritional support protocol for critically ill patients in ICU.[5] However, the mnemonic was never tailored exclusively for managing surgical patients.

There are certain differences between a medical and surgical ICU patient. There are certain issues exclusively seen in a surgical patient such as basal atelectasis leading to acute lung injury, multifactorial paralytic ileus (due to surgical handling, opioids, electrolyte imbalance), surgical site infections, bleeding, anastomosis leak, presence of epidural catheters, intercostals, and vacuum drains. A surgical ICU consists of a variety of patients who undergo surgeries of different parts of human body and can have several comorbidities. An examination based on a mnemonic can help in addressing all perioperative aspects systematically and decisions regarding further intervention can be planned after discussing with surgical team.

We have made few modifications in the components of FAST HUGS BID mnemonic which can be helpful in identifying

Table 1: Differences in FAST HUGS BID mnemonic between a medical Intensive Care Unit and a surgical Intensive Care Unit patient

	For medical patient	For surgical patient
F	Feeding	Feeding (NBM, enteral, TPN)
A	Analgesia	Analgesia (VAS score)
S	Sedation	Sensorium (GCS, Ramsay sedation score)
T	Thromboprophylaxis	Thromboprophylaxis, temperature, tubes
H	Head-up	Head-up/hemodynamics
U	Ulcer prophylaxis	Ulcer prophylaxis, urine output
G	Glycemic control	Glycemic control
S	Spontaneous breathing trial	Supplement O_2 (mask, NIV, high flow O_2)
B	Bowel movement	Bowel (ileus/gastroparesis/distension/ bowel movement)
I	Indwelling catheter	Indwelling catheter (CVC, A-line, epidural, Foleys), imbalance (electrolyte, cumulative fluid)
D	Drug de-escalation	Drugs (de-escalation, number of days), delirium

TPN: Total parenteral nutrition; VAS: Visual analog scale; GCS: Glasgow Coma Scale; NIV: Noninvasive ventilation; CVC: Central venous catheter; NBM: Nil by mouth

and addressing the problems in postoperative surgical patients in ICU effectively [Table 1]. A comparison of FAST HUGS BID suggested by Vincent and Hatton and our modification is shown in Table 1.

This modified mnemonic can help in identifying and addressing postoperative issues such as anastomotic leak, bleeding, atelectasis, inadequately managed postoperative pain, delirium, acute kidney injury, identifying source of infection, and planned de-escalation of antibiotics. A plan for optimization and required interventions (surgical or

medical) can be easily made based on the mnemonic which can be compared during the subsequent visit. Anything which is mentioned in the mnemonic if is not implemented or applicable, the reason should be mentioned in patient's daily progress notes. For example, a patient who has undergone a major gastrointestinal surgery will not be allowed orally immediately. Similarly, if there is an ongoing bleed postoperatively, pharmacological thromboprophylaxis would be avoided.

Our modified mnemonic is especially useful for centers where the anesthesia team takes care of surgical ICU along with the operating rooms. By using this mnemonic, the anesthesiologist will not miss anything which is relevant for the care of a surgical patient. The mnemonic should be used along with the regular general and systemic examination.

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Conflicts of interest

There are no conflicts of interest.

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