

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

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

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).

The Critical Care Index Report in the ACGME Case Log System lists patients for whom a resident entered at least one surgical critical care condition (using code 99292). This report can be generated to assess where a resident stands against the 40-case minimum for surgical critical care experience. Note the following:

- Each patient must have at least two of the seven conditions present to count toward the minimum requirement of 40 cases.
- Among these cases, there must be at least one condition in each of the seven categories.
- One of the surgical critical care patient management codes (99292) must be marked as the primary credit procedure to count toward the minimum (however, this report counts each condition equally).

Entering cases with only one critical care code is not discouraged. If the patient is managed over time and different conditions are addressed, the original case should be edited and modified (using the Case Search tool) *as opposed to logging additional cases*.

Address questions to Review Committee staff members, contact information for whom can be found on the [Surgery section](#) of the ACGME website.