

PRACTICE GUIDELINE

Effective Date: 2-17-04

Manual Reference: **Deaconess Trauma Services**

TITLE: PATIENT APPROPRIATENESS FOR ADULT ICU ADMISSIONS AND DISCHARGE

OBJECTIVE:

To aid physicians and nursing staff in determining patient appropriateness for Adult ICU admission and discharge. This is important for providing high quality patient care in the most appropriate clinical setting. Patient acuity and resource needs are the determining factors in defining the most appropriate clinical setting. Admitting a patient to the Adult ICU who will not benefit from the services provided is not clinically or economically appropriate. Similarly, failing to discharge a patient from the ICU who can be appropriately cared for in a less acute setting is not beneficial and potentially deprives more appropriate patients the benefit of ICU care.

GUIDELINES:

1. Patients with acute respiratory dysfunction.

Examples of **appropriate** patients:

- Mechanically ventilated patients.
- Patients requiring suctioning or pulmonary manipulations more frequently than every 2 hours.
- Patients with impending pulmonary failure with a high likelihood for needing mechanical ventilation in the next 24 hours and who are actively being treated.

Example of possibly **inappropriate** patients:

- Patients requiring short periods of ventilatory assistance solely for the purpose of facilitating emergent diagnostic or radiologic procedures may be more appropriately managed in the emergency department or PACU with plans for a rapid post-procedure extubation.

2. Hemodynamically unstable patients

Examples of **appropriate** patients:

- Patients at risk for continued instability or who have incurred a significant period of cellular hypoperfusion such that subsequent organ dysfunction is a concern.
- Patients requiring intra-aortic balloon counterpulsation or mechanical external cardiac support.
- Patients requiring pulmonary artery catheter monitoring.
- Patients requiring frequent vital signs.
- Patients requiring vasoactive pharmacologic support (see below).

Example of possibly **inappropriate** patients:

- Patients on low dose dopamine or dobutamine infusions may be more appropriately admitted to other appropriate units.

3. Cardiac arrhythmias requiring frequent therapeutic interventions or manipulations of infusions.

Example of possibly **inappropriate** patients:

- Unless demonstrating significant arrhythmias or cardiac dysfunction, patients with a documented or suspected cardiac condition may be more appropriately monitored in other appropriate units.

4. Patients with an acute deterioration in neurologic status.

Examples of **appropriate** patients:

- Patients with an acute decrease in GCS >2 requiring aggressive treatment.
- Acute spinal cord injuries with neurologic deficit.
- Patients requiring ICP monitoring.

5. Patients with unstable metabolic or pharmacologic conditions that require more frequent than every 2 hour therapeutic or monitoring interventions.

These are intended as guidelines. Please see the individual Intensive Care Unit’s Scope of Care for exact criteria. Certain patients may not fulfill criteria but may still be appropriate for care in the Intensive Care Unit. The ADON is available for discussion of appropriateness and is responsible for the determination of appropriateness for admissions to the ICU or continued care in the ICU.

REFERENCES:

- Critical Care Policy and Procedure Manual, Document No: A - 1 ICU ADMISSIONS/DISCHARGE GUIDELINES.
- Critical Care Policy and Procedure Manual, Document No: C – 13 Care of the Trauma Patient in ICU.

REVIEWED DATE	REVISED DATE
JAN 05	JAN 08
JAN 06	
JAN 07	