

# LAC+USC MEDICAL CENTER POLICY

Subject: <b>CARE OF ICU PATIENTS WHOSE ADMITTING SERVICE DOES NOT HAVE IN-HOUSE 24-HOUR ICU CAPABILITY</b>	Original Issue Date: 3/10/15	Policy # <b>724</b>
	Supersedes: 11/21/18	Effective Date: 10/29/21
Departments Consulted: Nursing Burns ICU Medical ICU Cardiac ICU Pediatrics ICU Neurosurgical ICU Cardiothoracic ICU Neuro Medicine ICU	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by:  (Signature on File) Chief Medical Officer   (Signature on File) Chief Executive Officer

## PURPOSE

To ensure all patients in the critical care units of LAC+USC Medical Center receive care that is safe, effective and at a consistent level.

## POLICY

If a patient whose service does not have in-house 24-hour critical care support requires ICU admission, the patient will be assigned to a team that does have a critical care service.

## PROCEDURE

Patients who require ICU care will be assigned to a service that has 24-hour in-house critical care support. When a patient from an admitting service that does not have 24-hour in-house critical care support requires ICU care, the patient will be assigned to a service most appropriate to support the issues requiring ICU admission. (For example, a patient admitted by Orthopedics who suffers an intraoperative myocardial infarction will be assigned to the Cardiology ICU service.)

During the period that the patient requires ICU care, the admitting service will remain actively involved with the patient.

Daily (at a minimum) communication between the admitting service and the ICU service is required. Decision-making will be shared and based on the specific issues.

The admitting service may write orders for these patients, but the ICU team must be notified and approve all orders to avoid duplication or conflicting orders.

Upon discharge from the ICU, the responsibility for the patient will return to the admitting service.

If an irresolvable conflict arises, the Critical Care Officer of the Day should be contacted to intervene as necessary.

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**REVISION DATES**

November 21, 2018; October 29, 2021