Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT:	**MEDICAL/SURGICAL/PROGRESSIVE CARE /INTENSIVE CARE UNITS ADMISSION AND DISCHARGE**	**Policy No.:**	**B848**
		Supersedes:	**April 2020**
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PURPOSE:

To provide recommendations regarding populations appropriate for the Medical/Surgical (MS), Progressive Care Unit (PCU), and the Intensive Care Unit (ICU).

POLICY:

MS/ICU/PCU services are available for patients from all programs of the hospital who meet admission criteria.

The PCU and ICU provide care for patients requiring a higher level of care and/or monitoring which cannot be provided in the MS units.

The In case of medical or rehabilitation patients, it is the responsibility of the patient's attending physician or designee to request PCU or ICU admission.

In the event of high utilization and/or scarcity of beds, it will be the responsibility of the ICU/PCU Medical Director, Nurse Manager, and/or their designee to prioritize the use of beds.

SCOPE AND GOALS:

Medical Surgical Unit

Provide care for stable patients requiring routine nursing interventions and or monitoring. These are patients with general medical and/or post-operative conditions who need observation, evaluation, and/or definitive treatment.

Progressive Care Unit

Intended to provide care and monitoring for patients with moderate or potentially severe physiologic instability. These patients require technical support but not necessarily artificial life support. These patients require less monitoring and interventions than in ICU but more than what an MS unit can provide.

Intensive Care Unit

Provide care and monitoring for patients with complex or hemodynamic instability that require constant care.

APPROVED BY:

ADMISSION CRITERIA:

Patients should meet InterQual criteria for MS, PCU, or ICU level of care or have approval from the Utilization Review Medical Director or designee.

The admission criteria may include the following but are not limited to:

Medical Surgical Unit

- Palliative/comfort/end-of-life care for patients with a Do Not Resuscitate (DNR) status, not candidates for organ donation
- Ventilator-dependent patients with tracheostomy, requiring hospitalization for acute medical needs
- Mechanical ventilation requiring FiO2 40% or less, on physiologic peep, requiring minimal ABGs and ventilator adjustments. The Primary physician may consult with the intensivist as appropriate
- Nasal–Bi-Level positive airway pressure (BiPAP)
- Routine vital signs assessment – every 4 hours
- 23-hour observation

Progressive Care Unit

Patients will be considered for admission based on diagnosis, level of acuity, and nursing/medical requirements.

- Post-operative patients requiring monitoring for potential complications; e.g., prolonged general anesthesia, arrhythmia, excess blood loss, unstable cardio-respiratory status not requiring ICU level of care.
- Frequent nursing interventions and monitoring, including suctioning, labs, and POCT
- Newly diagnosed acute renal failure requiring insertion of the central line for hemodialysis and telemetry monitoring
- Ventilator-dependent patients with tracheostomy, requiring hospitalization for acute medical conditions with potential for complications
- Mechanical ventilation requiring FiO2 40% or less, on physiologic peep, requiring minimal ABGs and ventilator adjustments. Primary physician may consult with the intensivist as appropriate
- Frequent respiratory treatments
- Acute blood loss, hepatic encephalopathy, severe sepsis, seizures
- Epilepsy Monitoring Program
- Acute Stroke
- Continuous or intermittent intravenous administration of cardiovascular medications recommended for the PCU level of care. Some exceptions may apply based on the specific needs of the patient as identified by the care team (Refer to nursing policy C122).
- Continuous cardiac/respiratory monitoring and pulse oximetry

- Routine vital signs assessment – every 4 hours
- Recommended indications for telemetry monitoring include but are not limited to:
  - Chest pain / Rule out MI/ACS
  - Post implantable cardioverter/defibrillator or pacemaker implantation
  - Syncope of unknown origin
  - Acute post-operative arrhythmia
  - Moderate to high-risk cardiac rehabilitation patients
  - Acute stroke or TIA Acute MI and high-risk unstable angina
  - Syncope due to a suspected arrhythmia
  - Hypertensive urgency
- Other as deemed appropriate by Medical or Interdisciplinary staff

Intensive Care Unit

General

- Post-operative patients requiring continuous monitoring for potential complications; e.g., prolonged general anesthesia, arrhythmia, excess blood loss, unstable cardio-respiratory status-requiring ICU level of nursing care.
- Continuous nursing interventions and monitoring
- Vital signs assessment every 2 hours or more frequently based on patient's clinical status
- Symptomatic or acute electrolyte abnormalities
- Need for large volume fluid resuscitation or transfusions
- Invasive procedures and life-threatening measures
- Acute organ failure
- Other conditions as deemed appropriate by the medical team

Neurological

- Neurological assessment required at least every 2 hours
- Potential organ donor
- Risk of vasospasm or re-bleeding
- Acute stroke with unstable neurological status
- Status epilepticus requiring continuous IV infusions recommended for ICU level of care

Pulmonary

- Acute or impending respiratory failure

Cardiovascular

- Continuous cardiac/respiratory monitoring and pulse oximetry
- Continuous intravenous administration of vasoactive drugs recommended for the ICU
- Pulmonary artery pressure monitoring
- Use of transvenous or transcutaneous pacemakers
- Thrombolytic therapy
- Acute MI/ACS
- Cardiac tamponade
- Acute unstable or life-threatening arrhythmias

Musculoskeletal

- Acute major pelvic fracture
- Acute unstable c-spine

Endocrine

- Requirement of Insulin infusion
- Thyroid storm/coma

DISCHARGE CRITERIA:

Medical Surgical Unit

- Patient is determined to be stable for discharge
- Physiologic status requires transfer to a higher level of care

ICU/PCU UNITS

- Cardio-pulmonary and neurologic status has been stabilized
- Patient is hemodynamically stable
- Post-operative patients are stable with no evidence of respiratory or cardiac complications

ADMISSION PROCEDURE:

1. The admitting physician will determine the level of care the patient requires and will ensure the patient is admitted to the appropriate setting

2. For surgery patients, the anesthesiologist or surgeon will write the order to admit the patients from the post-anesthesia care unit (PACU) to the MS unit, PCU or ICU. The attending physician or designee needs to evaluate the necessity for continued stay daily

3. Surgical patients will be under the care of the primary attending physician or designee and consults will be requested as necessary

PROGRESS NOTES AND ORDERS:

1. Daily progress notes by the primary team are required. These notes should serve to justify the patient's stay in the MS unit, PCU, or ICU.

2. A written attending physician or designee order is required to transfer/discharge a patient from the MS unit, PCU, and ICU.

ORGANIZATION:

ICU MEDICAL DIRECTOR

The ICU medical director is an attending physician appointed by the Chief Medical Officer and approved by the Professional Staff Association. The Medical Director will be responsible for admission and transfer criteria to the PCU/ICU and will be the final arbitrator in prioritizing services for medical and surgical patients. The Medical Director will supervise the intensivists.

NURSE MANAGERS

Each unit's Nurse Manager (NM) is responsible for the nursing functions of the MS unit, PCU, and ICU for the full 24-hour period. Unit operational duties may be delegated to the supervising staff nurse or charge nurses for each shift. NMs assure the quality and safety of patient care. Evaluations are conducted on a regular basis and appropriate actions are taken based on findings.

The Administrative Nursing Supervisor (ANS) serves as a resource for the hospital operations after hours, on weekends, and on holidays. The ANS is responsible for notifying the NM as needed for clinical, personnel, staffing, and/or other issues requiring immediate NM, Nursing Administrator, and/or CNO notification.

NURSING ADMINISTRATION

Nursing administrative direction is provided by the nursing administrator assigned to the area. This individual provides direction and support when needed in resolving operational issues related to the MS, PCU, and ICU areas.

Author: Medicine/Nursing Administration
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Policy B848 - Attachment A

UNIT SPECIFIC INTERVENTIONS

Interventions commonly performed in the specific units may include but are not limited to the following:

MEDICAL SURGICAL UNIT	PROGRESSIVE CARE UNIT	INTENSIVE CARE UNIT
• Mechanical ventilation for chronic and/or DNR status patients only • Chronic CPAP • Central venous catheter placement and management • Fecal disimpaction • Colostomy irrigation • Tracheostomy care • Tracheal suctioning • Chest tube management • Bladder irrigation • Foley catheter insertion • Venipuncture • Specimen collection • Thoracentesis • Lumbar puncture • Peritoneal dialysis • Hemodialysis • Negative pressure wound therapy • Bedside I&D • Plasmapheresis	• *Includes all MS interventions* • Telemetry monitoring • Continuous pulse oximetry • Acute stroke workup • NIH Stroke Scale assessment • Ventilator weaning • High Flow Nasal Cannula • Cardiovascular medications recommended for the PCU setting.	• *Includes all MS and PCU interventions* • Neurological assessment required at least every 15 minutes • ICU sedation • Procedural sedation • Use of Transvenous or transcutaneous pacemakers • Thrombolytic therapy • Insulin infusion • Invasive hemodynamic monitoring • Targeted temperature management • Specialized invasive procedures

Policy B848 - Attachment B

EXAMPLES OF SYSTEM-BASED ADMISSION CRITERIA

These are only examples; the list is not limited to:

SYSTEM	MEDICAL SURGICAL UNIT	PROGRESSIVE CARE UNIT	INTENSIVE CARE UNIT
GENERAL	• Palliative Care • Comfort Care • Observation patients	• Post-operative patients with potential complications • Hepatic Encephalopathy • Severe Sepsis	• Post-operative patients with risk for complications • Invasive monitoring • Large volume fluid resuscitation and or transfusions • Invasive procedures • Acute organ failure
CARDIOVASCULAR	• Resolved MI • Mild heart failure • Pulmonary edema • Stable angina • Endocarditis • Life vest	• Meets criteria for telemetry monitoring • R/O MI • Mild to moderate heart failure without shock • Hemodynamically stable dysrhythmia (e.g. new onset atrial fibrillation) • Newly implanted pacemaker • Hypertensive Urgency (SBP 220) without evidence of end organ damage • New onset angina • Syncope	• Hemodynamic monitoring • Temporary pacemakers • Hypertensive emergency • Shock • Hemodynamic instability including dysrhythmias • Cardiac tamponade • IV infusions recommended for ICU level of care

		• Pericarditis • Acute blood loss • IV infusions recommended for PCU level of care	
RESPIRATORY	• COPD • Stable, resolved respiratory failure • Asthma • Pneumonia • Mild pleural effusion • Chronic ventilator patients with acute medical needs • Mechanical ventilation requiring 40% FiO2 or less with minimal adjustments needed • BiPAP	• R/O pulmonary embolism • Mild to moderate respiratory distress • Chronic ventilator dependent patients with acute medical needs with potential complications • Mechanical ventilation requiring 40% FiO2 or less with minimal adjustments needed	• Acute respiratory failure • Pulmonary edema • ARDS
NEUROLOGIC	• Mild TBI • Stable SCI • Meningitis • Post stroke • Brain tumor (Pre-op) • Gillain-Barre Syndrome • Multiple sclerosis	• Acute stroke • Epilepsy monitoring • Chronic SDH approved by Neurology	• Acute stroke with unstable neurological status • Thrombolytic therapy • Intractable seizures • Level IV EEG monitoring • Organ donor
GASTROINTESTINAL	• Resolved GI bleed • Appendicitis • Stable pancreatitis	• Stable GI bleed	• Acute GI bleed
ENDOCRINE	• Diabetes Mellitus • Electrolyte abnormalities	• Electrolyte imbalance requiring telemetry monitoring	• DKA • HHNK • Thyroid storm/coma • Acute electrolyte imbalances • Insulin infusion
TRAUMA	• Stable orthopedic	• Stable trauma	• All shocks

	fractures • Sepsis	requiring telemetry • Sepsis without organ failure or shock	• Acute major pelvic fracture • Unstable c-spine
RENAL AND GU	• UTI • Pyelonephritis • Cystitis • Chronic HD	• Renal biopsy • Uremia • Acute renal failure	• Acute renal failure with dialysis
SURGICAL	• Appendectomy • Cholecystectomy • Hysterectomy • Amputation • Flap surgery	• Post-op patients with potential complications	• Unstable Post-op patients
MISCELLANEOUS	• Alcohol withdrawal requiring PO sedation • IVDA • Oncology without intravenous chemotherapy	• Alcohol withdrawal requiring IM or IV sedatives	• Drug ingestion/overdose with unstable hemodynamic status • Delirium tremens

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