

**LAC+USC MEDICAL CENTER**  
**MICU - 4A**  
**SCOPE OF SERVICES**

**Departmental Purpose**

The Medical Intensive Care Unit 4A is a 20 bed ICU located on the 4<sup>th</sup> floor of the Inpatient Tower area C4A. The unit exists to provide nursing care to those patients who are critically ill and require intensive monitoring and treatment in the LAC+USC Medical Center. Medical Management of the unit is the responsibility of the Division of Pulmonary and Critical Care Medicine.

**Types and Ages of Patients Served**

The Medical Intensive Care Unit 4A provides nursing care for adult and geriatric patients admitted from the Emergency Department, the Medical and Surgical Wards or outside transfers. Major medical diagnoses include but are not limited to Multi-System Organ Failure, Respiratory Failure, Sepsis, Intracranial Hemorrhage, Cancer, Diabetic Ketoacidosis, Gastrointestinal Bleed, Uncontrolled Hypertension, Lymphoma, Renal Failure and Tuberculosis.

**Methods Used to Assess Patient Needs**

An interdisciplinary approach to patient care management is used to assess and care for the patient. Nursing and Critical Care House Staff, under the direction of a Critical Care Attending, act collaboratively with Pharmacy, Dietary, Respiratory Therapy and Social Services to develop and plan an appropriate plan of care with each patient. Additional collaboration exists with Pastoral Care, Palliative Care, the Department of Radiology, Laboratory, Bronchoscopy, GI Lab, EKG and Epidemiology.

**Scope of Service and Complexity of Care**

The focus of care is to stabilize and restore the patient to their optimal level of functioning. Important aspects of care involves providing intensive medical and nursing care from admission to discharge/transfer by treating, managing and preventing potential or actual life threatening health problems; providing diagnostic, preventive, therapeutic, rehabilitative, supportive and palliative care through an interdisciplinary approach to patient care management; providing patient/family education that is directed toward explanation of current illness and prevention of recurrence of an episodic illness; and preventing complications and promoting healing. In addition to the extensive physical care provided for patients, nurses' work closely with other disciplines to keep family members/significant others informed of patients' progress, and provide ongoing support. This is often accomplished in patient/family conferences held with the health care team.

**Quality Control Indicators**

- Ventilator Associated Pneumonia
- Central Line Associated Blood Stream Infection
- Hand Hygiene
- Pressure Ulcer Prevention and Management
- Pain
- Clinical Alarms
- Restraints
- Pyxis Override
- Patient Falls
- High Alert Medication Verifications/Guardrails
- Pharmacy Rounds
- Universal Protocol (Time-Out)

*Refreshed/Reviewed: December 2010; January 2016; June 2020*

*Approved: August 2020*

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**Quality Control Indicators conti.**

- Patient Identification Practices
- Patient/Family Teaching
- Nursing Process

**Performance Improvement Indicators**

- Reduce Ventilator Associated Pneumonia
- Hand Hygiene Compliance
- Reduce Catheter Related Blood Stream Infections
- Reduce Hospital Acquired Pressure Ulcer Incidence

**Recognized Standards**

Care is provided consistent with applicable regulatory and professional standards inclusive of but not limited to the California Board of Registered Nursing, the American Nurses Association, OSHA, Joint Commission, Title 22, the American Association of Critical Care Nurses, the FDA, and the American Medical Association.

**Availability of Necessary Staff**

The unit operates 24 hours a day, seven days a week. The nursing staff reports to a Nurse Manager who works collaboratively with the Medical Director of the Intensive Care Unit. The Nurse Manager is responsible for providing sufficient quantities of nursing staff to meet the acuity needs of the patients and the census of the unit. She or he is responsible for the quality of the nursing care provided and the performance of the assigned staff. Staff on the unit has specific competence assessments for their professional level and/or job description. Patient care is provided by Registered Nurses who have successfully completed the Basic Adult Critical Care Program or who have obtained a CCRN credential, a unit orientation, and training in the Critical Care Information Systems.