Name of Policy: Specific Services Provided SICU
Policy Number: 3364-129-04
Department: Nursing
Approving Officer: Director of Nursing/Chief Nursing Officer
Responsible Agent: Nursing Director, Surgical Intensive Care Unit
Scope: The University of Toledo Medical Center

Effective Date: 4/25/2016
Initial Effective Date: 1/1/1990

(A) Policy Statement

The specific services provided in the Surgical Intensive Care Unit shall facilitate the safe and effective care of patients.

(B) Purpose of Policy

To outline and define specific services provided in the SICU.

(C) Procedure

The specific services provided in the SICU shall include bedside monitoring of essential life functions, intensive nursing care, respiratory care and special procedures.

1. Unit Description:

A. The SICU is a 10 bed intensive care unit located on the second floor of the hospital building, adjacent to the operating room.

B. The SICU consists of 10 private rooms.

C. All patients on cardiac monitor will be monitored directly by the nursing staff via the hardwire monitors located in each private room and the central monitors at the nurses’ station.

D. An intercom system is located at the nurses’ station and a call light at the patient’s bedside is provided to facilitate communication. In case of an emergency, the call button will be pulled from the wall and an alarm will sound for additional personnel or the panic button will be pushed which also summons additional personnel.

E. Rooms 2218, 2221, 2227 and 2229 have the capacity for acute dialysis of the patient assigned to that room. Dialysis will be provided by staff from the Acute Hemodialysis Unit as requested by the physicians.

2. Staffing:

A. Registered Nurses in the SICU will be oriented to the SICU and complete basic training in critical care and basic cardiac rhythm recognition.

B. Staffing of SICU will be determined according to severity of illness and complexity of care by the Medical team/Nursing Director/Lead Nurse or Charge Nurse.

C. Normal nurse to patient ratios will be 1:1 or 1:2.
3. **Monitoring of Essential Functions:**

A. Each bedside will have the capacity for constant ECG monitoring and multiple pressure monitoring.

B. All beds will be monitored at the Central Station Screen at the nurse’s station in addition to that at the bedside. All cardiac alarms and other necessary alarms will be functional at all times when an RN is not at the patient’s immediate bedside.

C. After a Swan Ganz Pulmonary Artery Catheter has been inserted, baseline readings will be obtained by the RN. Readings (including CVP, PA, PCWP, BSA, CO, CI, and SVR) will be obtained as ordered by the physician or as deemed necessary to the RN to help facilitate drip titration or guide treatment.

D. Continuous arterial pressure will be monitored on those patients with arterial lines as ordered by the physician. The RN will draw all lab specimens from the arterial line unless otherwise ordered by the physician.

E. Registered nurses and respiratory therapists share the responsibility for pressure line maintenance, calibration of transducers and trouble shooting the modules at the bedside and central station. Respiratory care is responsible for pressure line set-up in the SICU.

4. **In the event of mechanical difficulty, Technology Support is to be notified through the Biomed department. Intensive Care Nursing:**

Registered nurses working full or part-time in the SICU, who have been oriented and educated in intensive care nursing, may initiate and maintain the following routines.

A. **Guidelines**

1) Regulate intravenous drip infusions within given parameters according to patient response, as ordered. Vasopressors, antiarrhythmics and other fast acting medications whose dosage must be maintained at specific levels will be calculated and documented for each patient as to established standards or physician orders. See Nursing Service Policy 3364-110-05-02 “Administration of Intravenous Medications”. The nurse may discontinue an ordered drip medication if the patient exhibits sudden and possible life threatening adverse reactions or effects.

2) Complete head-to-toe nursing assessments will be performed and documented every four hours minimally with focused assessments at the four hour interval between the complete head-to-toe assessments and more frequently as needed. Any significant or abnormal findings should be reported to the responsible physician.

3) Continuous cardiac monitoring will be performed on SICU.

4) Vital signs are routinely done minimally every hour

5) I & O will be obtained minimally and recorded every hour

6) Respiratory care such as suctioning, blood gas monitoring and pulse oximetry will be a shared effort between nursing and respiratory.

7) Respiratory care is responsible for set-up, maintenance and proper functioning of the ventilator. All ventilator changes will be done by Respiratory Therapists, as ordered by the physician.
8) RNs and Respiratory Therapists share the responsibility for discontinuing percutaneous arterial lines.

9) Patients being transported out of the area for diagnostic procedures, therapies, etc. will be accompanied by an RN.

5. **Special Procedures:**

A. SICU RNs are responsible for assistance and patient monitoring during and after the following procedures and these procedures are performed by an attending physician or resident with demonstrated ability in these procedures:

1) Insertion of pulmonary artery catheters
2) Insertion of central intravenous lines
3) Mechanical ventilator therapy
4) Insertion of arterial lines
5) Insertion of chest tubes
6) Insertion of temporary pacing catheters
7) Emergency tracheostomy
8) Diagnostic and therapeutic fiberoptic bronchoscopy or endoscopy
9) Limited debridement of wounds (any surgical procedure that involves prolonged or especially invasive techniques should be scheduled for the operating room under optimal aseptic conditions)
10) Other bedside procedures

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**Approved by:**

[Signature]

Todd Korzec, BSN, RN
Nursing Director

Date: __/__/16

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Monecca Smith, MSN, RN
Chief Nursing Officer/CNO

Date: 4/25/2016

**Review/Revision Completed By:**

Nursing Director, SICU

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**Policies Superseded by This Policy:** 1-D-1, 1-D-6, 1-D-7 and 1-D-15

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*