


Name of Policy: <u>Specific Services Provided</u> Policy Number: 3364-123-04 Department: Nursing Service Critical Care Services Approving Officer: Chief Nursing Officer (CNO) Responsible Agent: Nursing Director (ND) Medical Intensive Care Unit (MICU)/Surgical Intensive Care Unit (SICU) Scope: MICU/SICU	 Effective Date: 6/1/2023 Initial Effective Date: 1/1/1990
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

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

(B) Purpose of Policy

To outline and define specific services provided in the MICU/ SICU.

(C) Procedure

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

1. Unit Description:

- A. MICU is an 18-bed intensive care unit located on the third floor. The SICU is a 10-bed intensive care unit located on the second floor.
- B. The MICU/SICU combined consists of 28 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.
- 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.

2. Staffing:

- A. Registered Nurses in the MICU/SICU will be oriented to the MICU/SICU and complete basic training in critical care and basic cardiac rhythm recognition.
- B. Staffing of MICU/SICU will be determined according to severity of illness and complexity of care by the medical team/Nursing Director/Assistant Nursing Director/Lead 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 decentralized Station Screen 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/RT (Respiratory Therapist). Readings (including CVP, PA, 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 troubleshooting the modules at the bedside.

4. Intensive Care Nursing:

Registered nurses working full or part-time in the MICU/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 and seek consultation of 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 the four-hour interval focus assessments may be ordered more frequently as needed. Any significant or abnormal findings should be reported to the responsible physician.
 - 3) Continuous cardiac monitoring will be performed on both units.

- 4) Vital signs are routinely done minimally every two hours unless ordered more frequently by the physician.
- 5) I & O will be obtained minimally and recorded every two hours unless ordered more frequently by the physician.
- 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. MICU/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

<p>Approved by:</p> <p>_____ Pierre Maldonado, BSN, RN Nursing Director, Critical Care</p> <p style="text-align: right;">Date</p> <p>_____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p style="text-align: right;">Date</p> <p><i>Review: Directors Task Force Meeting, 5/20</i> <i>Revision Completed By: Pierre Maldonado, BSN, RN, 6/1/2023</i></p>	<p>Review/Revision Date:</p> <p>5/93 5/94 8/96 6/99 8/01 9/02 6/05 12/1/09 3.22.13 5/25/2016 6/29/2017 5/08/2020 6/1/2023</p> <p>Next Review Date: 6/2026</p>
<p>Policies Superseded by This Policy: N/A</p>	

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