Name of Policy: Admission and Discharge Criteria for Intensive

Care Units

Policy Number: 3364-100-01-09

Department: Hospital Administration

Medical Staff

Approving Officer: Chief Medical Officer

Chief of Staff

Responsible Agent:

Chief Medical Officer

Scope: The University of Toledo Medical Center and its

Medical Staff

Effective Date: May 1, 2020

Initial Effective Date: June 25, 1987

New policy proposal Minor/technical revision of existing policy

Major revision of existing policy Reaffirmation of existing policy

(A) Policy Statement

The University of Toledo Medical Center (UTMC) establishes criteria for admission to and discharge from the center's intensive care units (ICUs).

(B) Purpose of Policy

Prioritize safe patient care and ensure appropriate and efficient ICU bed utilization by outlining mechanisms for:

- Admitting patients to the intensive care units based on clinically-based criteria.
- Assigning available ICU beds to the most appropriate patients.
- Address overflow placement of ICU patients during times of maximum bed occupancy.
- Coordinate appropriate patient discharge from the ICU.

(C) Procedure

The specific procedures relating to admission and discharge for the intensive care units (ICUs) are outlined below. The outlined admission criteria are not all inclusive and circumstances may arise that necessitate deviation from the below stated criteria.

1. ICU A

- a. Vital Sign Criteria:
- Pulse or Heart Rate <50 or >150 beats per minute
- Systolic Blood Pressure <85 mm Hg or >190 mm Hg
- Diastolic Blood Pressure > 120 mm Hg
- Respiratory Rate > 35 breaths/minute
- Respiratory Rate < 8 breaths/minute

b. Respiratory Criteria:

- PO2 < 60 mm Hg or FiO2 > 50%
- PCO2 > 50 mm Hg
- pH < 7.3 or > 7.6
- Mechanical ventilation
- Initial Non-invasive positive pressure ventilation (NIPPV) with impending respiratory failure
- Impending respiratory failure
 - c. Abnormal Lab Criteria:
- Glucose < 40 or > 500 mg/dl
- Sodium < 115 mEq/L or > 160 mEq/L
- Potassium < 2.5 mEq/L or > 6.0 mEq/L with or without ECG changes or arrhythmias
- Calcium < 6 or > 12 mg/dl
- Hemoglobin < 6 g/dL

d. Clinical and Diagnosis-related Criteria:

- Mechanical ventilation
- Status epilepticus



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- Care requiring use of oral vasopressive agents and intravenous vasoactive medications
- Treatment of complicated acid-base or electrolyte imbalances
- Large volume resuscitation (e.g., 3 L of fluid, 3 units of blood product within 12 hours)
- Active gastrointestinal bleeding either upper or lower gastrointestinal (GI) bleeding requiring utilization of multiple blood products or balloon tamponade
- Status post cardiac arrest
- Cardiac tamponade
- Acute aorta conditions: dissections, transections, aneurysms
- Hypertensive emergencies
- Acute congestive heart failure
- Imminent respiratory failure
- Acute stroke
- Acute subarachnoid hemorrhage
- Severe head injury
- Hemodynamically unstable after drug overdose
- Diabetic ketoacidosis with hemodynamic instability
- Sepsis with hemodynamic instability
- Delirium tremens, delirium, other acute mental status change issues
- Care requiring continuous renal replacement therapy (CRRT)
- Patients requiring intra-cranial pressure (ICP) monitoring

2. ICU B (3CD)

- a. Vital Sign Criteria (same as above):
- Pulse or Heart Rate <50 or >150 beats per minute
- Systolic Blood Pressure <85 mm Hg or >190 mm Hg
- Diastolic Blood Pressure > 120 mm Hg
- Respiratory Rate > 35 breaths/minute
- Respiratory Rate < 8 breaths/minute
 - b. Respiratory Criteria:
- Bi-level positive airway pressure (BiPAP)
- Stable tracheostomy to mechanical ventilation (e.g., awaiting long-term care placement)
 - c. Abnormal Lab Criteria:
- Glucose > 40 mg/dl < 500 mg/dl
- Sodium > 115 mEq/L or < 160 mEq/L
- Potassium > 2.5 mEq/L or < 6.0 mEq/L without ECG changes or arrhythmias
- Calcium > 6 or < 12 mg/dL
- Hemoglobin > 6 g/dL
 - d. Clinical and Diagnosis-related Criteria:
- No condition requiring titration of vasoactive agents (e.g., epinephrine, norepinephrine, dobutamine, dopamine, vasopressin, phenylephrine)
- Gastrointestinal bleeding (Upper or Lower GI)
- Post-thrombolytic therapy both mechanical and chemical for stroke after 24 hours
- Post-EKOS for acute pulmonary embolism after 24 hours
- Hypertensive emergencies (with Emergent Cardiology consultation)
- Alcohol withdrawal and delirium tremens
- Diabetic ketoacidosis
- Acute stroke without thrombolytic therapy
- Post anaphylaxis

e. Cardiology primary- ICU Criteria:

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- Vasoactive agents may be used under Cardiology direction
- Care of patients requiring Impella device
- Care of patients requiring extracorporeal membrane oxygenation (ECMO)
- Care requiring intra-aorta balloon pump
- Care of cardiogenic shock
- Care of unstable arrythmia
- Care of patients with left ventricular assist device (LVAD)
- 3. Discharge of patients out of ICU: Patients no longer meeting criteria for ICU will be discharged from the ICU after placement on the accepting service's list and communication with accepting service. The ICU service will write transfer orders. The ICU nurse or charge nurse will notify the house supervisor of required bed.
- 4. Census Management: Patients meeting ICU criteria should be admitted directly to the ICU A. In case of emergent intra-hospital transfer, a bed in ICU A should always be available. In the case that ICU beds are not available, attempts to satisfy the request for an ICU bed will be reviewed by the house supervisor and assigned accordingly. Post-anesthesia care unit (PACU) or Emergency Department (ED) may be considered as potential ICU overflow areas.
- 5. Conflict Resolution: No one will refuse ICU admission or intra-hospital transfer.

Approved by:		Review/Revision Date: 1/18/89 5/1/2023
/s/ Michael W. Ellis, MD Chief Medical Officer	04/27/2020 Date	1/18/89 5/1/2023 5/9/90 12/11/91 10/13/93 9/11/96 7/14/99 6/13/01 9/11/02
/s/ Samer Khouri, MD Chief of Staff Review/Revision Completed By: HAS	04/27/2020 Date	7/13/05 5/28/08 4/27/2011 11/1/2012 11/1/2015
Chairman, Special Care Units Committee Chief of Staff		Next Review Date: 05/01/2023
Policies Superseded by This Policy: 7-01-09 - Admission and Discharge Criteria for Special Care Units		