Name of Policy: Admission and Discharge Criteria for Special Care Units

Policy Number: 3364-100-01-09
Department: Hospital Administration
Medical Staff
Approving Officer: Chief Operating and Clinical Officer
Chief of Staff
Responsible Agent: Vice President Clinical Services
Scope: The University of Toledo Medical Center and its Medical Staff

Effective Date: November 1, 2015
Initial Effective Date: June 25, 1987

(A) Policy Statement
There shall be criteria for admission to and discharge from the intensive care units (ICU) of the medical center.

(B) Purpose of Policy
Maintain clinically appropriate and efficient intensive care bed utilization by providing mechanisms for:
- Admitting patients to the intensive care units based on clinically based criteria as exemplified below.
- Assigning available beds to the most appropriate ICU patients.
- Address overflow placement of ICU patients during times of maximum bed occupancy within the ICU’s.
- Coordinate appropriate patient discharge from the ICU.

(C) Procedure
The specific procedures relating to admission and discharge for the special care units are addressed as follows:
Admission Criteria: The list is not all inclusive and circumstances may arise that necessitate deviation from the below stated criteria.

Clinical Parameters
- Pulse or Heart Rate <40 or >150 beats per minute with signs of hemodynamic instability.
- Systolic Blood Pressure <80 mm Hg or 20 mm Hg below patients normal pressure.
- Sustained Diastolic Blood Pressure > 120 mm Hg
- Mean Blood Pressure < 65 mm Hg
- Respiratory Rate > 30 breaths/minute
- Respiratory Rate < 6 breaths/minute
- SpO2 <88% while on supplemental oxygen
- Respiratory Distress

Acute Laboratory Values:
- Sodium < 110mEq/L or > 160 mEq/L
- Potassium < 2.5 mEq/L or > 7.0 mEq/L with or without ECG changes and or arrhythmias
- Calcium > 15mg/dl
- Glucose >600mg/dl

Diagnosis/Mechanical Interventions:
- Treatment of acute unstable arrhythmias
- Treatment of complicated acid-base or electrolyte imbalances
- Large volume resuscitation with colloids or crystalloids
- Gastrointestinal bleeding either Upper or Lower GI, requiring utilization of multiple blood products
- Utilization of intravenous vasoactive medications
- S/P cardiac arrest
- Cardiogenic Shock
- Acute myocardial infarct with complications
- Cardiac tamponade
- Acute aortic pathway: dissections, transections, aneurysms
- Hypertensive emergencies
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- Acute congestive heart failure
- Imminent respiratory failure
- Acute CVA
- Acute subarachnoid hemorrhage
- Severe head injury
- Hemodynamically unstable drug overdose
- Post surgical patients requiring vasoactive medications, multiple units of blood products and/or continuous ventilator support
- Diabetic ketoacidosis with hemodynamic instability
- Sepsis with hemodynamic instability
- DT’s, delirium, other mental status change issues
- Patients who require an IABP
- Patients who require a LVAD
- Patients requiring CRRT
- Patients requiring ICP monitoring
- Ventilator support with an unsecured airway (endotracheal tube)
- Balloon tamponade of esophageal varices

Discharge Criteria: The following is not all inclusive.

- Patients no longer meeting Admission Criteria to the ICU
- Patients without hemodynamic monitoring
- Patients without an endotracheal tube and maintaining SpO2 > or equal to 92%
- Systolic Blood pressure > 90 mm Hg without vasoactive agents
- Diastolic Blood pressure < 100 mm Hg without vasoactive agents
- Resolution of acute abnormal laboratory values
- 48 hour post removal of support device

Discharge of patients out of ICU:

- Patients no longer meeting criteria for ICU will be discharged from the ICU after communication with the attending physician or their designee.
- The primary service will write transfer orders for appropriate patients at the time the patient no longer meets ICU criteria. They shall notify the nurse of the transfer orders and the change in status.
- The ICU nurse or charge nurse will notify the administrative coordinator of bed type needed

Crisis Management: During times of high ICU census, beds may not be available for all patients meeting ICU admission criteria. Attempts to satisfy the request for an ICU bed shall be reviewed by the administrative coordinator and assigned as needed. If this is not possible then PACU and/or ER maybe considered as potential ICU overflow areas.

Conflict Resolution: In circumstances where the patient does not meet ICU admission criteria and/or the attending physician feels that the patient must remain within ICU, the nursing director (or designee) in collaboration with the ICU medical director (or designee) will assess all ICU patients for appropriateness of that level of care. If needed, the Chief Operating & Clinical Officer (or designee) will have ultimate decision making authority. All disagreements resulting from this process will be reviewed retrospectively by the Chief Operating & Clinical Officer, Nursing Administration, the attending physician and the appropriate department chair

Approved by:

Carl Sirio, MD
Chief Operating and Clinical Officer

Thomas Schwann, MD
Chief of Staff

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