



Policy For Critical Care Admits

May 6, 2015

Background:

1. There are two adult CCM admission services: MICU and The UNM Center for Surgical Critical Care (C4SCC).
2. The MICU and C4SCC are able to be the primary admission team for any ICU admissions when there are admitting delays.
3. Admission times for straightforward ICU-level patients should be completed in under one hour from consult. (Exceptions include patients who may need additional data to determine level of care. This should not delay determination of the appropriate level of care and service more than 2 hours.)
4. The C4SCC service and MICU (with 24/7/365 ICU attendings in-house) will more readily evaluate patient admissions.

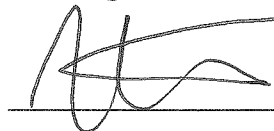
Goals:

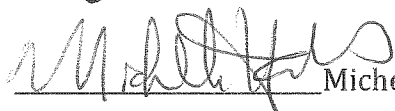
1. Expedite the flow of patients from the ED to the ICU.
2. ICU attendings will resolve disagreement about appropriate admitting ICU (whether MICU or C4SCC).

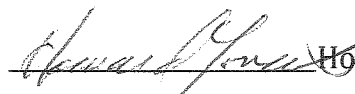
Process:

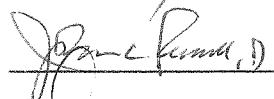
- a) In the event of an impasse between services for the admission of an ICU level patient (greater than 1 hour), the first service contacted by the ED will admit the patient and write initial orders.
- b) If the ED initially consults MICU/C4SCC and that service believes the patient should go to an alternate ICU team, the team which was first contacted must contact the attending from the alternate team and explain why they are hoping to defer the admission to that team. This deferral should not be left up to the ED physician to explain. This plan will also function in the vice versa scenario.
- c) Deferrals of ICU admission should be documented by the consulted ICU service in the EMR as with any consult according to the UNMH medical staff policy *Documentation of Clinical Activities by UNMH Medical Staff and House Staff*.
- d) In the event the patient is deemed not to need ICU level care, the communication with the recommended non-ICU admitting service shall be made first by the consulting ICU service to explain why the person doesn't need critical care and ensure agreement. The ED physicians should be notified and then follow up on this agreement.


- e) If, after a short period, the ICU attending physician determine that the patient is more appropriate for a different service, the ICU attending will coordinate the transfer of care with the attending of the other service.
- f) In regards to the C4SCC primarily admitting patients, the surgical or neurologic service that is responsible for the patients primary issue must put a written consult note in the electronic medical record within 4 hours of arrival to the intensive care unit to assure that the C4SCC team is not solely responsible for the care of patients with potential surgical issues. In addition, the surgical or neurologic team will round on these patients daily and document daily consultation notes following their wounds, drains, and other treatment modalities according to the previous collaborative model agreements.
- g) On patients primarily admitted by the C4SCC ICU service; once the acute ICU admission issues have been resolved, the C4SCC ICU attending will contact the surgical, neuroscience service or medical service attending that is deemed most appropriate for SAC or Floor management of the patient to assume care of the patient.
- h) If there is disagreements not covered by this policy the ICU attending will contact the CMO or Clinical Staff Affairs On-Call who will decide to whom the patient should go and facilitate that process.

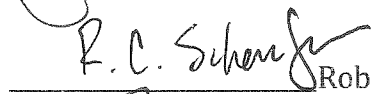
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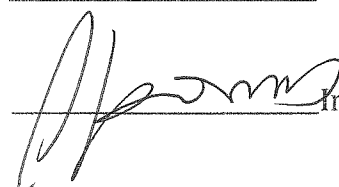
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POTENTIAL ICU PATIENT

ED to ICU Admission Flow Chart

Patient deemed not ICU level by ICU team. ICU team contacts non-ICU service to explain and writes ICU deferral consult note

Patient Deemed ICU Appropriate

No Disagreement; Patient goes to Accepting ICU

Disagreement about which ICU service will take patient lasting more than 1 hour

7am to 6pm

Initially requested ICU must take patient

6p to 7an

Contact Night ICU attending

C4SCC and MICU will discuss final location of patient if there is still disagreement

When Patient is done with critical care they will be sent to a primary medicine or surgical

If disagreement on transferring to SAC/Floor team call CMO or Clinical Staff Affairs on-call

