Distribution	Title: A4- PROGRESIVE CARE UNIT ADMISSION/ DISCHARGE/TRANSFER CRITERIA	No. MS-AD3
A4, ER, ADMITTING DEPT.		Page 1 of 4

Patient Population	Neonate	Pediatric	Adolescent	Adult	√	Geriatric	√

I PURPOSE

To provide guidelines for admission, discharge and transfer of patients to and from the Progressive Care Unit.

Definitions

PCU- Progressive Care Unit- A unit that serves to bridge the gap between ICUs and medical/surgical units, admitting patients that require a high intensity of care and/or a high level of surveillance exceeding the patient care ability of the medical/surgical units, but do not require the sophisticated technologies of ICUs.

II POLICY

- The Progressive Care Unit provides a higher nurse/patient ratio for patients whose clinical status requires more frequent/complex monitoring and interventions.
- Admissions, discharges, and transfers of patients to and from PCU are at the discretion of the patient's Attending Physician upon evaluation and medical order.
- Nurses working in the Progressive Care Unit are provided with specialty education and training and have demonstrated competency to manage the special needs of patients.
- Non PCU/ICU Medical Surgical nurses that have received training based on PCU competencies may be temporarily assigned to PCU.

III RESPONSIBILITY

MD

- Assesses/evaluates the patient and determines the level of care needed.
- Enters electronic orders for patient admission, discharge and transfer in or out of PCU.
- Enters prescription for treatment and implement interventions PRN.
- Documents progress of the patient in EMR.

RN

- Assesses/evaluates the patient and determines the patient's nursing needs.
- Implements interventions based on nursing assessment and MD orders.
- Documents all patient care in the EMR.

IV STANDARD OF CARE

Patients will have ongoing assessment/evaluation of their clinical needs to determine and implement care and treatment that is timely, appropriate and safe.

V STANDARD OF PRACTICE

The Health Care Team will evaluate the patient's progress and implement interventions toward attainment of positive outcomes.

VI EQUIPMENT N/A

VII PROCEDURE

A. Admission Criteria

Hemodynamically stable or unstable patients requiring ventilator support and/or vasopressor, antiarrhythmic, antihypertensive or sedative drips. These patients may include, but are not limited to the following:

Cardiovascular System

- Post cardiac arrest patients that are not candidates for hypothermia protocol.
- Uncontrolled hypertension without evidence of end organ damage requiring antihypertensive drips.
- Postural systolic BP hypotension of $\leq$30 mmHg, requiring vasopressor IV drips.
- Atrial fibrillation or flutter with rapid ventricular response.
- Any dysrhythmia requiring antiarrhythmic drips.
- Syncope accompanied by valvular disease, significant arrhythmias or cardiomyopathy, if required by cardiology evaluation.
- Mild to moderate congestive heart failure without shock.
- Hemodynamically stable myocardial infarction.
- Any hemodynamically stable patient without evidence of myocardial infarction requiring temporary or permanent pacemaker.

Pulmonary System

- Patients with evidence of compromised gas exchange and underlying disease with the potential for worsening respiratory insufficiency who require aggressive pulmonary physiotherapy, CPAP or intubation.
- Ventilator dependent patients for weaning and chronic care.

Neurology System

- Ischemic stroke patient's S/P TPA, or hemorrhagic stroke (refer to P/P on Admission & DC Criteria for Acute Stroke Unit).
- Stable neurosurgical patients who require frequent positioning, pulmonary toilette, or observation. These patients may include:
  - Acute or severe traumatic brain injury
  - Patients who require a lumbar drain for treatment of cerebrospinal fluid leak.
  - Subarachnoid hemorrhage patients post aneurysm-clipping that are not at risk of vasospasm or hydrocephalus.
  - Cervical spinal cord injury patients.
  - Awake and alert patients with ventriculo-peritoneal shunt.
- Patients with chronic but stable neurologic disorders, such as neuromuscular disorders and others, who require frequent nursing interventions.
- Exacerbation of neurologic disorder, if recommended by Neurology.

Drug Ingestion and Drug Overdose

- Any patient requiring frequent neurologic, pulmonary or cardiac monitoring for drug ingestion or overdose who is hemodynamically stable.
- Alcohol withdrawal (impending delirium tremens) requiring high levels of benzodiazepines, drip, or needing airway observation.

Gastrointestinal System

- GI bleeding with minimal orthostatic hypotension responsive to fluid therapy.
- Variceal bleeding without evidence of bright red blood by gastric aspirate and stable vital signs.
- Acute liver failure with stable vital signs.

Endocrine System

- Diabetic ketoacidosis patients requiring constant intravenous infusion of insulin or frequent injections of regular insulin during the early regulation phase.
- Hyperosmolar state with resolution of coma.
- Thyrotoxicosis, hypothyroid state requiring frequent monitoring.

Immune and Hematology Systems

- Patients with severe sepsis requiring CVP monitoring.
- Generalized allergic reaction with concern for pending intubation (airway obstruction, generalized urticaria or hives).
- Suspected TB with respiratory compromise and/or massive hemoptysis.
- Bleeding disorders or high risk for bleeding (others than GI & neuro), that have been evaluated by the specialty Attending.

B. Discharge or Transfer Criteria

1. The decision to transfer the patient from the Progressive Care Unit to a "regular" or "telemetry" bed is the responsibility of the Attending Physician or the Resident on duty with concurrence of an Attending.
2. Any patient discharge or transfer to a lower or higher level of care requires a documented physician order.
3. Patients will be discharged from the PCU when, upon assessment of all the parameters, they meet the following criteria:
   - Further cardiac monitoring, acute ventilatory support and close observation of vital signs are no longer needed.
   - No longer require intubation with respiratory stability for 24 hours.
   - No longer requiring vasopressor, antiarrhythmic, insulin or antihypertensive IV drips.
   - Arrhythmias have been controlled or resolved for the last 12 hours.
   - No signs of increased intracranial pressure for the last 12 hours
   - Vital Signs stable for the last 8 hours

- Blood gas/oxygen saturation is within acceptable ranges within the last 12 hours.
- No bleeding for the last 6 hours
- Seizures controlled for the last 12 hours
- Hematology values stable for the last 24 hours
- Chemistry values within acceptable ranges
- Acute MI ruled out
- End Stage Disease

4. The Attending Physician or Resident on duty with concurrence of an Attending will refer patients requiring a higher level of care to the Attending of an Intensive Care Unit or Coronary Care Unit to evaluate for admission.
5. Discharges to home may be made directly from the Progressive Care Unit's bed if the patient is clinically ready for discharge.

VIII REFERENCES

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American Nurses Association. (2019). *Nursing standards.* Retrieved from: http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards.aspx

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IX CONCURRENCES

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