SURGICAL TRAUMA ICU POLICY & PROCEDURE

Distribution Title: STICU Downgrade Criteria No. MS-B2-D2

B2- Admitting

Patient Population - Neonate Pediatric Adolescent Adult Geriatric

I – PURPOSE

To establish protocol for downgrading patients from the Surgical/Trauma Intensive Care Unit (STICU)

II- POLICY

All patients must be downgraded using this protocol

. Patients will be downgraded from STICU when their need for intensive care is resolved e.g. physical examination, cardiac and pulmonary monitoring and laboratory studies indicate clinical stability.

. Decision to transfer will be made by STICU Attending/Fellow in discussion with primary team. Ongoing need for ICU care is to be documented in daily progress notes.

. In the event of need for SICU care, most stable patients will be downgraded. If no hospital floor/SDU beds are available, patient will be transferred to PACU under care of the primary team.

. All patients under the age of 18 will be transferred to Pediatrics unless under custody of Department of Correction or NYPD (accompanied by the officers). Such patients will be transferred to Medical-Surgical Units.

. During daily ICU rounds, patients deemed stable for transfer will be identified by SICU team and primary team will be notified about stability for downgrade.

<u>Basic Downgrade Criteria/Indications to be considered include</u>

a. Cardiac

. Hemodynamically stable for last 24 hours

Heart Rate	45 – 110 / min
Respiratory Rate	10-24 / min
Systolic BP	80 – 180 mm of Hg

. Acute MI ruled out or stabilized

. No significant arrhythmias in last 24 hours

. No ischemic EKG changes over last 24 hours

. Blood gases/ O2 saturations within acceptable ranges in last 24 hours

. Clinical resolution of ongoing bleeding with stable hematology values

b. Non- cardiac

. Neurologically stable over last 24 hours

. Seizures controlled/ unchanged seizure pattern over last 24 hours

. Temperature > 96 F (35.5 C) in Hypothermia patients
Temperature < 104 F (40.0 C) in hyperthermia patients

. Ventilator dependent patients with stable (PEEP & FiO2) requirements and blood gasses / O2 Sat Improvement / unchanged over last 24 hours

. Optimally controlled / manageable Analgesia

. Infection (signs, symptoms, labs) improving

. 12 hours of stability after removal of ventilator without stridor or pulmonary difficulties

. Intracranial monitor or drain (EVD, ICP monitor, epidural or subdural drains) discontinued prior to Downgrading.

. Unstable Cervical or Thoracic spine injury patients should be monitored in SICU for 2:1 nursing and q1h VS/Neuro checks, but SDU is acceptable if there are no STICU beds. Prior to transfer to SDU, neuro monitoring frequency of every 2 hours is to be ensured for patients with high risk of Neurological compromise.

In the event of need for critically ill patients requiring STICU admission, the above criteria may be modified by STICU Director or designee to prioritize transfers out of STICU.

III – RESPONSIBILITY

STICU Attending is responsible to assess and determine when patient meets the criteria for downgrade.

All transfer plans will be discussed between Primary Teams and STICU team.

IV- STANDARD OF CARE PRACTICE

Patient is expected to receive appropriate, timely, safe care and essential information based on assessment of their needs.

V- STANDARD OF PRACTICE

The staff will evaluate the patient's progress towards attainment of outcomes

VI- EQUIPMENT - N/A for transfer to Medical –Surgical Floors. Patients transferred from STICU to SDU are to be placed on cardiac monitor and accompanied by the primary team.

VII- PROCEDURE –

1) STICU team identifies patients appropriate for downgrade.
2) Primary team and STICU discuss the decision to transfer and appropriate level of care (floor vs SDU)
3) Bed board is notified about decision to transfer the patient out of STICU to Primary team and level of care.
4) As the bed becomes available and patient is ready for transfer, STICU team will notify the Primary team for Handoff.
5) Primary team is responsible to accompany the patient at the time of transfer out of STICU to SDU
6) Pediatrics Service will be notified about transfer of patients younger than 18 years.
7) For MICU overflow patients deemed suitable for transfer out of STICU, Medicine Teaching Resident (TR) will be notified to assist/assign appropriate level of care. TR will notify the bed board and transfer order will be placed by STICU. Medicine team assigned to the patient will be notified by STICU at the time of transfer of patient for Handoff. Medicine Primary team will accompany the patient at the time of transfer from STICU to SDU.
8) For any STICU patients requiring transfer of care from primary services to Medicine service, Medicine TR must be consulted with question of possible transfer included in written consult request. Medicine Consult team will make the decision about transfer of service. The decision will be documented and a call to STICU and bed board will be made by TR if transfer is to occur.
9) If further discussion is desired in case of a decision about transfer of service, Primary Team Attending will contact the Medicine Consult Attending.
10) At the time of patient leaving the STICU, additional handoff to the accepting team is to be provided.
11) Any change in status of patient should be discussed between STICU and Primary Team prior to proceeding with transfer.
12) Primary team writes the appropriate orders upon patient arriving on the floor/ SDU after transfer out of the STICU
13) Patient's families are notified of the transfer of the patient in a timely manner.

14) RNs transferring the patient follows the Nursing Policy and Procedure on Transfer within the Hospital
15) The nurse assigned to the downgraded patient will ensure readiness of the room in a timely manner for next admission.
16) Stroke and Non-traumatic ICH patients are initially admitted to STICU under Neuro-Surgical service. On transfer out of STICU, Neurology Service is the primary team unless determined otherwise by Neurosurgical Service. STICU team will notify the Neurology team about order to transfer the patient and hand off at the time of transfer out of STICU. In case of need for assistance with medical management, Neurology Service will consult Medicine Teaching Resident prior to transfer out of STICU.

VIII – REFERENCE

The Joint Commission (2020) Hospital Accreditation Standards.

Oakbrook Terrance, IL

. Provision of Care, Treatment and Service – PC 01.02.01, 01.02.03, 04.0101, 04.01.03

InterQual Intensity of Service Guide for Acute Care Adult, 2000

IX. CONCURRENCE

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