Originator: Emergency Department	Function: Provision of Care (PC), Leadership (LD)	Index No. ADM 56
SUBJECT: PATIENT FLOW – EMERGENCY DEPARTMENT/ ICU ADMISSION FLOW GUIDELINES		
Status: ☐ New ☒ Revised	**Date Issued: 6/10** **Date Revised: 6/12, 10/19, 5/22** **Date Reviewed: 7/13, 7/15, 7/18**	

I. PURPOSE:

To provide guidelines to expedite the admission of critically ill patients from the Emergency Department (ED) to the Coronary Care Unit (CCU), Medical Intensive Care Unit (MICU), or Surgical Trauma Intensive Care Unit (STICU).

II. POLICY:

A. The Emergency Medicine attending will determine that the patient requires admission to an ICU bed. If the critical care service does not agree with the need for admission a note will be placed by the service (cardiology service cannot put in a full consult overnight as the attending may not be present, however, the note will reflect the clinical decision making as to why the patient does not need a CCU bed including results of POCUS if performed. A full consult note is to be performed the following day. In the case MICU feels that patient does not need MICU admission, a consult note should be written with working diagnosis, and recommendations. If the ED attending does not agree with the plan, the critical care attending and ED attending will discuss and determine the disposition of the patient.

B. Patients will be admitted to the units according to admission criteria and bed placement will be according to the following:

- **Critically Ill Medical Patients**

  Critically Ill medical patients will be admitted to unit beds in the following order:

  1. Admit to a MICU bed. A physician must accompany these patients during transport to the MICU unless otherwise arranged. The resident responsible for transporting the patient will be determined based on a conversation between the ED and the designated critical care area.
  2. Admit to MICU if a patient is scheduled to leave within the next three

hours

3. If a MICU bed cannot be available in the next three hours and a CCU bed other than the STEMI bed is available, the CCU will accept the most stable MICU patient. The process for the MICU/CCU swap is delineated below in item four.
4. The CCU will accept a stabilized MICU patient that has been evaluated by a MICU attending/fellow to make room for a new MICU patient in the MICU. This is preferred over the CCU accepting a new MICU patient directly from the Emergency Department.
5. Pulmonary/Critical care service will follow these critical care patients in the CCU as consultants as needed.
6. There are cases that bridge the expertise between MICU and CCU – these admissions will be determined by the ED attending in conversation with fellows and/or attendings of each service. (This final process should take no longer than one hour.)
7. Under extraordinary circumstances (no available MICU/CCU beds and a large volume of critically ill patients in the ED) there can be a consideration for placing the patient in an available STICU bed.
8. If the patient is admitted to an open STICU bed he/she will be followed by the STICU team. The patient does not need to be assigned to any team/service other than the STICU
9. Admit to STICU if a patient is scheduled to leave within the next three hours and no additional patient in the OR is awaiting the empty bed.
10. If a STICU bed cannot be available in the next three hours then STICU will not be the admitting ICU.

11. If no MICU/CCU/STICU bed is available then the patient will need to be admitted to the MICU and remain in the ED. If the patient is able to be stabilized, a downgrade to an A4 bed should be considered with the critical care team as consultants (to be called by the A4 team).

- **Critically Ill Cardiac Patient**
  1. The Cardiology Service will evaluate the CCU consult. If a patient is not deemed to be a CCU candidate, a note documenting the clinical rationale, working diagnosis, recommendations should be written with a full cardiology consult performed the following day. The admission would have already been discussed between the Cardiology fellow and/ or the CCU attending or STEMI attending on call. If after this discussion, the Cardiology service and the ED cannot come to an understanding, then the Director of Cardiology or the CCU director would discuss the final disposition with the ED director or designee.

2. Critically ill cardiac patients will be admitted to CCU unit beds in the following order:
   A. Admit to the CCU bed other than the STEMI bed
   ~~B.~~ There is one bed that is to be reserved in the CCU for STEMI patients. This one bed is primarily intended for critically ill cardiology patients. However, when the Emergency Department director or designee feels the number of patients in the critical care area of the emergency department has outstripped their ability to care for the patients due to acuity and volume without going to contingency or crisis standards of care, a discussion with the CCU director or designee and the ED director or designee will occur within 30 minutes to determine risk vs benefit of using the CCU bed for a non-cardiac critically ill patient and any alternate solutions to using the bed.
   C. If CCU has 8 patients, an attempt will be made to identify and downgrade non-critical patients to A7-SD or the medicine floor.
   D. If the STEMI bed is being cleaned, all other CCU beds can be used for CCU admits.
   E. If no CCU bed is available and a downgrade is not possible then a transfer of a current stabilized CCU patient already evaluated by the CCU attending to the MICU may occur if one is available (discussion with MICU needs to take place). Cardiology consult service will follow these patients as consultants in the MICU.

- **Critically Ill Surgical & Trauma Patients**

RED TRAUMA STICU ADMISSION

1) **ED ATTENDING, TRAUMA ATTENDING** and **STICU ATTENDING/FELLOW** JOINTLY DECIDE LEVEL OF CARE

2) **ED RESIDENT** PLACES ADMISSION ORDER TO **SURGERY SERVICE / STICU**

3) **ED ATTENDING** PROVIDES HANDOFF TO **STICU ATTENDING / FELLOW**

4) **ED RN** CALLS REPORT TO **STICU RN** WHEN BED IS LISTED AS READY

5) PT TRANSPORTED TO STICU BY MEMBERS OF THE **SURGERY TEAM**

NOTES

1. **ED ATTENDING** NEEDS TO SPEAK WITH **STICU ATTENDING / FELLOW**
2. STICU RN **NEEDS TO** TAKE REPORT WITHIN **10 MIN** OF FIRST CALL EXCEPT:
   A. DURING STICU EMERGENCIES
   B. CHANGE OF TOUR (0700 – 0730; 1900 – 1930)
3. ANY STICU RN CAN TAKE REPORT FOR THE PATIENT
4. THERE IS NO MAINTAINING AN EMPTY STICU BED AS A "TRAUMA BED"
5. VENTILATOR SHOULD BE READILY AVAILABLE IN STICU AT ALL TIMES
6. STICU ADMISSIONS SHOULD **NOT** GO FROM CT STRAIGHT TO STICU (EXCEPT IN CASE OF FOLLOW-UP CT STUDIES)
7. THE **ED TEAM** SHOULD PLACE ADMIT ORDER TO THE STICU FOR PATIENTS WHO GO FROM ED TO OR
8. ALLOW 15 MIN AFTER REPORT GIVEN TO TRANSPORT PATIENT
9. ONCE ALL STICU BEDS HAVE BEEN FILLED THE **STICU ATTENDING/FELLOW** WILL IDENTIFY A PATIENT WHO CAN BE TRANSFERRED OUT NEXT TO OPEN A BED

NON-RED TRAUMA STICU ADMISSION

1) **ED TEAM** DETERMINES ADMITTING SERVICE AFTER CONSULTATION*

2) **ED ATTENDING** AND **ADMITTING TEAM** DETERMINE NEED FOR MONITORED BED (STICU VS STEPDOWN)

3) **ED ATTENDING** DISCUSSES ADMISSION WITH **STICU ATTENDING / FELLOW**

3A) IF **STICU TEAM** AGREES WITH DESIRED LEVEL OF CARE, **ED TEAM** PLACES ADMISSION ORDER

3B) IF **STICU ATTENDING / FELLOW** DOES NOT AGREE THEY WILL COME TO PERSONALLY EVALUATE PT**

3C) IF PERSISTENT DISAGREEMENT AFTER CONSULT, CALL DIRECTORS OF **TRAUMA, SURGERY AND EMERGENCY MEDICINE**

4) **ED RN** CALLS REPORT TO **STICU RN** WHEN BED IS LISTED AS READY

5) PT TRANSPORTED TO STICU / STEPDOWN BY MEMBERS OF THE **ADMITTING TEAM**

NOTES

1*) **ISOLATED HIP FRACTURES** *MAY* GO TO STEPDOWN / ORTHO SERVICE **OR** STICU / SURGERY SERVICE DEPENDING ON ACUITY
2) **NON-TRAUMA** STICU ADMISSIONS GO TO SUBSPECIALTY SERVICE
3) **GREEN / YELLOW TRAUMAS** ADMITTED TO **STICU** GO TO SURGERY SERVICE
4) **GREEN / YELLOW TRAUMAS** ADMITTED TO **STEPDOWN** *MAY* GO TO SUBSPECIALTY SERVICE

** IN CASES OF DISAGREEMENT STICU ATTENDING/ FELLOW HAS **30 MIN** TO SEE PT AND **1 HR** TO DISCUSS RECCOMENDATIONS WITH ED ATTENDING

1. STICU RN **NEEDS TO** TAKE REPORT WITHIN **10 MIN** OF FIRST CALL EXCEPT:
   A. DURING STICU EMERGENCIES
   B. CHANGE OF TOUR (0700 – 0730; 1900 – 1930)
2. ANY STICU RN CAN TAKE REPORT FOR THE PATIENT
3. ONCE ALL STICU BEDS HAVE BEEN FILLED THE **STICU ATTENDING** WILL IDENTIFY A PATIENT WHO CAN BE TRANSFERRED OUT NEXT TO OPEN A BED

Disagreement regarding Disposition

1. If there is disagreement regarding the need for ICU admission between the ICU fellow and the ED attending, the ICU fellow will contact the ICU attending and have him or her call the ED attending (see

timeframes below).

2. If there is continued disagreement between the ICU attending and the ED attending, then the patient will be admitted to the ICU service (as per the Rules and Regulations of the Medical Staff Section I-G-4). The ICU attending may transfer the patient to another service or bed type at their discretion provided that:
   A. Either the ICU fellow or attending has seen and clinically assessed the patient
   B. A note is written in the chart documenting this assessment and the reasons why the patient does not need intensive care.
   C. The ICU attending or fellow arranges with bed board and with the assistance of the ADN will evaluate for an alternative location for the patient. If no beds are available in the new unit, the ICU attending should strongly consider taking the patient to the ICU until beds open to optimize hospital flow and patient care.
3. A multidisciplinary critical care discussion should occur if the care of the patient involves multiple critical care disciplines on an as needed basis for disposition.

III. TIME FRAMES:

ICU representative should evaluate the patient at the bedside within 30 minutes of being consulted by the Emergency Department for admission.

III. PROCEDURE:

A. Emergency Department provider will enter the order to notify Central Bed Listing of the admission and ICU assignment

B. Central Bed Listing will assign the bed

IV. REFERENCES:

TJC Hospital Accreditation Standards

V. ATTACHMENTS:

A. ICU Admission Flow

B. Time Courses for ICU Admission

VI. CONTROLS:

This policy will be reviewed by the Emergency Medicine department every two years with the concurrence of Administration, Emergency Medicine, Cardiology, Pulmonary, Medicine, Nursing, and Surgery.

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ADMINISTRATIVE POLICY AND PROCEDURE MANUAL

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INDEX NO.: ADM 56

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