

**SARASOTA MEMORIAL HOSPITAL  
STANDARDS OF CARE  
STANDARDS OF PRACTICE**

**UNIT:** INTENSIVE CARE UNIT -  
ICU

**STANDARD #:** 126.248

**EFFECTIVE DATE:** 3/88

**REVISED DATE:** 11/06, 9/08

**STANDARD TYPE:**  DEPARTMENTAL  INTERDEPARTMENTAL  
 DEPARTMENTS PROVIDING NURSING CARE

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**INTENSIVE CARE UNIT-ICU STANDARD I - SAFETY**

**The patient can expect that a safe environment will be provided free from untoward events.**

1. Each patient will have a name band on and the patient will be positively identified as per SMH Policy (01.PAT.09) Patient Identification: Inpatient/Outpatient.
2. The patient will be protected from infection and cross contamination according to Infection Control policies.
  - 2.1. The staff will also follow Infection Control policies when caring for central and peripheral IVs.
  - 2.2 Central Line Carts will be used for all line insertions.
  - 2.3 Ventilator patients will have head of bed 30° unless contraindicated.
3. As the patient's condition or nursing interventions warrant, the bed will be kept in the low position with the wheels locked and all side rails in the up position and call light within reach of patient.
  - 3.1. Bed position will be maintained at a level to facilitate nursing care.
  - 3.2. Seizure pads will be provided as necessary.
  - 3.3 All patients will be classified as moderate or high risk to fall.
4. The Nursing staff will provide for the patient's safety while using electrical equipment.
5. An allergy label will be placed on the front of each patient's chart with "Allergies" or "No Known Allergies" listed as appropriate.
  - 5.1. "Allergies" or "No Known Allergies" will be entered into the patient's electronic medical record (SCM) during the admission process and updated as appropriate.
6. If restraints are necessary for the patient's safety, they will be applied according to hospital policy and documented in the EMR.
7. Defibrillators, crash carts, and Respiratory STAT boxes will be checked according to Nursing Department Policy #126.185, "Maintenance of Emergency Equipment."
  - 7.1. Drugs and equipment for ICU will be procured as per Nursing Department Policy #126.425. In the event that essential equipment breaks down, the staff will follow Nursing Policy #126.210, "Essential Equipment Breakdown."

A minimum of one suction apparatus, canister and tubing, resuscitation bag, oral airway, mask, and O<sup>2</sup> tubing will be available in each room.

8. Safety measures will be utilized by all personnel during transport.
  - 8.1. In the event of an internal disaster, the ICU staff will evacuate patients as per Safety Plans. When transferring patients out of ICU, the patient will be prepared for transfer by observing Nursing Department Policy #126.442.
  - 8.2. Patients will be transferred for procedures utilizing the same level of monitoring utilized at bedside.
9. AccuChek Inform meters will be tested daily for quality control according to Nursing procedure.
10. Medications will be administered per Nursing policies and procedures.
  - 10.1. Patients receiving parenteral vasoactive medications will be cared for as per policies. If an alpha-adrenergic agent infiltrates, the nurse will administer subcutaneous regitine as per Nursing procedure car08.
  - 10.2. All intravenous infusion medications will be verified upon each assessment for correct patient, route, drug, concentration and compatibility.
11. All patients will be placed on a cardiac monitor and pulse oximetry. Alarms for bed alarms, cardiac monitors, invasive monitoring systems and, when ordered, apnea monitoring devices will be applied utilizing individualized alarm parameters. Volume for alarms will be no lower than the default setting. Alarms parameters will be verified by oncoming and off-going staff at beginning of each shift and documented.
12. An alarm system is available at each bedside to alert personnel in the event of an emergency situation.

### **INTENSIVE CARE UNIT-ICU STANDARD II - NURSING CARE**

**The patient will receive nursing care based on an assessment of the patient's needs by the registered nurse.**

1. Patients will be admitted to patient care areas according to their physical and psychosocial needs, unit admission criteria, and bed availability. See 126.401 - ICU Admission Criteria.
2. The patient and/or family will be oriented to the room, department, and to their assigned nurse upon arrival. A patient/family book will be provided on admission.
3. Admission assessment and reassessments will be completed as stated in Corporate Policy (00.PAT.66) Patient Assessment/Reassessments.
  - 3.1. All patients will be placed on a cardiac monitor and continuous pulse oximetry and have bed alarms on.
4. The Clinical Manager /communicator will make patient assignments according to Nursing Department Policy #126.052.

- 4.1. Each patient will be provided nursing care by a registered nurse.
5. Treatments, medications, and IV's ordered by the physician will be instituted according to Nursing procedures and policies.
  - 5.1. Patients with hemodynamic monitoring systems such as arterial lines and pulmonary artery catheters will be cared for as per Nursing Procedures crc14, crc15, and crc16. Patients with ICP monitoring will be cared for according to Procedure crc10. Patient with temporary pacemakers will be cared for according to Nursing Procedure car09. Patients with epicardial pacing wires will be cared for and grounded following Procedures car01 and car02.
6. Vital signs will be completed as per Corporate Policy 00.PAT.66, unit routine, physician order, or as patient condition warrants.
  - 6.1. Vital signs, including pulse, BP, respirations, and urinary output will be obtained and recorded at least every 2 hours unless otherwise ordered. Patients awaiting transfer to a lesser acuity unit may have vitals obtained every 4 hours.
  - 6.2. Neuro assessment will be obtained and recorded at least every 2 hours unless otherwise ordered.
  - 6.3. Intracranial Pressure (ICP) and Cerebral Perfusion Pressure (CPP) will be obtained and recorded hourly unless otherwise ordered.
7. Identified patient needs and subsequent nursing interventions will be evaluated and documented in the Integrated Notes.
8. Patients will be weighed on admission and daily.
9. Neuro patients HOB will be elevated at least 30° or flat as ordered by MD.

### **INTENSIVE CARE UNIT-ICU STANDARD III - PLAN OF CARE**

**The patient and/or significant other will be given the opportunity to participate in the planning of their care.**

1. An interdisciplinary plan of care will be initiated on admission and coordinated by the RN that identifies nursing interventions needed to achieve expected outcomes.
2. The interdisciplinary plan is individualized to the patient's conditions or needs as identified.
3. The plan is developed in collaboration with other health care providers and the patient/significant others as appropriate.
4. The plan will be reviewed every 12 hours to reassess patient needs and achieved outcomes.
5. Individualized patient care needs are addressed in the nursing care plan. Generic standards of care per diagnosis are available through evidence-based references such as Lippincott Manual of Nursing Practice, American Nurse's Association, and the American Association of Critical Care Nurses.

**INTENSIVE CARE UNIT-ICU STANDARD IV - EDUCATION**

**The patient and/or significant other will receive education that will enhance their knowledge, skills, and behaviors related to their healthcare needs.**

1. Patient/significant other teaching will begin during the admission process and will be ongoing. Documentation will include the teaching plan and patient/significant other response.
  - 1.1. The patient's family/significant other will receive a copy of the "Critical Care Family Booklet."
2. Discharge planning will begin during the admission process and continue throughout hospitalization.
3. Written discharge instructions will be provided prior to discharge as per hospital policy.

**INTENSIVE CARE UNIT-ICU STANDARD V - CONTINUUM OF CARE**

**The patient will receive care based on the collaborative efforts of Nursing and other health professionals to achieve a continuum of patient care across all settings.**

1. Nursing staff will seek input from the patient and/or significant other and other health care professionals to plan and implement care.
2. Nursing staff will communicate pertinent information needed to provide continuity of patient care.
3. The nurse will utilize available resources to facilitate an optimal transition between health care settings.

**INTENSIVE CARE UNIT-ICU STANDARD VI - SATISFACTION**

**The patient and/or significant other will receive the opportunity to communicate their responses to the hospital, illness, or care provided.**

1. The Nursing staff will encourage input from the patient/significant other regarding their care.
2. The patient and/or significant other will be encouraged to complete the patient satisfaction questionnaire.
3. The nurse will serve as the patient's advocate when problems and/or complaints arise.

**INTENSIVE CARE UNIT-ICU STANDARD VII - COMFORT/PAIN MANAGEMENT**

**The patient will have his/her comfort and pain needs effectively managed.**

1. All patients will be provided with an environment conducive to rest/recovery.
2. The patient will have his/her needs for personal hygiene met appropriate to his/her condition.
3. Patient's comfort level will be assessed and comfort measures/pain management will be provided to meet patient needs.

**INTENSIVE CARE UNIT-ICU STANDARD VIII - PATIENT RIGHTS/INFORMED CARE**

**The patient will be provided with the information necessary to participate in decisions about his/her nursing care.**

1. The nurse will assess the patient's level of understanding and explain nursing treatments/procedures, allowing time for questions.
2. Consent for procedure and patient understanding will be verified prior to implementation. If further explanation is required, appropriate resources will be utilized.
3. Additional information regarding advance directives will be provided as requested by patient/significant other.
4. The nurse will respect the patient's right to refuse treatment or procedure and will notify physician.

**INTENSIVE CARE UNIT-ICU STANDARD IX - CONFIDENTIALITY**

**The patient can expect that confidentiality of information regarding his/her care will be maintained.**

1. The patient can expect that the Nursing staff will maintain confidentiality of information regarding his/her care according to hospital policy.
2. Authorized personnel caring for the patient will have access to the medical record.
3. Standards set by the Customer Service Program will be maintained.

**INTENSIVE CARE UNIT-ICU STANDARD X - CULTURAL/SPIRITUAL VALUES**

**The patient will receive considerate and respectful care as demonstrated through our Customer Service Program consistent with his/her cultural and spiritual values.**

1. Patient's spiritual and cultural beliefs will be considered when planning and implementing care.

2. Patient and family interactions will be conducted in a caring, courteous, professional, and empathetic manner.
3. Available resources will be utilized to maximize patient/significant other support as needs are identified.

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**APPROVALS:**

Signatures indicate approval of the new or reviewed/revised policy. Date

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