SARASOTA MEMORIAL HOSPITAL
NURSING DEPARTMENT POLICY

TITLE: ADMISSION/DISCHARGE CRITERIA-MEDICAL/SURGICAL/NEURO INTENSIVE CARE UNIT

POLICY #: 126.401 (special care)
EFFECTIVE DATE: 4/78
REVISED DATE: 10/03, 10/06
POLICY TYPE: ☒ DEPARTMENTAL ☐ INTERDEPARTMENTAL ☐ DEPARTMENTS PROVIDING NURSING CARE
PAGE: 1 of 6

Job Title of Reviewer: Director, ICU

PURPOSE:

To determine criteria and priorities for the admission and discharge of patients to and from the Medical/Surgical/Neuro Intensive Care Unit (ICU).

POLICY STATEMENT:

The following criteria will be used by the medical and nursing staff in making decisions regarding the admission and/or discharge of patients to and from the Medical/Surgical/Neuro ICU.

EXCEPTIONS:

Laterally transferred patients do not need to meet discharge criteria before leaving the ICU.

Pediatric patients less than 15 years of age (unless too critical to transfer to another facility).

ADMISSION CRITERIA:

1. Seriously or critically ill/injured patients will be admitted to the Intensive Care Unit according to the established criteria and bed availability. All ICU patients will receive a consult by a critical care physician or appropriate subspecialty as outlined in policy 01.MD.40 Requirements for Consultation in Special Care Units. In the event a very critical patient needs to be admitted to the ICU and all beds are occupied, an attempt will be made to transfer the most stable patient in that unit. The attending physician in collaboration with the clinical coordinator or director will make decisions. If resolution cannot be reached, the ICU physician director will have the responsibility for making the decision. Critically ill patients may be admitted to other appropriate special care units with an available bed.

2. Patients will continue to be cared for in the ICU until the physical assessment, acuity level, and physiological monitoring no longer indicate a need for intensive care intervention. Patients will also be transferred from the ICU when the patient/family, in collaboration with the primary physician, choose a less intensive level of care (e.g., Care and Comfort Measures only.)

3. Patients who have received general anesthesia will be admitted after being recovered in PACU. Only exceptions are those patients already in ICU who go to surgery for a tracheotomy or a pacemaker that doesn't require general anesthesia.

ADMISSION

CRITERIA: (cont'd)

4. Patients who are a DNR (DO NOT RESUSCITATE) status and who do NOT meet admission criteria are not appropriate candidates for ICU.

5. The criteria for patient admission and discharge may include, but not be limited to, the following:

DIAGNOSIS	ADMISSION CRITERIA	DISCHARGE CRITERIA
Hemodynamically unstable	1. Frequent adjustments of inotropic/vasoactive infusions. 2. Large volume resuscitation. 3. PA catheter present. 4. Unstable BP; labile BP, SBP, <90, DBP >120.	1. Inotropic/vasoactive agents have been weaned off, or to, a nontitrated dose. 2. Volume status stable. 3. PA catheter absent. 4. SBP >90, DBP <120 or parameters set by physician.
Congestive Heart Failure/ Pulmonary Edema	1. PA catheter present. 2. Acute respiratory distress with hypoxia: respiratory rate >30 or <6/min. 3. Require mechanical ventilation or aggressive non-invasive ventilation. 4. Abnormal Sp02/ABG: SPO2 <92%, PO2 ≤60 torr, PCO2 ≥50, pH <7.30 or >7.50. 5. Ventricular dysrhythmias: heart blocks, sustained atrial tachycardias. 6. Unstable BP: SBP <90, DBP >120. 7. Frequent adjustment of inotropic/vasoactive agents.	1. PA catheter absent. 2. Absence of signs and symptoms of hypoxia. 3. Mechanical ventilation absent or discharged to sub-acute setting. 4. SpO2 >92% or ABG within physician ordered parameters. 5. Stabilization of rhythm. 6. Stable BP: SBP >90, DBP <120. 7. Inotropic/vasoactive agents have been weaned off, or to, a non-titrated dose.
Post Cardiac Arrest	1. PA catheter present. 2. Ventricular dysrhythmias or unstable dysrhythmias (heart blocks, sustained atrial tachycardias). 3. Frequent adjustments of inotropic/vasoactive agents, or antiarrhythmic infusions. 4. Unstable BP: SBP <90, DBP >120.	1. PA catheter absent. 2. Rhythm stabilized with minimal antiarrhythmic agents. Temporary or permanent pacemaker present and functioning properly. 3. Inotropic/vasoactive agents have been weaned off, or to, a non-titrated dose. 4. Stable BP: SBP >90, DBP <120.

DIAGNOSIS	ADMISSION CRITERIA	DISCHARGE CRITERIA

Respiratory failure/arrest	1. Acute respiratory distress or failure: RR >30 or <6/min. 2. Require mechanical ventilation. 3. Abnormal SpO2/ABG: SpO2 <92%, PO2 ≤60 torr, PCO2 ≥50, pH <7.30 or >7.50.	1. Absence of signs and symptoms of hypoxia or hypoventilation. 2. Mechanical ventilation absent or discharged to sub-acute setting. 3. SpO2 >92% or ABG within physician ordered parameters. 4. Patients requiring continued airway management via endotracheal tube, requiring suctioning no more than q4 hours and have a DNR order.
Pulmonary embolus	1. Acute respiratory distress or failure: RR >30 or <6/min. 2. Require mechanical ventilation. 3. Abnormal SpO2/ABG: SpO2 <92%, PO2 ≤60 torr, PCO2 ≥50, pH <7.30 or >7.50.	1. Absence of signs and symptoms of hypoxia or hypoventilation. 2. Mechanical ventilation absent or discharged to sub-acute setting. 3. Normal ABG/SpO2 for this patient. SpO2 >92% or ABG within physician ordered parameters.
Cardiogenic Shock	1. Acute unstable hemodynamics. 2. PA catheter present. 3. Ventricular dysrhythmias or unstable dysrhythmias. 4. Frequent adjustments of inotropic/vasoactive agents. 5. Unstable BP: SBP <90, DBP >120.	1. Stable hemodynamics. 2. PA catheter absent. 3. Rhythm stabilized with or without minimal intravenous antiarrhythmics. 4. Inotropic/vasoactive agents have been weaned off, or to, a non-titrated dose. 5. Stable BP: SBP >90, DBP <120.

DIAGNOSIS	ADMISSION CRITERIA	DISCHARGE CRITERIA

Septic Shock	1. Febrile with positive blood cultures. 2. Acute respiratory distress or failure: RR >30 or <6/min. 3. Require mechanical ventilation. 4. Abnormal SpO2/ABG: SpO2 <92%, PO2 ≤60 torr, PCO2 ≥50, pH <7.30 or >7.50. 5. Unstable BP: SBP <90, DBP >120.	1. Negative blood cultures, afebrile. 2. Absence of signs and symptoms of hypoxia or hypoventilation. 3. Mechanical ventilation absent or discharged to sub-acute setting. 4. Normal ABG/SpO2 for this patient. SpO2 >92% or ABG within physician ordered parameters. 5. Stable BP: SBP >90, DBP <120.
Subarachnoid Hemorrhage	1. Hemorrhage suspected or noted by CT scan, MRI, or lumbar puncture. 2. Alterations in consciousness: increasing restlessness, confusion, irritability, and disorientation, increasing drowsiness, lethargy. 3. Increasing BP with a widening pulse pressure. 4. Irregular respiratory patterns. 5. Seizures. 6. Unstable neuro assessment: pupil changes, hemisensory changes, hemiparesis, or hemiplegia. 7. Clinical evidence of cerebral vasospasm. 8. Intracranial pressure monitoring.	1. Hemorrhage ruled out or therapy completed. 2. No alteration in consciousness or stabilization in level of consciousness. 3. Stable BP: SBP >90, DBP <120. 4. Stable respiratory pattern. 5. No seizure activity. 6. Stable neuro assessment. 7. No clinical evidence of cerebral vasospasm. 8. No further requirement of intracranial pressure monitoring.

DIAGNOSIS	ADMISSION CRITERIA	DISCHARGE CRITERIA

Acute Neurological Deficit	1. Alterations in consciousness: increasing restlessness, confusion, irritability, disorientation, increasing drowsiness, lethargy. 2. Increasing BP with a widening pulse pressure. 3. Irregular respiratory patterns. 4. Seizures. 5. Unstable neuro assessment: pupil changes, hemisensory changes, hemiparesis or hemiplegia. 6. Clinical evidence of cerebral vasospasm. 7. Intracranial pressure monitoring.	1. No alteration in consciousness or stabilized level of consciousness. 2. Stable BP: SBP >90, DBP <120. 3. Stable respiratory pattern. 4. No seizure activity. 5. Stable neuro assessment. 6. No clinical evidence of cerebral vasospasm. 7. No further requirement of intracranial pressure monitoring.
Other non-specified Serious Condition	1. Requiring invasive monitoring. 2. Requiring close monitoring of cardiac, respiratory, metabolic or neurological status. 3. Requiring specialized skills of the critical care nurse.	1. When patient is not in need of critical care services. 2. Patients requiring continued airway management via endotracheal tube, requiring suctioning no more than every 4 hours and have a DNR order.

MEDICAL SUPERVISION: The physician director for ICU will be selected and serve as Chair of the Special Care Committee.

DEFINITION(S): None

RESPONSIBILITY:

1. It will be the responsibility of the ICU physician director to keep the medical staff informed of this policy and to ensure compliance.
2. It will be the responsibility of the ICU Patient Care Director to inform the staff of this policy and ensure compliance.

REFERENCE(S):

Joint Commission on Accreditation of Healthcare Organizations. (2006). Accreditation manual for hospitals. (PE.1) Oakbrook Terrace, IL: Author.

SMH Policy. (2006). Requirements for Consultations in Special Care Units (01.MD.40). SMH: Author.

REVIEWING AUTHOR(S): Ryan Hentges, RN, BSN, CCRN, Clinical Practice Specialist

ATTACHMENT(S): None

APPROVALS:

Signatures indicate approval of the new or reviewed/revised department policy	**Date**
Signature: **Title:** Sue Shkrab, Director, ICU	
Signature: **Title:**	
Signature: **Title:**	
Signature: **Title:**	
Committee/Sections (*if applicable*):	
Nursing Standards & Practice Council	10/5/06
Vice President/Administrative Director (*if applicable*): **Signature:**	
Signature: **Title:** Jan Mauck, Vice President, Chief Nursing Officer	