

**HACKETTSTOWN REGIONAL MEDICAL CENTER
MEDICAL STAFF POLICY MANUAL**

ADMISSION TO THE ICU

Effective Date:	March 5, 2013	Policy No:	MS008
Cross Referenced:	MS007 Direct Admission Administrative Policy AD08: Admission Policy Medical Staff Rules and Regulations 6010.6050 Nursing Structure Addendums 2A & 2B		
Reviewed Date:		Authority:	MEC
Revised Date:	May 7, 2013	Page:	1 of 2

SCOPE All admissions to the ICU

PURPOSE To delineate ICU admission criteria and define the procedure for admission.

POLICY

When a patient meets ICU admission criteria, the attending physician will call the ICU for bed availability. The Charge Nurse will assign a bed or inform the physician of unavailability.

There are to be no direct admissions to the ICU.

When requests for admission exceed the number of beds available, the least ill patient shall be transferred from the unit only after obtaining permission from the attending physician or his designee. In the event of conflict regarding admission or discharge from the unit, the matter shall be referred to the Critical Care Medical Director or his designee

When possible, all STAT order and consults should be called and completed.

Criteria for admission to the ICU as per Nursing Policy:

- a. Life threatening cardiovascular impairment as evidenced by shock, hypertension, depressed renal function or major cardiac arrhythmias
- b. Impaired pulmonary function or acute respiratory distress syndrome
- c. Compromised airway
- d. Multiple injuries, including head injuries, crushed chest, flail chest, crushing long bone injuries and others that result in impaired or compromised circulation
- e. Any condition that is immediately/potentially life threatening, such as drug overdose or metabolic imbalance, or acute psychiatric problems
- f. Any condition requiring frequent monitoring and/or constant I.V. medication, such as Lidocaine, Nitroglycerine, Dopamine or any medication so stated in I.V. medication policy
- g. Overwhelming hematological dysfunctions such as in disseminated intravascular coagulation (DIC)
- h. All acute neurological conditions warrant close neuro-circulatory vital signs
- i. Post-op patients who require frequent monitoring
- j. All stroke patients post t-pa

The admitting physician assumes responsibility for the care of the patient while in the unit. The attending physician or his designated representative will be responsible for informing the patient and his family about the admission to the ICU.

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At the time of admission and prior to discharge, *or transfer from one unit to another* from the unit, all orders must be *reviewed and* rewritten by the attending physician.

All patients admitted to the ICU must be visited (and an H+P completed) by the admitting physician or his designee within two (2) hours of the order to admit to the ICU. Failure to visit the patient within this two (2) hour period will result in the ICU nurse calling the hospitalist to take over the case.

The admitting physician or a designee must visit the patient at least once during each twenty-four (24) hour period after the initial admission visit.

Attending physicians are requested to evaluate their patients and consider transferring patients on a daily basis.

The Critical Care Committee reviews policies and procedures that affect that critical care environment, as well as reviews any patient safety issues that arise in medical management on the unit.