

HACKETTSTOWN REGIONAL MEDICAL CENTER

ICU/PCU
(Scope)

TITLE: ADMISSION OF PATIENT TO CRITICAL CARE

PURPOSE: To facilitate efficient and safe admission of patient to the Critical Care area and to minimize the stressors related to that admission.

- EQUIPMENT LIST:**
1. Equipped stocked room
 2. Cardiac Monitoring Device
 3. Assessment/admission documents

CONTENT:

PROCEDURE STEPS:

1. Receive report from sending department, or obtain orders from physician if patient is direct admit.
2. If the patient is a direct admission to PCU, a nurse from the PCU will go to registration and escort the patient to the designated room on PCU. Follow direct admission policy.
2. Introduce yourself to the patient and instruct the patient on the initial plan of care.
3. Orient the patient to the room, phone, bed, call light, etc., after putting the patient into the bed. Ensure safety measures are in place.
4. Assist the patient into the hospital gown if not already done and apply the telemetry unit /bedside monitor to the patient. (see procedure 8620.098a. for telemetry application) Review and implement admission orders. Discuss with patient.
5. Complete the Nursing Admission History form and adult admission assessment form for all new admissions. For patients transferred into either ICU or PCU review the transfer summary form completed by sending unit and initiate a unit based ongoing assessment.

KEY POINTS:

The ITU staff will be able to gather necessary equipment (e.g., suction, O₂, etc.) for the patient. The charge nurse can assess the overall population and acuity of the patients presently on ITU and assign the room and staff appropriately.

The patients may or may not be in pain, have increased anxiety due to illness and hospitalization and be fearful of the unknown. Introductions and simple explanations will allow the patient to participate in the admission and continue to have sense of control of the situation.

Familiar surroundings can lessen anxiety.

Assisting the patient enables the nurse to have a visual assessment of limitation and skin integrity. While applying the cardiac monitoring device, the nurse can educate the patient on tele unit, or bedside monitor, calling for the nurse with chest pain/tightness or discomfort at the same time pressing the graph button to run a rhythm strip to be evaluated.

6. Address any emergent conditions or patient complaints.
7. Gathering vital information including vital signs, psychosocial, special needs, etc, will help plan the care for the patient and initiate proper referrals if necessary for discharge.

Notify attending and/or consultants as appropriate for changes in the condition, assessment, abnormal laboratory values, dysrhythmias, etc.

DOCUMENTATION:

1. Complete the Adult Admission History and Assessment forms in the electronic medical record.
2. Initiate and update the plan of care and document patient education completed at time of admission.