
* ADDENDUM *

HACKETTSTOWN REGIONAL MEDICAL CENTER

Division of Nursing

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TITLE: TRIAGING PATIENTS OUT OF CRITICAL CARE AND TRIAGING TELEMETRY MONITORS

I. **PURPOSE**

To facilitate patient flow through the critical care areas of the hospital and to avoid critical care divert if possible.

II. **CONTENT**

1. The Charge Nurse, Nurse Manager/Assistant Nurse Manager or designee completes daily rounds either in person or by phone prior to 1000 each morning.
2. The Charge Nurse, Nurse Manager/Assistant Nurse Manager or designee will discuss the patients severity with the primary nurses assigned to each patient in ICU and PCU.
3. The ICU and PCU RN in collaboration with their Charge Nurse, Nurse Manager/Assistant Nurse Manager and/or designee will call the primary physician of the patient who is recommended for transfer. (Based on stability and nursing assessment)
4. If the primary physician disagrees with the recommendation to transfer his/her patient it is expected that he/she would document why the patient continues to meet ICU or PCU criteria in the patient's progress notes and communicate this to the RN in charge.
5. In the event that each physician refused to transfer there is a conflict or need to place the hospital on divert the Nurse Manager and/or Administrative Coordinator will be notified. The Nurse Manager and/or Administrative Coordinator will resolve any conflict or confirm the need to divert.
6. The hospital should not be placed on Critical Care Divert status on the basis of census alone. Before making the decision, all physicians with patients in PCU and ICU should be notified that we are unable to admit patients. Every effort should be made to find and alternative solution before diverting patients.

III. **TELEMETRY TRIAGE FROM MEDICAL/SURGICAL UNIT**

1. When there is only one remaining telemetry unit available for use on the medical/surgical floor triaging will occur. This is in addition to daily evaluation of telemetry utilization.
2. The Med-Surg Charge Nurses in collaboration with the telemetry tech will review the patient telemetry history.
3. The Med-Surg Charge Nurses, of where telemetry can be discontinued, will notify the physician with recommendation for discontinuation of telemetry.
4. If the primary physician disagrees with the recommendation to discontinued telemetry on his/her patient, it is expected that he/she would document his/her reason for needed continuation in the patient's progress notes and communicate this to the RN in charge.
5. In the event that each physician refused to discontinue telemetry and there is a conflict or need to place the hospital on divert the Nurse Manager and/or Administrative Coordinator will be notified. The Nurse Manager and/or Administrative Coordinator will resolve any conflict or confirm the need to divert.