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1. Fast Track Unit

1.1. Eligible patients:

- 1.1.1. Postoperative patients.
- 1.1.2. Medical patients who are expected to stay less than 48h.
- 1.1.3. Patients requiring procedure (G scope, bronchoscopy, etc...).

1.2. Patients shouldn't be admitted if they are:

- 1.2.1. Referred from another hospital (Med Evac)
- 1.2.2. In hospital patients for more than 72h.
- 1.2.3. Known to be colonized with any MDR pathogen.
- 1.2.4. Patients with tracheostomy.

1.3. Admission Order:

- 1.3.1. Postoperative Order
- 1.3.2. ICU order sheet

1.4. Nursing Care


- 1.4.1. Patient priority usually 1 to 2
- 1.4.2. Nursing category of care A
- 1.4.3. Nursing-Patient patient ration 1:1-2

Notes:

- 1.4.4. If at anytime the patient is found to have positive culture for MDR gram negative or positive organism he or she should move from the fast track unit.
- 1.4.5. If patient is unexpectedly stayed in the HDU for more than 72 h patient should be considered for moving from HDU to other ICU area.

2. Shock Unit:

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2.1. Eligible patients:

2.1.1. Patients admitted with the following Diagnosis:

2.1.2. Septic shock

2.1.3. Cardiogenic Shock.

2.1.4. Pulmonary embolism with hemodynamic instability.

2.1.5. ARDS

Note: Any patients eligible for HDU and have any of the above diagnosis should be admitted in the shock unit.

2.2. Patients shouldn't be admitted if they are:

2.2.1. Not for active resuscitation.

2.2.2. DNR

2.3. Admission Order:

2.3.1. Shock Unit Order sheet.

2.4. Nursing Care

2.4.1. Patient priority usually 1

2.4.2. Nursing category of care A

2.4.3. Nursing-Patient patient ration 1:1

Note: once the condition of the patient is stabilized the patient should be moved to another bed.

3. Hypothermia Unit


3.1. Eligible patients:

3.1.1. Post CPR

3.1.2. Consider Post heat stroke Patients

3.1.3. Consider admission in Post traumatic head injury with elevated ICP

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- 3.2. Patients shouldn't be admitted if they are:
- 3.2.1. Unstable spinal injury
 - 3.2.2. Hemodynamically unstable patient
 - 3.2.3. Body weight outside the range of 40 to 175kg
 - 3.2.4. Height outside the range of 137 to 195 cm
 - 3.2.5. Pregnancy
 - 3.2.6. A known terminal illness preceding the arrest
 - 3.2.7. No limit on duration of resuscitation effort; however "down time" of less than 1 hour most desirable
 - 3.2.8. Pre-existing DO NOT INTUBATE code status and patient not intubated as part of resuscitation efforts


- 3.3. Admission Order:
- 3.3.1. General ICU Admission order and
 - 3.3.2. Hypothermia order and
 - 3.3.3. Hypothermia sheet

- 3.4. Nursing Care
- 3.4.1. Patient priority usually 1
 - 3.4.2. Nursing category of care A
 - 3.4.3. Nursing-Patient patient ration 1:1

4. Procedure Room:

- 4.1. Eligible patients:
- 4.1.1. Hemodynamically stable patients
 - 4.1.2. Consent form should be signed before booking
 - 4.1.3. CBC and Coagulation should be normalized.
 - 4.1.4. Patient should have booked to go back after the procedure is done
 - 4.1.5. Needs for elective procedure. For example:
 - 4.1.5.1. Central line insertion
 - 4.1.5.2. Pulmonary artery catheter insertion
 - 4.1.5.3. Intravenous pacemaker insertion

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- 4.1.5.4. Tracheostomy
- 4.1.5.5. Endoscopy, colonoscopy
- 4.1.5.6. Bronchoscopy

4.2. Admission Order should be written in the order sheet

4.3. Admission should be documented in the admission book as an ICU Admission

4.4. Nursing Care

- 4.4.1. ICU nurse for assistance
- 4.4.2. The primary nurse from the ward should be attending in case she is needed.
- 4.4.3. If the procedure needs Anesthesia then it should be provided by the primary team.


5. LTVU & Weaning Program

5.1. Eligible patients:

- 5.1.1. Hemodynamic stability.
- 5.1.2. Not in active infection causing sepsis
- 5.1.3. The absence of an arrhythmia requiring telemetry for at least 3 days.
- 5.1.4. Normal acid base and electrolyte status
- 5.1.5. Absence of any non-respiratory factor preventing weaning
- 5.1.6. The attending physician's judgment of the ability to benefit from the WLTUV.
- 5.1.7. Presence of mature Tracheostomy.
- 5.1.8. Patient without irreversible brain damage
- 5.1.9. No planned invasive procedures expected.

5.2. When requests for WLTUV transfer exceeded the number of available beds, admission priority is given to patients who were deemed to be weanable, with all patients referred to the WLVU from ICUs.

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- 5.3. Hemodialysis support could be provided in the WLTUV but not continuous Renal Replacement Therapy CRRT.
- 5.4. The patients already deemed to be ventilator-dependent could be admitted to facilitate the transition to an appropriate alternate-care setting, to optimize the patient's and caregivers' education regarding management of tracheostomy and both invasive and noninvasive ventilators, or to acutely decompress the ICU.

5.5. Patients shouldn't be admitted if they are:

- 5.5.1. Hemodynamically instability
- 5.5.2. Irreversible brain damage
- 5.5.3. Unweanable patients
- 5.5.4. Patient on continuous Renal Replacement Therapy CRRT
- 5.5.5. Patient with endotracheal tube ET
- 5.5.6. Infection or colonized with MDR or TB

5.6. Admission Order: General ICU admission form

5.7. Nursing Care: Category of care C

6. Surgical ICU


6.1. Eligible patients:

- 6.1.1. Postoperative patients.
- 6.1.2. Medical patients who are expected to stay less than 48h.
- 6.1.3. Patients requiring procedure (G scope, bronchoscopy, etc...).

6.2. Patients shouldn't be admitted if they are:

- 6.2.1. Referred from another hospital (Med Evac)
- 6.2.2. In hospital patients for more than 72h.
- 6.2.3. Known to be colonized with any MDR pathogen.
- 6.2.4. Patients with tracheostomy.

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6.3. Admission Order:

- 6.3.1. Postoperative Order
- 6.3.2. ICU order sheet

6.4. Nursing Care

6.5. Nursing Care

- 6.5.1. Patient priority usually 1 to 2
- 6.5.2. Nursing category of care A
- 6.5.3. Nursing-Patient patient ration 1:1-2

Notes:

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