


<b>SUBJECT: Standard Category of Care for Patients Admitted to ICU</b>	
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**POLICY:**

- Care of all patients admitted to the ICU is the direct responsibility of the ICU consultant during his/her coverage time.
- Responsibility of care will be automatically transferred to on weekly/daily basis to the ICU consultant as per the monthly schedule endorsed by the Head of ICU.
- Care of ICU patient will be transferred back to the previous designated team once the patient is discharged from the ICU.


**Nursing Care:**

- Each patient's nursing care is based on identified patient care needs and patient's category. The patient care standards are consistent with the therapies of other disciplines.
- Each patient will have a care plan utilizing admission assessment data.
- The patient and significant other(s) will be included in the planning of care, as appropriate.
- The care plan also will guide patient care staff in providing continuity of care.

**Patient Assessment:**

- All patients in the ICU will have an admission biophysical assessment initiated within five minutes of admission and completed within one hour and daily progress notes from both ICU registrar and primary nurse. A baseline assessment is to be completed on each physiological system at the beginning of each shift.

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- Patients will receive an admission assessment of psychological, environmental, self care, educational and discharge planning needs within 24 hours of admission. Findings will be documented with the patient admission data base. Nutritional and functional status is assessed when warranted by the patient's needs or condition.

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- Any changes in the systems will be recorded as they occur, or as patient condition warrants.

- A psychological assessment is to be completed on each shift and PRN i.e. Agitated, confused or depressed utilizing Ramsey score.

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- Patients will receive a biophysical reassessment every four hours and as patients' condition or needs warrant as per patient's category. Findings are documented in the vital signs flow sheet, nurses' notes, neurological assessment sheet or treatment sheet as indicated.

- Staff members will integrate information from patient assessments to identify and assign priorities to patient's care needs.

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**Patients Will Be Categorized:**


Following intensive care admission criteria:

- Category A
- Category B
- Category C

Each category will have the following sections:

- Respiratory Support

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- Sedation and Anesthesia level
- Monitoring level
- Nursing Care Level
- Investigation
- Nutritional Support

**Preadmission Equipment Protocol:**

1. All monitor set-up:

- ECG
- NIBP
- TEMP
- SpO2
- CVP
- BIS
- EEG
- PICCO
- Transducer holder & pressure bags

2. O2 Source with all connections

3. IV Stand

4. Bedside trolley with all necessary consumables


5. Ventilator with connections (checklist)

6. Emergency drugs

**CATEGORY A:**

**1. Monitoring :**

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Each patient in this category the following monitoring procedures must be performed:

**a. Non invasive**

- ECG monitoring
- SPO2
- Temperature
- NIBP


**b. Invasive Monitoring:**

- Arterial Line Monitoring / continuous BP.
- Continuous V/S Monitoring with hourly documentations
- Full hemodynamic monitoring which includes:
  - o 4 hourly CVP and PRN
  - o PAP
  - o Q 4 hrs PAWP
  - o Q6 HRS CO and PRN (refer to Cardiac Output Policy and Procedure)
  - o Mixed venous sample daily & PRN (refer to Mixed Venous Policy)
  - o ABGs as ventilatory support protocol for group A daily & as required.
  - o ET CO2 continuous –hourly documentation

**2. Investigations:**

- 12 leads ECG on admission & PRN
- ABGs as per protocol & PRN
- Daily Chest X ray
- Daily CBC

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- X-Matching/ group and save – on admission & regular update
- MDR + Septic work up on admission, weekly and as needed (refer to Infection control policy)
- U & E's , Mg, Ca, Ph+, osmolality – on admission, daily & as required
- LFT , CE – on admission, daily & as required
- Coagulation profile – on admission, daily and as required
- CRP – on admission & as needed
- Hepatitis screen – as ordered
- Blood glucose level – every 4 hours and as required (follow TPN and Tight glucose protocol).


**3. Sedation:**

- Full sedation and anesthesia – follow sedation protocol

**4. Nursing Care**

- Head to Toe Physical Assessment (follow the competency assessment tool every shift)
- GCS hourly & PRN
- 1:1 Nursing Care
- Vasoactive and Inotropic drugs preparation
- Admission protocol for Wound care management (refer to Wound Care Management Protocol)
- Admission protocol for Infection control (refer to Infection Control Policy)
- Pain management and assessment (refer to Pain Management Policy)
- 2 hourly positioning
- Hypothermia protocol - 1st 6 hrs of Cardio-Pulmonary Resuscitation (Refer To Hypothermia Protocol)
- 4 hourly lungs auscultation and PRN
- Suctioning PRN
- 4 hourly bowel sounds /GI auscultation/CHECK ABSORPTION & pH (refer to

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Gastrointestinal Nursing Guidelines)

- Endotracheal Tube CARE / Daily dressing care and PRN
- Hypo or Hyper thermal protocol if temp. > 36.5 and < 38
- Eye Care Q 4hourly and PRN
- Mouth Care Q 4hourly and PRN
- Full bathing daily & PRN
- Perineal care Q shift and PRN
- Strict I & O monitoring (FB & hourly UO)
- H2 Blocker protocol & PRN
- Emergency drugs and equipments near bedside
- NB: Review Patient’s category daily.

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**5. Nutritional Support:**

- Enteral team – Dietician assessment daily (refer to Enteral Feeding Protocol)
- Refer the patient for TPN Team within 24 hrs
- N/G Tube / continuous feed/ NGT feeding protocol
- TPN Protocol if N/G feed contraindicated
- Antacid protocol


**6. Physiotherapy Protocol**

**CATEGORY B:**

The following differences for Level A and B

- Level of sedation
- Level of invasive monitoring
- Level of invasive hemodynamic studies
- Frequency of procedures, investigations and Vital Signs recording

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- Level of ventilatory support
- Availability of inotropic and E/R drugs

**1. Monitoring:**

Each patient in this category will have the following monitoring procedures must be performed:

**a. Non invasive**

- ECG monitoring
- SPO2
- Temperature
- NIBP


**b. Invasive Monitoring:**

- Arterial Line Monitoring for continuous BP.
- Continuous Vita Signs monitoring with hourly documentation
- Full hemodynamic monitoring which includes :
  - a. 4 hourly CVP
  - b. ABGs as ventilatory support protocol for group B.
  - c. BGL daily and as required
  - d. ET CO2 monitoring PRN

**2. Investigations:**

- 12 leads ECG - on admission and as required
- ABGs to follow ventilatory support protocol
- Chest X ray on admission and PRN
- Daily CBC

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- X-Matching on admission and group and save if needed
- MDR + Septic work up – on admission and as necessary
- U & E's , Mg, Ca, Ph+, osmolality – on admission, daily and PRN
- LFT, CE – on admission, daily and PRN
- Coagulation profile - on admission, daily and PRN
- Hepatitis Screen as ordered

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### 3. Sedation:


Sedation and analgesia as ordered (refer to Sedation and Analgesia Protocol)

### 4. Nursing Care:

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- Head to Toe Physical Assessment (follow the competency assessment tool every shift)
- GCS 2 hourly
- 1:1 Nursing Care
- Vasoactive and Inotropic drugs preparation
- Admission protocol for Wound care management (refer to Wound Care Management Protocol)
- Admission protocol for Infection control (refer to Infection Control Policy)
- Pain management and assessment (refer to Pain Management Policy)
- 2 hourly positioning
- 4 hourly lungs auscultation and PRN
- Suctioning PRN
- 4 hourly bowel sounds /GI auscultation/CHECK ABSORPTION & pH (refer to Gastrointestinal Nursing Guidelines)
- Endotracheal Tube CARE / Daily dressing care and PRN
- Eye Care Q 4hourly and PRN
- Mouth Care Q 4hourly and PRN
- Full bathing daily & PRN

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- Perineal care Q shift and PRN
- Strict I & O monitoring (FB & hourly UO)
- H2 Blocker protocol & PRN
- Emergency drugs and equipments near bedside
- NB: Review Patient's category daily.

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- Refer the patient for TPN Team within 24 hrs
- N/G Tube / continuous feed/ NGT feeding protocol
- TPN Protocol if N/G feed contraindicated
- Antacid protocol

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## 6. Physiotherapy Protocol

### CATEGORY C:

In this category three subcategories are identified as follows:

- Category C1:
  - Too sick to benefit: this subcategory with a poor prognosis and this patient can be moved to LTVU and step-down unit.

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**NB:** If patient is for organ donation as identified by SCOTT, patient will be managed as category A.

- Category C2:
  - Too sick to benefit, either patient meets discharge criteria and can be managed in a less acute area / step-down unit or ward.
- Category C3:
  - stable chronically ill patient

**6.1 Monitoring:**

- Each patient in this category the following monitoring procedures must be performed.

**Non Invasive monitoring:**


- 4 hourly Vital Signs observation and recording
- Continuous SPO2

**6.2 Investigations: 2X a week**

- 12 lead ECG
- ABGs
- Chest X ray / PRN
- CBC
- U & E's, Mg, Ca, Ph+, osmolality
- LFT
- CE
- Coagulation profiles

**6.3 Nursing Care:**

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- Head to toe physical assessment per shift
- 1:2 nursing care
- Follow wound care / infection control protocols
- Oral H2 Blockers
- 2 Hourly positioning & PRN
- Lung auscultation / shift – coordinate with RT's.
- Suctioning PRN
- Bowel sounds and absorption Q 4hrs
- ET /trache care / shift and PRN
- Daily bathing
- 4 hourly eye care and mouth care
- Perineal care every shift and PRN
- Rehabilitation referral

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**6.4 Nutritional support:**

Refer to nutrition team

**NB:** Resuscitation status must be recorded by consultant – to Resuscitate or not to resuscitate

**6.5 Physiotherapy Protocol**

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