

**Institutional Handbook of Operating Procedures
Policy 09.01.25**

Section: Admission/Discharge/Transfer	Responsible Vice President: EVP & CEO of Clinical Services
Subject: Admission/ Discharge Transfer Criteria to NCCU	Responsible Entity: Nursing

I. Title

Admission, Discharge, and Transfer Criteria - NCCU

II. Admission Criteria

Requests for Neuroscience Critical Care Unit (NCCU) beds or scheduled Operating Room (OR) cases should be made at the earliest available time.

When triage is necessary, the following priorities for beds will be utilized:

- A. Patients with current life-threatening instability of one or more organ systems.
- B. Patients requiring specialized monitoring or therapy only available in the NCCU.
- C. Patients requiring mechanical ventilator support or airway management.
- D. Patients requiring invasive hemodynamic intracranial pressure monitoring, continuously infused vasoactive drug therapy, or temporary pacing.
- E. Patients with increased intracranial pressure, cerebral vasospasm/ischemia, or decreased neurologic function who require continuous monitoring.
- F. Patients with known or suspected trauma resulting in changes in neurological status.
- G. Patients with acute spinal cord injuries requiring special protocols.
- H. Brain dead patients who are potential organ donors.
- I. Medical ICU (MICU), Cardiac Care Unit (CCU), and Surgical ICU (SICU) patients will be accepted for admission when there are no beds available in their respective units. These patients will transfer to MICU/CCU or SICU when a bed becomes available.

III. Admissions Procedures

Responsibility	Action
Admitting Physician or Designee	<ol style="list-style-type: none"> 1. Contacts Charge Nurse for bed availability. 2. Ensures that Patient Placement Center (PPC) is notified. 3. Ensures that Charge Nurse is made aware of special needs and conditions.

<p>NCCU Medical Director or Designee</p>	<p>1. Confers with Charge Nurse for bed availability and approval.</p> <p>Note: If no beds are available, the options shall include:</p> <ul style="list-style-type: none"> • Transfer a current off service or patient of lower acuity to make room; • Suggest an alternative plan (PACU or another ICU); or • Refuse admission.
<p>NCCU Charge Nurse</p>	<p>1. Confers with the Medical Director or Designee for bed approval.</p> <p>2. Advises the Admitting Physician of bed approval or suggested alternative.</p> <p>3. Notifies the Nurse Manager or Designee for additional staffing needs, if warranted. Notifies the charge nurse of primary service ICU of any off-service admissions to the NCCU.</p> <p>4. Prioritizes staffing assignments for new admit.</p> <p>5. Notifies MICU House Officer of patient's admission.</p> <p>6. Notifies appropriate ancillary services (e.g., Respiratory, Social Services, Radiology, etc.) as warranted.</p> <p>7. Ensures that all required equipment is available.</p>
<p>Registered Nurse</p>	<p>8. Responsible for nursing care during the admission, the admission nursing assessment, and initiation of the nursing care plan.</p>

IV. Transfer/Discharge

- A. The patient shall be discharged or transferred when he or she:
1. No longer presents the need for acute intervention and/or assessment;
 2. Does not require the level of nursing contact hours provided or no longer needs monitoring capabilities, drug therapy, etc.;
 3. Is at a lower acuity than a patient requiring admission;
 4. Expires; or
 5. Leaves AMA.
- B. No patient may be transferred without first notifying both the PPC and the NCCU staff.
- C. The Medical Director or Designee may authorize transfer from the NCCU.
- D. All patients who are to be transferred shall have a complete set of transfer orders written or entered in Physician Order Entry by the primary service or designee before discharge from the unit.

NOTE: Exceptions to the above criteria may be made at the discretion and upon approval of the unit medical director.

V. Transfer Procedure

Responsibility	Action
Admitting Physician	<ol style="list-style-type: none"> 1. Writes complete set of transfer orders or enters orders into the computer.
Registered Nurse	<ol style="list-style-type: none"> 2. Ensures that the Admitting Office is notified of the transfer. 3. Arranges for ancillary personnel, such as Transportation. 4. Notifies the receiving patient care area of the transfer and gives a progress report to the receiving nurse. This report includes: <ol style="list-style-type: none"> 1. diagnosis 2. condition 3. special treatment 4. equipment requirements 5. Writes a transfer progress note (including discharge planning carried out) and reviews all care plans. 6. Ensures that the receiving unit is notified immediately prior to physical transfer. 7. Accompanies the patient during transfer and updates the receiving nurse on any changes in the patient's condition, progress, and/or orders since the initial report. If the patient is to be monitored on the receiving unit, a transport monitor will be used during the transfer. 8. Makes sure all available patient records and belongings accompany the patient at the time of transfer.

9. Dates Approved or Amended

<i>Originated: 03/19/2015</i>	
<i>Reviewed with Substantive Changes</i>	<i>Reviewed without Substantive Changes</i>
	05/07/2018

10. Contact Information

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