

Institutional Handbook of Operating Procedures Policy 09.01.26	
Section: Admission, Discharge Transfer	Responsible Vice President: EVP & CEO of Health System
Subject: Clinical	Responsible Entity: Nursing

I. Title

Admission, Discharge, and Transfer Criteria - SICU

II. Admission Criteria

Requests for Surgical Intensive Care Unit (SICU) 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 SICU.
- C. Patients requiring mechanical ventilator support or airway management.
- D. Patients requiring invasive hemodynamic 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), Neuro Critical Care Unit (NCCU) patients will be accepted for admission when there are no available beds in their respective units. These patients will transfer to MICU/CCU or NCCU when a bed becomes available.
- J. All TDC ICU patients requiring admission in the SICU require approval from the Medical Director.

III. Admission 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.

	<p>3. Ensures that Charge Nurse is made aware of special needs and conditions.</p>
<p>SICU Medical Director or Designee</p>	<p>4. 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 SICU patient of lower acuity to make room; • Suggest an alternative plan (PACU or another ICU); or • Refuse admission.
<p>SICU Charge Nurse</p>	<p>5. Confers with the Medical Director or Designee for bed approval.</p> <p>6. Advises the Admitting Physician of bed approval or suggested alternative.</p> <p>7. Notifies the Nurse Manager or Designee for additional staffing needs, if warranted.</p> <p>8. Notifies the Charge Nurse of primary service ICU of any off-service admissions to the SICU.</p> <p>9. Prioritizes staffing assignments for new admit.</p> <p>10. Notifies House Officer of patient's admission.</p> <p>11. Notifies appropriate ancillary services (e.g., Respiratory, Social Services, Radiology, etc.) as warranted.</p> <p>12. Ensures that all required equipment is available.</p>
<p>Registered Nurse</p>	<p>13. Responsible for nursing care during the admission, the admission nursing assessment, and initiation of the nursing care plan.</p>

IV. Transfer/Discharge Criteria

- A.** The patient will be discharged or transferred when he or she:
1. No longer presents the need for acute surgical 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 SICU staff.
- C. The Medical Director or Designee may authorize transfer from the SICU.
- 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.
- E. Patients transferring primary service to CCU or NCCU will have new orders written at the time of transfer service MICU medical staff upon admission to 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	1. Writes complete set of transfer orders or enters orders into the computer.
Registered Nurse	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: <ul style="list-style-type: none"> a. diagnosis b. condition c. special treatment d. 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.

VI. Dates Approved or Amended

<i>Originated: 10/30/1994</i>	
<i>Reviewed with Substantive Changes</i>	<i>Reviewed without Substantive Changes</i>
09/02/2011	09/06/2018
07/06/2015	

VII. Contact Information

Nursing Services
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