

# Admission & Discharge Protocol



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# Admission Criteria to Intensive Care Unit:

## 1) Trauma patients :

### a. Injuries

- i. Multisystem trauma
- ii. Severe traumatic brain injuries (GCS<8)
- iii. Cervical spine cord injury
- iv. Severe pulmonary contusion, flail chest
- v. Facial or neck trauma with threatened airway
- vi. Repaired major vascular injuries
- vii. Pelvic fracture with retroperitoneal hematoma
- viii. Blunt cardiac trauma with hypotension or dysrhythmia
- ix. Severe burn (20% TBSA, facial burns)
- x. Isolated high grade solid organ injuries (grade III, IV)



## **b. Problems**

- i. Respiratory failure requiring mechanical ventilation
- ii. Ongoing shock or hemodynamic instability
- iii. Massive blood or fluid resuscitation
- iv. Base deficit  $>5$
- v. Hypothermia
- vi. Seizures
- vii. Pregnancy



## 2) Post-operative monitoring :

- a. Neurosurgery
- b. major vascular surgery
- c. Long surgical or interventional procedures
- d. massive blood loss
- e. Multiple co-morbidities with low systemic reserve)



# 3) Postoperative complications:

- a. Acute respiratory failure requiring Invasive or non- invasive ventilation.
- b. Optimization of fluid balance requiring invasive procedures
- c. Hemodynamic instability requiring inotropic support
- d. Potential for deterioration (e.g. airway swelling, metabolic disorders, coagulopathies, hypoxaemia, hypercarbia, hypovolaemia, intracranial events).
- e. Sepsis with multi-organ dysfunction.
- f. Interventions that cannot be performed in a general ward – continuous veno-venous hemofiltration

4) Preoperative optimization of patients with hemodynamic instability and/or major fluid and electrolyte disturbance.

5) Severe acute pancreatitis.



# **Admission Criteria to Intermediate Care Unit:**

## **Criteria for admission to Intermediate care**

- 1) Acute traumatic brain injury patients who have a Glasgow Coma Scale above 9 but require frequent monitoring for signs of neurologic deterioration
- 2) Stable cervical spinal cord injured patients
- 3) The postoperative patient who, following major surgery, is hemodynamically stable but may require fluid resuscitation and transfusion due to major fluid shifts

4) Appropriately treated and resolving early sepsis without evidence of shock or secondary organ failure

5) Hemodynamically stable patients with evidence of compromised gas exchange and underlying disease with the potential for worsening respiratory insufficiency who require frequent observation.

6) Diabetic ketoacidosis patients requiring constant intravenous infusion of insulin, or frequent injections of regular insulin during the early

# Criteria for discharge from Intensive care unit to ward:

- 1) Patient not on any support or intervention (or unlikely to need them in the next 24 hours) that cannot be provided in the ward. This includes equipment and nurse staffing issues.
- 2) Low likelihood of deterioration in the next 24 hours. For long-stay patients and those with low systemic reserve, the duration should be extended to 48 hours or more.
- 3) Supplemental inspired oxygen concentration  $<50\%$
- 4) Hemodynamically stable; any fluid losses should be at a rate manageable in the ward environment
- 5) Cardiac dysrhythmias are controlled
- 6) The admission etiological factor is under control or not significant any more
- 7) Patients in whom treatment has been withdrawn and only need basic nursing care and drugs for comfort.



# Plan upon admission of patient to ICU:

