

TITLE: ASSIGNMENT OF ICU AND ADMITTING SERVICE FOR CRITICALLY ILL PATIENTS LEAVING THE EMERGENCY DEPARTMENT

PURPOSE

The purpose of this policy is to outline the procedure for assignment of Intensive Care Unit (ICU) and admitting Service for critically ill patients leaving the Emergency Department (ED).

STATEMENT OF POLICY

It is the policy of San Francisco General Hospital Medical Center (SFGHMC) to maintain critical care monitoring standards of critically ill patients at all times regardless of location. The critically ill patient is under the care of the ED physician until accepted by the primary service and ICU Service. All critically injured trauma patients are under the care of the Trauma Service upon arrival of the patient and Trauma Service in the ED.

PROCEDURE

1. Intubated Critically Ill Patients

- a) Intubated critically ill patients destined for Radiology, Operating Room (OR), Post Anesthesia Care Unit (PACU), or the ICU must be admitted to a service before leaving the Emergency Department. While the patient is in the Radiology Department, the housestaff from the appropriate service is responsible for the care of the patient. Any subsequent transfer of a patient to other than the originally assigned service will occur only after that patient has been admitted to a hospital unit and initial care instituted. Such transfers shall occur only after discussion between senior house staff and attending staff on the transferring and receiving services.
- b) The ED attending will have the authority to assign the initial Admitting Service, if this has not been otherwise determined.
- c) **Intubated Patients:** The ICU resident from the appropriate unit (See Section III) will evaluate the patient as quickly as possible and expedite transfer to the ICU unless the patient is being transferred directly to the OR. The goal is to admit intubated patients to the ICU within 30 minutes. Approval for ICU admission by the ICU Resident for intubated patients is not required, but the ICU Resident should be notified as soon as possible.
- d) **Non-intubated Patients:** For non-intubated patients, the ICU resident from the appropriate unit will evaluate the patient as quickly as possible and expedite transfer to the ICU, unless the patient is being transferred directly to the OR. If, after evaluation, the ICU Resident believes the patient does not need an ICU bed, then the Resident will discuss the case with the Admitting Service. If the admitting service and the ED Attending agree, the patient will await an appropriate non-ICU bed. If the ED Attending and the admitting service disagree, conflicts between the ICU resident and the Admitting Service will be resolved by immediate discussion with the appropriate ICU attending and admitting service attending. These patients will remain in the ED while their disposition is pending.

The goal is to admit non-intubated patients to an ICU bed within 30 minutes of the ICU Resident's notification and acceptance.

