Direct OR to ICU Transfer Guideline

June 1st, 2015

1) Identify Patients for Planned ICU Admission → OR Nurse to call ICU Charge Nurse with Request
   a. Elective Cases
      i. Dept of Surgery OR schedulers to request ICU bed when scheduling surgery
      ii. ICU team to develop list of elective surgeries with planned ICU admission and post list in OR
      iii. Discussion of post-operative admission status (floor/stepdown vs. ICU) to be discussed during timeout for cases with planned or possible ICU admission
   b. Emergency Cases
      i. Surgeon to request ICU bed at time of emergency surgery scheduling request
      ii. OR charge nurse and requesting surgical team member to discuss ICU admission during request phone call
   c. Unplanned ICU Admission
      i. At earliest signal, surgical team or anesthesia team to discuss and notify OR nurse of probable need for ICU admission
      ii. 2\textsuperscript{nd} call to be completed when admission plan finalized (yes/no)

2) Communication between OR Nurse and ICU Charge Nurse for Impending Patient Transfer
   a. ICU charge nurse will carry Cisco phone (number to be advertised in OR)
      i. STICU 87400
      ii. CTICU 83345
      iii. NeuroICU 83590
      iv. BurnICU 83510
   b. 1\textsuperscript{st} call – 1hr out from completion of case – information to include ICU Transfer of Care Document
   c. 2\textsuperscript{nd} call – 15min out from pending transfer – information to include any updates to patient status or ICU Transfer of Care Document

3) Transfer Team
   a. Includes 3 team members: OR Nurse, Anesthesia Provider, Surgical Provider

4) Transfer of Care Communication (At Bedside in ICU)
   a. Primary ICU nurse and intensivist team member to accept patient at bedside
      i. Primary ICU nurse to call intensivist team at time or arrival of OR transport team
   b. Primary ICU nurse and intensivist team member to prepare for admission by reading Anesthesia Intraoperative Flow Sheet
   c. Primary ICU Nurse will identify themselves to transfer team and will focus on transfer communication (charge nurse and additional nurse team members to assist with monitor/vital signs transfer)
   d. Order of Communication to ICU teams – 1) OR Nurse, 2) Anesthesia, 3) Surgery
      i. OR nurse communication: skin care (including documentation)
ii. Anesthesia and surgery signout as per ICU Admission Handoff Guideline (attached)

5) Post-op Orders
   a. Use of surgery admissions order sets will remain unchanged
   b. New “Anesthesia ICU Recovery” order set will be added
      i. Orders will include post-op narcotics/anti-emetics and vital signs
      ii. Orders will expire after 4 hours
   c. Specific orders for hemodynamic agents and other medications will be entered by the ICU team

6) ICU Bed Management / Triage Discussion
   a. ICU charge nurse to obtain list of planned ICU admissions in am
   b. ICU charge nurse and attending intensivist to meet after am ICU rounds to discuss bed management
      i. Discussion to include ranked transfer list and planned location for patient transfer (ICU to floor/stepdown, ICU to ICU)
      ii. Discussion to also include priority ranked admission list
      iii. Final decision on bed management to include ICU charge nurse and attending intensivist
      iv. Attending intensivist (or designee) will discuss triage / bed management with primary surgical teams as needed
   c. Emergency bed management
      i. If no beds are available in the primary ICU at the time of planned transfer, patients will be transferred to an available bed in a secondary ICU, except as below:
         1. All patients undergoing cardiopulmonary bypass or mechanical circulatory support procedures will be admitted only to the CTICU
         2. All patients undergoing liver transplantation will be admitted only to the STICU
      ii. If no ICU beds are available in the hospital at the time planned transfer, patients will be transferred to the PACU for recovery, except as below:
         1. All patients requiring: 1) post-operative mechanical ventilation, 2) active treatment for hemodynamic instability, or 3) transfusion for ongoing hemorrhage, will be held in the OR pending ICU bed availability
ICU Admission Handoff Guideline

OR Nursing Signout

1. Skin Care Examination

Anesthesia Signout

2. Pertinent past medical history  
3. Allergies  
4. Preoperative vital signs and clinical condition  
5. Type of anesthesia, including any regional/nerve block adjuncts  
6. Total I/O’s (including blood loss and any transfusions)  
7. Any airway difficulties  
8. Any significant hypotension or hemodynamic instability, including treatment  
9. Any ICP related issues (Neurosurgery)  
10. Any special concerns for postoperative care (including pain control)  
11. A phone number to be reached for further communication

Surgery Signout

1. Surgical procedure  
2. Any complications  
3. Drains (location and numbering)  
4. Planned perioperative antibiotics  
5. Postoperative labs to be ordered and followed  
6. Any special concerns/requests for postoperative care  
7. Any mobility limitations  
8. Diet / nutrition plans  
9. Plans for pharmacologic and mechanical DVT/PE prophylaxis  
10. A phone number to be reached (R2 resident or greater) for further communication