

Critical Care Service coverage of patients outside of SICU:

A corner stone of the management of critically ill patients is the consistent and near constant availability of personnel of appropriate expertise to efficiently execute the plan of care, monitor progression, adjust plans of care, and rapidly deal with changes in a patient's clinical condition. SICU resident coverage of patients in ICU's that are geographically disparate locations tends to negate the benefit realized from a Critical Care Service. For this reason, the **VUMC Critical Care Committee passed a policy relegating coverage of patients boarding within a unit to the primary ICU team of that unit.** Implementation of this policy, at times, is problematic. This is particularly true in the Trauma Intensive Care Unit when the trauma team is fully deployed with the management of acutely ill trauma patients.

The following policies have been put into place to limit the difficulties encountered when critically ill patients are boarded in other ICU's

- The SICU triage guideline (see attached) is designed to place the most critically ill patients within the SICU and triage less acute patients to other ICUs. The triage officer will attempt to move acutely ill patients boarded in other ICUs back into the SICU as early as is possible. Please ensure that the triage officer (SICU Critical Care faculty) is aware of the patient's acute critical illness and the desire for consultation.
- Patient's boarded in the Trauma ICU for which the primary service desires a consultation **will be seen by the Critical Care Faculty and Fellow if notified directly by the primary service.** Junior resident coverage of such patients must be delineated at the time of consultation by the Critical Care Faculty/Fellow and the primary service.

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