VUH ICU High-Census Plan

Transfer Center
(Not on Critical Care Diversion)

Emergency Department

PACU

VUMC Clinic

Appropriate Patient for Unit?

No

Identify Appropriate Unit

Yes

Intended ICU Beds All Assigned?

No

Normal Operations

Yes

Provisionally Accept ~

AC contacted to facilitate a bed

1 Facilitate move of a patient with "transfer-out" orders to an appropriate floor bed

2 Facilitate discharge home

3 Assign a patient with "transfer-out" orders to another ICU
   - The patient's physician/NP providers will be the assigned floor team not the boarding ICU.
   - These patients are made a high priority to be moved to a regular med/surg floor when space becomes available.
   - The AC will notify the charge nurse of the receiving ICU that the patient is being transferred. The charge nurse may notify the receiving ICU attending per unit protocol. Refusal to accept the patient should be escalated to the Chief of Staff on-call.

4 Move stat bed
   - A stat bed should be kept in the MICU whenever possible, and upon filling that bed another MICU stat bed should be made available by one of the mechanisms listed.
   - The trauma unit should be a last resort for a stat bed due to the open architecture of the unit.

5 ICU to ICU transfer based on unit's triage-out list
   - MD to MD discussion occurs for selection of patient and handover.
   - Each unit is responsible for maintaining a current triage-out list.
   - The patient will be cared for by the receiving ICU with the Attending of Record the physician in charge of that ICU team. Consulting ICU teams (SICU, NCU) will be the primary teams for overflow patients.
   - The patient will be repatriated to the initial ICU when possible, or transferred to the floor team the ICU attending feels is the most appropriate* when ICU care is no longer required. The Chief of Staff on-call is available to assist in disposition should problems arise.

~ Final acceptance held until the AC has formalized a plan to open a bed.
AC Cell Phone: 615-497-2749

Order of Priority for AC:

1 Goal for bed empty and patient accepted within 60 minutes

2 If a unit is unable to triage a patient out, the Chief of Staff on call is contacted by the AC to determine an alternative location for the incoming patient or assist in the triage process.

3 * The medicine hospitalist consult service is available to follow along if requested on Medicine patients, and has the authority to determine which floor team should care for the patient when an ICU is no longer required. Medicine Hospitalist Triage pager 615-831-4544.