

SICU RESERVATION/TRIAGE POLICIES AND PROCEDURES

Decisions regarding triage of patients from the SICU are the responsibility of the Triage Officer for the SICU under guidelines set forth by the SICU Medical Director and outlined below. These policies have been approved by the Chairman, Section of Surgical Sciences and the Chief of Staff. Efforts to ensure agreement by the primary service will be undertaken but the Triage Officer will have final authority. Persistent conflict is to be adjudicated through the Chief of Staff and Chairman, Section of Surgical Sciences office.

Basic principles:

The SICU reservation/triage policy is based on a few basic principles:

- 1) The SICU should make every effort to accommodate requests through flexibility in staffing and utilization of “swing” beds in the care initiation unit when appropriate.
- 2) The sickest surgical patients should be placed or remain in the SICU.
- 3) Those with a critical care consultation will preferentially be kept in the SICU.
- 4) Preferred triage locations should be to other ICU’s with surgical patient populations, then to medical ICU’s unless the primary team expresses otherwise.

Triage mechanism and policy:

- The attending “on-call” for the SICU will serve as the triage officer (**SICU TRIAGE OFFICER pager - 835-9637**).
- The triage officer and the charge nurse will establish triage plans each morning after ICU service rounds based on the number of bed requests, acuity of SICU patients, and patients to be transferred to the floor.
- If the possibility of a triage situation is likely to arise during the evening (≤ 2 beds available, or patients identified that will consume available beds during the evening), the charge nurse should contact the triage officer in the afternoon (before 3-4 pm) to establish prospective triage plans.
- If bed requests exceed the number of beds available then the following steps should be undertaken (see also flow diagram attached):
 - 1) Admitting notifies charge nurse of request for SICU bed:
 - If the patient’s service is one that primarily admits to the SICU and no bed is available – proceed to step 2
 - If off service patient and no bed is available, decline the patient
 - 2) After evaluation of bed availability, determination of available ICU beds in other units and the ability to “staff-up” locations such as the care initiation unit, the PACU, and the SICU, the charge nurse will notify the triage officer.
 - 3) The charge nurse and triage officer will then establish a triage plan, designating which patients are most appropriately cared for in other locations.
 - First, we will consider our ability to increase available SICU beds if not already functioning at 17 beds.
 - If an inability to transfer patients to 9 north is a contributing factor, then utilization of the care initiation unit will be evaluated.

- If neither of these options is available, then designation of the most appropriate patients to transfer to other units will occur (CN, manager, and the triage officer).
- 4) If beds remain limited and patients do require triage to another ICU, the charge nurse will notify the primary service of the decision to board their patient in another location.
- 5) If the service has concerns regarding the triage plans, then the faculty is to immediately contact the triage officer.
- Contacting the appropriate personnel in bed management is encouraged. Information regarding bed availability in other units or wards can be obtained by contacting
 1. Patient Flow Coordinator 835-8071
Daily 8:00am-8:00pm
 2. AOC/Diane Moat, RN 835-1018
Nightly 8:00 pm to 8:00 am
- The Medical Director (Dr. May) can be contacted if issues remain unresolved in the process above. If unable to identify appropriate beds after undertaking the above process, the Medical Director will notify the Chief of Staff.
- To assist in the triage process, the triage officer may request information from the critical care fellows and senior residents on the trauma service. However, the fellows and senior residents are not to function in a triage role.

Policy established by the Chief of Staff mandates that the triage officer will be notified by admitting when SICU beds are unavailable for critically ill patients whose services primarily admit to SICU and no previously established triage plan has been established for such patients.

This policy generally will refer to those patients being transferred to units of equal monitoring ability.

In the event that we are unable to appropriately place patients or the primary attending and the Medical Director cannot agree on a plan that is mutually satisfying, then the Medical Director will notify the Chief of Staff.