PURPOSE:

1. To cater to the growing demand of sick patients needing an intensive monitoring and multiple organ support.
2. To properly identify patients who will most likely benefit from the intensive care services.
3. To standardize an ease, timely and safe ICU admission guidelines for RMCI's ICU team.

SCOPE:

Applies to all Nursing Service Division Staff, Resident Doctors, Physicians and other departments of Dr. Pablo O. Torre Memorial Hospital involved in the admission process.

PERSON RESPONSIBLE:

Admitting Personnel, ER Nurses, Staff Nurses, Nursing Attendants, Resident Doctors, Consultants

PROCEDURE:

1. All ICU admission shall be categorized thru case prioritization basing on the degree of illness and expected outcome.
   - 1.1. **Priority 1:** Patients require critical treatment unique to an intensive care unit. Patients are generally unstable and in need of intensive treatment such as ventilator support, continuous vasoactive drug infusion, invasive hemodynamic monitoring and the like. Generally, Priority 1 patients have no limits placed on the extent of therapy they are to receive.
   - 1.2. **Priority 2:** Patients require advanced monitoring services in an intensive care unit. These patients are at risk of sudden deterioration and have need for immediate intensive treatment, with potential for rapid change of medical status. These could include but is not limited to patients with with underlying heart, lung or renal disease who have an acute severe medical illness, major surgery, acute heart attack, head injury with altered mental state and patients who appear stable but have potential for sudden

deterioration. Priority 2 patients in general have no limits placed on the extent of treatment they are to receive.

1.3. **Priority 3:** Patients who are critically ill but have a reduced likelihood of recovery because of underlying diseases or nature of their acute illness. These patients may receive intensive treatment to relieve acute illness but limits on therapeutic efforts may be set such as no intubation or cardiopulmonary resuscitation.

2. All ***newly*** admitted patient(s) shall follow the admission process flow set forth by the Department of Emergency Medicine of RMCI and shall not bypass the initial clinical assessment of the Emergency Room resident doctor(s) on duty.
   2.1. Direct to room admission is strongly discouraged.
   2.2. In the event that the patient(s) will be admitted from the outpatient department of an area which is situated inside the hospital (such as Hemodialysis Unit, Delivery Room, Operating Room and alike) and the transport of patient to the Emergency Room is crucial;
      2.2.1. The Emergency Room resident on duty of the specific department (depending on the patient's case) shall go to the location of the patient.
      2.2.2. The resident doctor shall then conduct an initial assessment to the patient and shall provide the needed intervention(s) prior transport to the ICU.

3. All Inpatient patient(s) from non-COVID station(s) who will be advised for Intensive Care Unit admission:
   3.1. Patient must have a negative RT-PCR swab result upon recent hospital admission.
      3.1.1. Strictly no transport of patient(s) to ICU if there is no negative RT-PCR result yet or patient is with pending swab result.
   3.2. Resident doctor on duty of each specific department who is involve in managing the patient's case shall inform all onboard consultants regarding ICU admission.

3.3. All concerned consultants should have a single consensus for ICU admission and should have a written admission order.

3.4. A member of the medical team shall inform and explain to the patient and/or significant others the reason(s) of the need for ICU admission and shall obtain an informed consent from the patient and/or significant other.

3.5. Nurse in-charge shall inform Billing and Admitting Section regarding admission of in-patient patient to ICU.

3.5.1. Billing Section shall approve the admission of the patient(s) to ICU prior transport. Billing personnel shall discuss the daily cost of patient's ICU stay to the family or significant other.

3.5.2. Admitting Section shall coordinate available bed assignment from the ICU and secure reservation for the incoming patient(s).

3.6. Nurse in-charge shall secure approval or clearance of patient transfer from the Billing Section.

3.6.1. Once transfer is approve, nurse in-charge shall prepare three (3) copies of transfer slip prior transfer (1 copy for patient's chart, 1 copy for the Information Section and 1 copy for Admitting or Billing section). Each copy must have a signature over printed name of a Billing personnel.

3.6.2. If approval is denied, nurse in-charge shall instruct family member or significant other to personally proceed to Billing Section for instruction and further discussion. Nurse in-charge shall also update resident doctor on duty and the rest of the team regarding unsettlement at Billing Section.

3.7. Once okay with Billing Section, the Admitting Section and Nurse in- charge shall call ICU to inform the unit of their incoming patient.

3.7.1. Admitting Section shall call ICU and ask for the available bed for new patient and shall inform the unit of these following details: patient name, attending physician, from what station/area and room number.

3.7.2. Nurse in-charge shall inform ICU of their incoming patient and shall provide info such as: name of patient, age, attending physician, case

of the patient, status of clearance from Billing Section, equipment to be prepared at bedside and special preparation.

3.7.3. Nurse in-charge shall also secure a printed negative RAT swab result of the significant other or the family member prior to transfer. Nurse in- charge shall also inform the family member or the significant other of the patient that the unit does not allow standby family member or significant other at bedside. Visiting schedule of the unit shall also be discussed to the family member or significant other before the said transfer.

3.7.4. ICU staff shall inform station nurse in-charge to call ICU prior transport of patient and to remind resident on-duty of their station to endorse in-coming patient to ICU resident on-duty prior wheeling patient to ICU.

3.8. ICU staff shall prepare the dedicated room for the incoming patient.

3.8.1. ICU attendant and housekeeping personnel on-duty shall reassess cleanliness and functionality of of the assigned room.

3.8.2. ICU nurse shall call specific ancillary department as heads-up for the services needed by the new patient from their department (Respiratory Therapy Services for ventilators, Hemodialysis if for dialysis procedure, and the like).

3.8.3. ICU attendant shall prepare patient's assigned room. Attendant on duty shall set-up patient's room, gather all needed equipment and make it available for the new patient, make bed and place it at the receiving area of the unit.

3.9. ICU nurse shall inform ICU resident doctor on-duty of the incoming patient.

3.10. Station nurse in-charge shall call ICU prior transport and shall accompanied patient during transport to ICU together with the station auxiliary on-duty and post graduate intern on-duty.

4. All in-patient patient(s) from COVID station(s) who will be advised for Intensive Care Unit admission:
   - 4.1. Patient must have negative RT-PCR swab result prior transfer to ICU.
     - 4.1.1. If latest RT-PCR result is still positive, infectious disease consultant or Pulmonologist shall provide a written clearance for patient's transfer.
     - 4.1.2. Family member or significant other who stay with the patient must have a negative RT-PCR swab result as well prior transfer.
   - 4.2. Resident doctor on duty of each specific department who is involve in managing the patient's case shall inform all onboard consultants regarding ICU admission.
   - 4.3. All concerned consultants should have a single consensus for ICU admission and should have a written admission order.
   - 4.4. A member of the medical team shall inform and explain to the patient and/or significant others the reason(s) of the need for ICU admission and shall obtain an informed consent from the patient and/or significant other.
   - 4.5. Nurse in-charge shall inform Billing and Admitting Section regarding admission of in-patient patient to ICU.
     - 4.5.1. Billing Section shall approve the admission of the patient(s) to ICU prior transport. Billing personnel shall discuss the daily cost of patient's ICU stay to the family or significant other.
     - 4.5.2. Admitting Section shall coordinate available bed assignment from the ICU and secure reservation for the incoming patient(s).
   - 4.6. Nurse in-charge shall secure approval or clearance of patient transfer from the Billing Section.
     - 4.6.1. Once transfer is approved, nurse in-charge shall prepare three (3) copies of transfer slip prior transfer (1 copy for patient's chart, 1 copy for the Information Section and 1 copy for Admitting or Billing section). Each copy must have a signature over printed name of a Billing personnel.
     - 4.6.2. If approval is denied, nurse in-charge shall instruct family member or significant other to personally proceed to Billing Section for

instruction and further discussion. Nurse in-charge shall also update resident doctor on duty and the rest of the team regarding unsettlement at Billing Section.

4.7. Once okay with Billing Section, the Admitting Section and Nurse in- charge shall call ICU to inform the unit of their incoming patient.

4.7.1. Admitting Section shall call ICU and ask for the available bed for new patient and shall inform the unit of these following details: patient name, attending physician, from what station/area and room number.

4.7.2. Nurse in-charge shall inform ICU of their incoming patient and shallprovide info such as: name of patient, age, attending physician, case of the patient, status of clearance from Billing Section, equipment to be prepared at bedside and special preparation.

4.7.3. Nurse in-charge shall also secure a printed negative RAT swab result of the significant other or the family member prior transfer. Nurse in-charge shall also inform the family member or the significant other of the patient that the unit does not allow standby family member or significant other at bedside. Visiting schedule of the unit shall also be discussed to the family member or significant other before the said transfer.

4.7.4. ICU staff shall inform station nurse in-charge to call ICU prior transport of patient and to remind resident on-duty of their station to endorse in-coming patient to ICU resident on-duty prior wheeling patient to ICU.

4.8. ICU staff shall prepare the dedicated room for the incoming patient.

4.8.1. ICU attendant and housekeeping personnel on-duty shall reassess cleanliness and functionality of of the assigned room.

4.8.2. ICU nurse shall call specific ancillary department as heads-up for the services needed by the new patient from their department (Respiratory Therapy Services for ventilators, Hemodialysis if for dialysis procedure, and the like).

4.8.3. ICU attendant shall prepare patient's assigned room. Attendant-on-duty shall set-up patient's room, gather all needed equipment and make it available for the new patient, make bed and place it at the receiving area of the unit.

4.9. ICU nurse shall inform ICU resident doctor on-duty of the in-coming patient.

4.10. ICU nurse who will be in-charge for the in-coming patient shall call the station (COVID area) and get the detailed patient's endorsement from the nurse in-charge over the phone.

4.10.1. ICU nurse shall advise patient's nurse in-charge to return all unopened medicine to the pharmacy department and the unused supplies to central supply section and shall charge new set of supplies from central supply section for patient's consumption.

4.10.2. Station nurse in-charge of the patient shall inform pharmacy department to serve new set of patient's standing medicines and supplies to ICU.

4.11. Station nurse in-charge shall be the one to call ancillary department (like Respiratory Therapy Section) to assist in the transport if needed.

4.12. ICU nurse shall inform ICU auxiliary on-duty to prepare the stretcher,which will be used to fetch the patient.

4.13. ICU nurse shall gather all the equipment and supplies that will be needed during the transport.

4.13.1. Equipment are: one (1) cardiac monitor with defibrillator and eletrogel, infusion pump (quantity is dependent to the number of drips relayed during endorsement), patient's gown and portable oxygen with aqua pak.

4.13.2. Supplies are: one (1) emergency kit, five (5) syringes (2-3ml syringe with needle, 2- 10ml syringe with needle and 1- 5ml syringe with needle), one (1) 100ml NSS with polyspike, one (1) penlight, one (1) portable pulse oximeter (patient's stock), one (1) blood pressure apparatus with stethoscope (new), plumset (quantity is dependent to

the number of drips relayed during endorsement), gloves and one (1) disinfectant spray.

4.14. ICU nurse shall call station nurse in-charge prior to fetching the patient.

4.15. ICU nurse and auxiliary on-duty shall don level 3 PPE (disposable surgical gown, n-95 mask, face shield, pair of gloves) before fetching the patient.

4.16. At the COVID area, ICU nurse and auxiliary will stay at the lobby. Station nurse in-charge and/or attendant on duty will get the stretcher from the ICU staff and is responsible to transfer the patient from bed to stretcher.

4.17. Once the patient is wheeled out from the station, the ICU nurse shall secure the completeness of patient's attachment according to what is being endorsed over the phone.

4.18. ICU nurse shall then change patient's gown, attach the cardiac monitor to the patient, place pulse oximeter at patient's finger and change all the intravenous tubing of the patient's continuous intravenous fluids. ICU nurse then set patient's drip correctly according to the earlier endorsement.

4.19. ICU nurse shall secure the completeness of the chart, transfer slip opened medicines (if there is any) and patient's feeding (if there is any).

4.20. ICU nurse, auxiliary and ancillary personnel shall doff off the surgical gown, and gloves. Auxiliary shall spray the stretcher wheels with disinfectant prior entering the Annex lift.

5. During transport of patient to the ICU it is a must to attach cardiac monitor with defibrillator and pulse oximeter to the patient during the entire transport
6. Consultant(s) and/or resident doctor(s) should be responsible for handing over the patient's case to the ICU resident doctor on duty.
7. No outside bed nor stretcher will be wheeled inside the ICU, transfer of patient will take place at the receiving area of the unit.
8. Transfer of patient(s) from non-COVID areas shall be accompanied by an on-duty Post Graduate Intern and a nurse in-charge.
9. Endorsement of patient(s) from non-COVID area shall be done at the ICU. Endorsement over the phone is not allowed.
10. For the safety of the patient and efficient workflow, it is discouraged to wheel patient to the ICU without informing the unit.

11. All newly admitted patient with pending RT-PCR swab result shall stay at ICU's isolation room (ICU 7) until the release of the result.
12. It is discourage to transport patient(s) with pending RT-PCR swab result form non-COVID area (except patient(s) from emergency room to operating room and/or emergency room to delivery room) to ICU. The transfer will be delayed until the release of negative RT-PCR swab result.
13. ICU will no longer receive new admission(s) with pending RT-PCR swab result once ICU's isolation room is occupied.
14. Consent for ICU admission shall be secured and shall be attached at patient's chart.

REFERENCE:

(https://www.nhs.uk/conditions/intensive-care/)

Guidelines Committee, Society of Critical Care Medicine Guidelines for ICU admission, discharge and triage (1999)

APPROVAL:

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	HANNAH KHAY S. TREYES, RN, MN Chief Nurse		6/15/2022
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Approved:	**GENESIS GOLDI D. GOLINGAN** President and CEO		9/12/22

KEY TASKS	PERSON RESPONSIBLE
1. Categorizes all ICU admission thru case prioritization basing on the degree of illness and expected outcome.	Head Nurse
2. Follows the admission process flow set forth by the Department of Emergency Medicine of RMCI and shall not bypass the initial clinical assessment of the Emergency Room resident doctor(s) on duty.	Healthcare workers
3. Explains to the patient and/or significant others the reason(s) of the need for ICU admission and shall obtain an informed consent from the patient and/or significant other.	Attending Physician
4. Informs Billing and Admitting Section regarding admission of in-patient patient to ICU.	Nurse-In-Charge
5. Secures approval or clearance of patient transfer from the Billing Section.	
6. Calls ICU to inform the unit of their incoming patient.	Nurse-In-Charge and Admitting Section
7. Prepares the dedicated room for the incoming patient.	ICU Staff
8. Informs ICU resident doctor on-duty of the incoming patient.	
9. Calls ICU prior transport and shall accompanied patient during transport to ICU together with the station auxiliary on-duty and post graduate intern on-duty.	Nurse-In-Charge
10. Attaches cardiac monitor with defibrillator and pulse oximeter to the patient during the entire transport	

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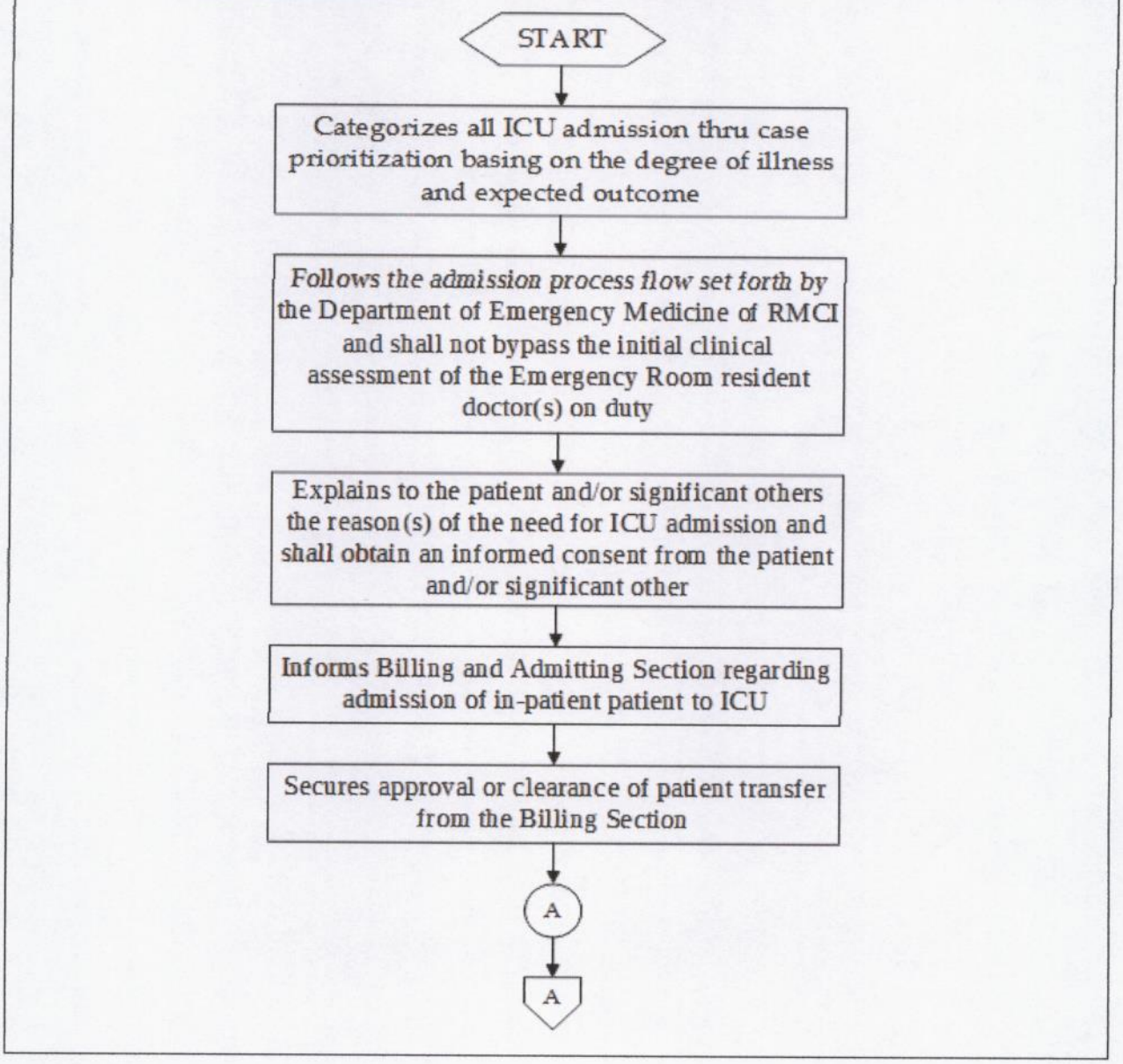
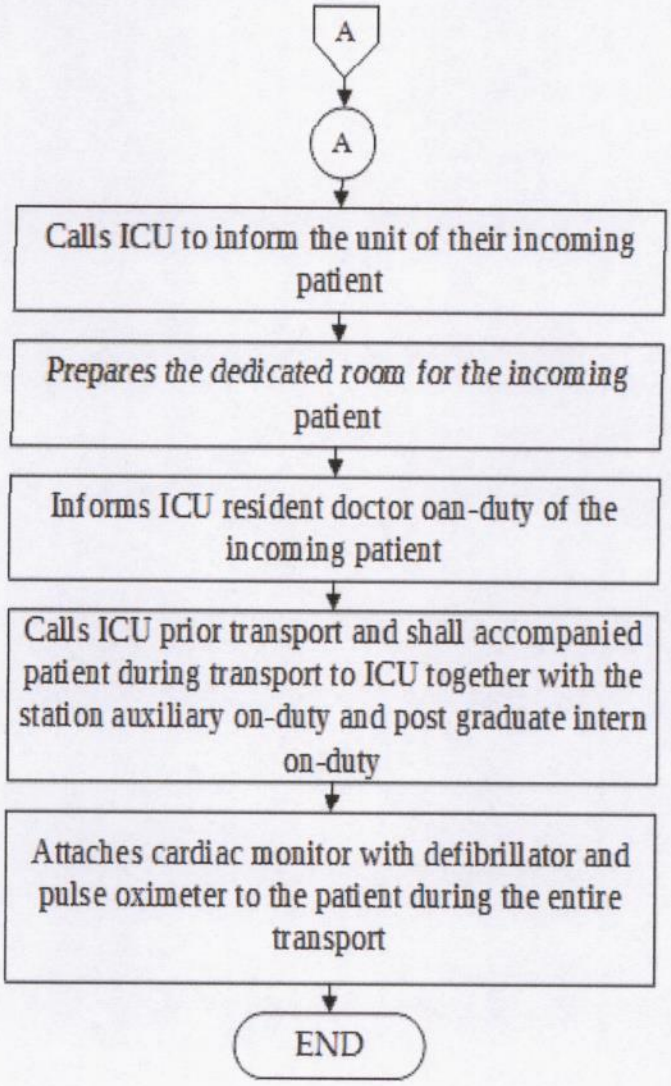


FLOWCHART



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