

| | Early Recognition / Rapid Response/Resuscitation | Admission to ICU (First 24 hours) | Stabilization (Day 2-3) | Transfer/Transition (Day 3-4) |
|--|---|--|---|---|
| Order Sets | <ul style="list-style-type: none"> 1375 GEN IP Adult Rapid Response Consider use of diagnosis specific focused order sets (Sepsis 1336, STEMI1163, Stroke 1339) For inpatient admission use 1219 Critical Care Management Admission, 1530 GEN Admission Template or 829 ED/IP Quick Admit/Bridging order sets | <ul style="list-style-type: none"> 654 GEN IP Adult patient-controlled analgesic/continuous opioid infusion 695 GEN IP Palliative Care - End of Life Symptom Management 1152 GEN IP Venous Thromboembolism (VTE) Prophylaxis Focused 1167 ANE IP Analgesia/Sedation for Mechanically Vented Adults Consider Glycemic Control Order Sets (605, 1283,1325,1550) 1285 GEN IP Therapy Acute Care Focused 1356 ANE IP Analgesia/Sedation/Neuromuscular Blocker (NMBA) Protocol 1384 GEN IP Influenza/Pneumococcal Focused 1469 GEN IP Continuous Opioid Infusion Analgesia (Dilaudid / Fentanyl / Morphine) -SF 1756 GEN IP Palliative Care Vent W/drawal | <ul style="list-style-type: none"> 786 GEN IP Enteral Tube Feeding Focused | |
| Medical Milestones/ Discharge Criteria | <ul style="list-style-type: none"> Airway management/oxygenation stabilization Hemodynamic support and stabilization Patient treatment preferences Rapid Transfer to ICU <ul style="list-style-type: none"> The goal for ED transfers to ICU = within 60 min Goal for other department transfers to ICU = within 30 min of recognition of need | <ul style="list-style-type: none"> ABCDE bundle initiated <ul style="list-style-type: none"> Awakening & Breathing Trial Coordination Delirium Assessment & Mgmt. Early Exercise & Progressive Mobility Central Line Bundle implemented, if appropriate GI prophylaxis initiated Ventilator Associated Event (VAE) Bundle implemented Glycemic control achieved VTE prophylaxis initiated Nursing Care Plan goals have been established <ul style="list-style-type: none"> Electrolyte management Maintain pain level = or less than 3 Maintain skin integrity Maintain patient safety Maintain pt. specific caloric intake Neurological status improving Optimize fluid status Oxygenation maintained | <ul style="list-style-type: none"> ABCDE bundle goals being met GI prophylaxis initiated Interdisciplinary family meeting conducted or date established Nursing Care Plan interventions evaluated every shift Patient treatment goals reviewed and barriers of achievement and/or progression with goals addressed Reassess expected transition/discharge date out of ICU Remove urinary catheter, unless contraindicated Remove central line, unless contraindicated Verify VTE initiated | <ul style="list-style-type: none"> Remove urinary catheter, unless contraindicated Remove central line, unless contraindicated Family conference completed, including; <ul style="list-style-type: none"> treatment plan /disease process code status/advance directive goals of care discharge disposition Consider transfer/discharge from ICU when; <ul style="list-style-type: none"> physiologic status has stabilized, and ICU care and monitoring are no longer necessary. active interventions are no longer planned because of deterioration in the patient's condition. |
| Consults | <ul style="list-style-type: none"> Diagnosis appropriate consult Hospitalists/Intensivists/Surgeons Palliative Care to consider goals of care/advance directive Spiritual Care | <ul style="list-style-type: none"> Diagnosis appropriate physician specialty consult Behavioral Health Case management/social work Dietary/Nutrition Hospitalists/Intensivist/Surgical Palliative Care to consider goals of care/advance directive Pharmacy PT/OT/SLP Spiritual Care | <ul style="list-style-type: none"> Diagnosis appropriate physician specialty consult Behavioral Health Case management/social work Dietary/Nutrition Hospice, if indicated Hospitalists/Intensivist/Surgical Palliative Care to consider goals of care/advance directive Pharmacy PT/OT/SLP Spiritual Care Transition planning (LTAC /SNF/Rehab /Home Hlth) | <ul style="list-style-type: none"> Transition planning (LTAC/SNF/Inpatient Rehab/Home Health) Behavioral Health Dietary Palliative Care to consider goals of care/advance directive PT/OT/SLP Hospice, if indicated |
| RT | <ul style="list-style-type: none"> Airway management Initiate appropriate oxygenation support and RT interventions | <ul style="list-style-type: none"> Airway /Ventilator management Initiate bronchodilator protocol Hyperinflation Protocol/Secretion Management Titrate oxygen, as indicated VAE prevention | <ul style="list-style-type: none"> Airway /Ventilator management Bronchodilator protocol Hyperinflation Protocol/Secretion Management Titrate oxygen, as indicated VAE prevention | <ul style="list-style-type: none"> Airway/Ventilator management Bronchodilator protocol Hyperinflation Protocol/Secretion Management Titrate oxygen, as indicated VAE prevention Consider home 02 eval if discharge is anticipated within 48 hours |

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| Education | <ul style="list-style-type: none"> • Patient/family rights with regards to treatment plan • ICU environment, visitation, equipment, etc. | <ul style="list-style-type: none"> • Provide patient/family information on disease process and treatment plan • Education regarding the ICU environment, visitation, equipment, etc. • Identify appropriate surrogate decision maker/health care proxy • Educate family on delirium prevention | <ul style="list-style-type: none"> • Patient/Family conference to review; <ul style="list-style-type: none"> ◦ treatment plan / disease process ◦ code status/advance directive ◦ goals of care ◦ discharge disposition • Reinforce education to family on delirium prevention | <ul style="list-style-type: none"> • Family conference to review; <ul style="list-style-type: none"> ◦ treatment plan / disease process ◦ code status/advance directive ◦ goals of care ◦ discharge disposition • Educate patient/family on medication changes |
| Assess/Treatment | <ul style="list-style-type: none"> • Activate appropriate facility emergency response team • Hospital Rapid Response protocol/policy • CXR • EKG • O2 Saturation • Blood culture, ABG, blood glucose • Cardiac Enzymes • Lactic acid /BMP/CBC/Coags • Mental status assessment • Sedation assessment • SIRS Screen • Pain assessment/management • Consider vascular access needs • CIWA/COWS • Signs, symptoms and risk factors for infection, SIRS screen • Review Code status/advanced directive with patient/family • POST/POLST • Identify appropriate surrogate decision maker/health care proxy • Assess religious beliefs | <ul style="list-style-type: none"> • Aspiration prevention • Sedation awakening trials(SAT)/Spontaneous breathing trials (SBT) daily • Assess ventilatory weaning potential • Sedation Evaluation (Riker Assessment or RASS) • Bedside swallow assessment • CIWA/COWS • SIRS Screen • Depression screening, when stable • Delirium assessment (CAM ICU) • Central line bundle use, if appropriate • CHG bathing (best practice playbook) • MRSA/VRE swab • Oral care • Ophthalmic care as indicated • Pain assessment/management • Patient safety assessment/maintenance • Skin assessment/maintenance • Smoking cessation • Urinary catheter assessment and perineal care • Establish/Review <ul style="list-style-type: none"> ◦ Treatment plan ◦ Code status/advanced directive with patient/family ◦ goals of care ◦ discharge disposition • Sputum sample | <ul style="list-style-type: none"> • Sedation awakening trials(SAT)/Spontaneous breathing trials (SBT) daily • Assess ventilator support weaning potential daily • Sedation Evaluation (Riker Assessment or RASS) • Delirium/Depression assessment • Bedside swallow assessment • Continue use of Central Line Bundle, if indicated • CIWA/COWS • SIRS Screen • Oral care • Ophthalmic care as indicated • Pain assessment/management • Patient safety assessment/maintenance • Skin assessment/maintenance • Urinary catheter assessment and perineal care • Review <ul style="list-style-type: none"> ◦ Treatment plan ◦ Code status/advanced directive with patient/family ◦ goals of care ◦ discharge disposition | <ul style="list-style-type: none"> • Continue use of Central Line Bundle, if indicated • Depression assessment • SIRS Screen • Pain assessment/management • POST/POLST, reevaluate/if not established • Skin assessment /maintenance • Urinary Catheter Bundle, if indicated |
| Medication | <ul style="list-style-type: none"> • Follow ACLS protocol as indicated • IV fluids/ bolus • Broad-spectrum antibiotic therapy, choosing antibiotic based on most likely source of infection or preventative measure. • Acid Suppression • Consider reversal agents • Consider bronchodilator protocol • Consider blood glucose control • Review home medications (antidepressants, antiepileptics, narcotics) | <ul style="list-style-type: none"> • Admission Medication Reconciliation completed • Antibiotic selection/de-escalation, if indicated • Assess need for analgesics • Glycemic Control • Assess need for stress ulcer prophylaxis • Consider pharmacologic VTE prophylaxis | <ul style="list-style-type: none"> • Adjust antibiotics and de-escalation as indicated • Assess need for analgesics • Assess need for stress ulcer prophylaxis • Glycemic control, consider transition to subcutaneous insulin • VTE Prophylaxis • Consider transition from IV to PO medications • Review and resume home medication as appropriate | <ul style="list-style-type: none"> • Adjust antibiotics and de-escalation as indicated • Glycemic control, consider transition to subcutaneous insulin • Transition from IV to PO medications, if appropriate • Complete transfer order reconciliation • Reassess need for stress ulcer prophylaxis, possible discontinuation • Review and resume home medication as appropriate |
| Activity | | <ul style="list-style-type: none"> • Elevate head of bed 30 degrees, if no contraindications • Mobilization per hospital protocol • Prior level of function assessment • Turn patient every 2 hours | <ul style="list-style-type: none"> • Elevate head of bed 30 degrees, if no contraindications • Mobilization per hospital protocol • Turn patient every 2 hours | <ul style="list-style-type: none"> • Mobilization per hospital protocol |
| Diet | <ul style="list-style-type: none"> • NPO until dysphagia screen | <ul style="list-style-type: none"> • Nutritional assessment daily • Follow dietician recommendations for nutrition • Initiate appropriate diet per order • Consider enteral tube feedings | <ul style="list-style-type: none"> • Nutritional assessment daily • Follow dietician recommendations for nutrition • Initiate appropriate diet per order, | <ul style="list-style-type: none"> • Nutritional assessment daily • Follow dietician recommendations for nutrition • Initiate appropriate diet per order |
| Other | <ul style="list-style-type: none"> • Consider venous arterial blood management protector (blood conservation during blood draws) | <ul style="list-style-type: none"> • Consider venous arterial blood management protector (blood conservation during blood draws) | | |