Guideline Title  ICU Patient Waiting for Ward Bed

Summary: This guideline outlines the process involved in preparing a patient for the ward once they are deemed ready for discharge from ICU.

Approved by: ICU Medical Director

Publication (Issue) Date: March 2014

Next Review Date: March 2017

Replaces Existing Guideline: ICU Patient waiting for a ward bed.

Previous Review Dates: 2003

Related Standards or Legislation:

NSQHS Standard 1 Governance

1. Introduction contains:

The risk addressed by this policy:

Patient Safety.

The Aims / Expected Outcome of this policy:

Patients who have recovered sufficiently from illness / reason for admission to ICU will be cared for appropriately as a ward patient, within the ICU, until bed availability within a general ward enables transfer. Continuity of health care will be maintained.

2. Policy Statement:

- All care provided within Liverpool Hospital will be in accordance with infection prevention and control, manual handling and minimisation and management of aggression guidelines.
- The patient must be cleared for the ward by the Intensive Care Medical team.
- The arterial line must be removed prior to transfer to the ward.
- When cleared, the patient charts will be converted to those used within the general ward environment and the use of the ICU flowchart will cease from midnight of the day of clearance.
- When cleared, monitoring may commence at 1/24 hourly intervals: temperature (T), respiratory rate (RR), heart rate (HR), blood pressure (BP) and oxygen saturation (SpO₂). Blood sugar levels (BSL) as required.
- All medication and I.V fluids are to be signed off on the 24hr flowchart and where required, prescribed on ward charts.
- Patient's x-rays, clinical notes and old notes are to accompany the patient upon transfer to the ward.
3. Principles / Guidelines

Equipment

- SpO$_2$ monitoring, non invasive BP
- Transfer to ward using the ICU bed, wheelchair or other form of transport appropriate to the patient's condition and location of ward.
- Oxygen cylinder 3/4 full and oxygen delivery device - as per patient's requirements within the ICU.

Procedure:

Once Patient is cleared for ward the procedure below should be carried out as soon as possible as once a bed is allocated the patient should be moved to the ward within 30 minutes (Green light Project 2013)

To ensure smooth and planned access to general ward beds utilise the DISCHARGE ACRONYMN (see below) and notify

- The team leader in your ICU that the patient has been cleared for transfer to the ward.
- The team leader will notify the Bed Manager that this patient needs a ward environment bed and enter it on the NSW patient flow portal.
- Remove the patient's arterial line and cease ECG and electronic monitoring - SpO$_2$ values are to be maintained as required.
- Attend to discharge swabs
- Commence 4/24 or as requested observations.
- Obtain IV fluid orders on ward fluid order chart
- Document a nursing transfer report using the ICU Transfer Form.
- Commence recording observations on ward chart after midnight.
- Notify the patient that he/she will be waiting in the ICU until a ward bed becomes available.
- Notify the patient's 'person to notify' that the patient is able to be transferred to the ward and is waiting for an available bed.
- Obtain Old Notes, X-Rays and clinical notes for transfer with patient. Assemble patient specific equipment not available within the general ward setting.
- When the ward location is known, the nurse caring for the patient will contact that ward to confirm bed availability and time for transfer.
- Handover of the patient's history, infection status, current status and special requirements for preparing the room / bed area in the ward may be made over the phone. A detailed handover using the Nursing Discharge form must be attended on transferring the patient to the ward. The discharge form must be signed by the transferring nurse from ICU and the receiving nurse on the ward.
- Prior to transfer, ensure that all patient belongings and valuables are with the patient for transfer to the ward. Document return of belongings to the patient's possession.
Clinical Issues

• If the patient's condition should alter, obtain medical review by ICU team prior to discharge / transfer to the ward.
• If there is a discrepancy between opinions about patient's appropriateness for transfer, discuss with Team Leader, medical team and ICU Staff Specialist.
• Ensure that the electronic medical discharge summary, nursing discharge form and all relevant documentation is completed prior to transfer. The patient's home team should be notified that the patient is being discharged to the ward.
• If follow up care is required the ICU Outreach nurse / and the Afterhours CNC should be notified.

4. Performance Measures
All incidents are documented using the hospital electronic reporting system: IIMS and managed appropriately by the NUM and staff as directed.

References


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