
ICU.6 Patient care in the adult intensive care unit is provided using a multidisciplinary approach.

- ICU.6.1 The multidisciplinary team includes both ICU as well as non ICU members. This includes but is not limited to: ICU physician, ICU nurse, clinical pharmacist, respiratory therapist, dietitian, social worker, physiotherapist, and the consultant of the primary service under which the patient was first admitted.
- ICU.6.2 Medically necessary services are readily available and accessible at all times.
- ICU.6.3 Care is provided equally to all critical care patients whether inside the unit or those in other areas of the hospital (e.g., ventilated patients in emergency department).
- ICU.6.4 Care is coordinated amongst the multidisciplinary team members and documented in the patient's medical record.

Standard Intent:

The patient care process in ICU is dynamic and involves many health care practitioners and can involve multiple care settings and departments and services. The integration and coordination of patient care activities are goals that result in efficient care processes, more effective use of human and other resources, and the likelihood of better patient outcomes.

ICU.7 The admission and discharge processes in the adult intensive care unit are coordinated.

- ICU.7.1 The ICU physician and the primary physician jointly make the decision to admit and discharge patients from the unit.
- ICU.7.2 A summary of the intensive care stay is written by the ICU physician and made available at the time of discharge from intensive care to a lower acuity level.
- ICU.7.3 There is a documented evidence of handover between the intensive care unit physician and the unit/ward physician at the time of transfer to a lower acuity of care.
- ICU.7.4 When the patient is discharged from the unit, the intensive care unit physician ensures that the receiving team on the floor is well informed about the patient's status and ongoing patient needs.
- ICU.7.4.1 The patient's plan of care and medications are written in detail by the physician including how to continue them in the floor.
- ICU.7.4.2 Any special care requirements are documented (e.g., to watch for drainage tubes, tracheotomy care, and wound care) in the patient's medical record.

Standard Intent:

To maintain continuity of care throughout the patient's stay in ICU setting, the care which is provided to ICU patients is will coordinated between the primary physician and the ICU physician. The decision of admission and discharge the patient from ICU are discussed between the primary team and the ICU physician.