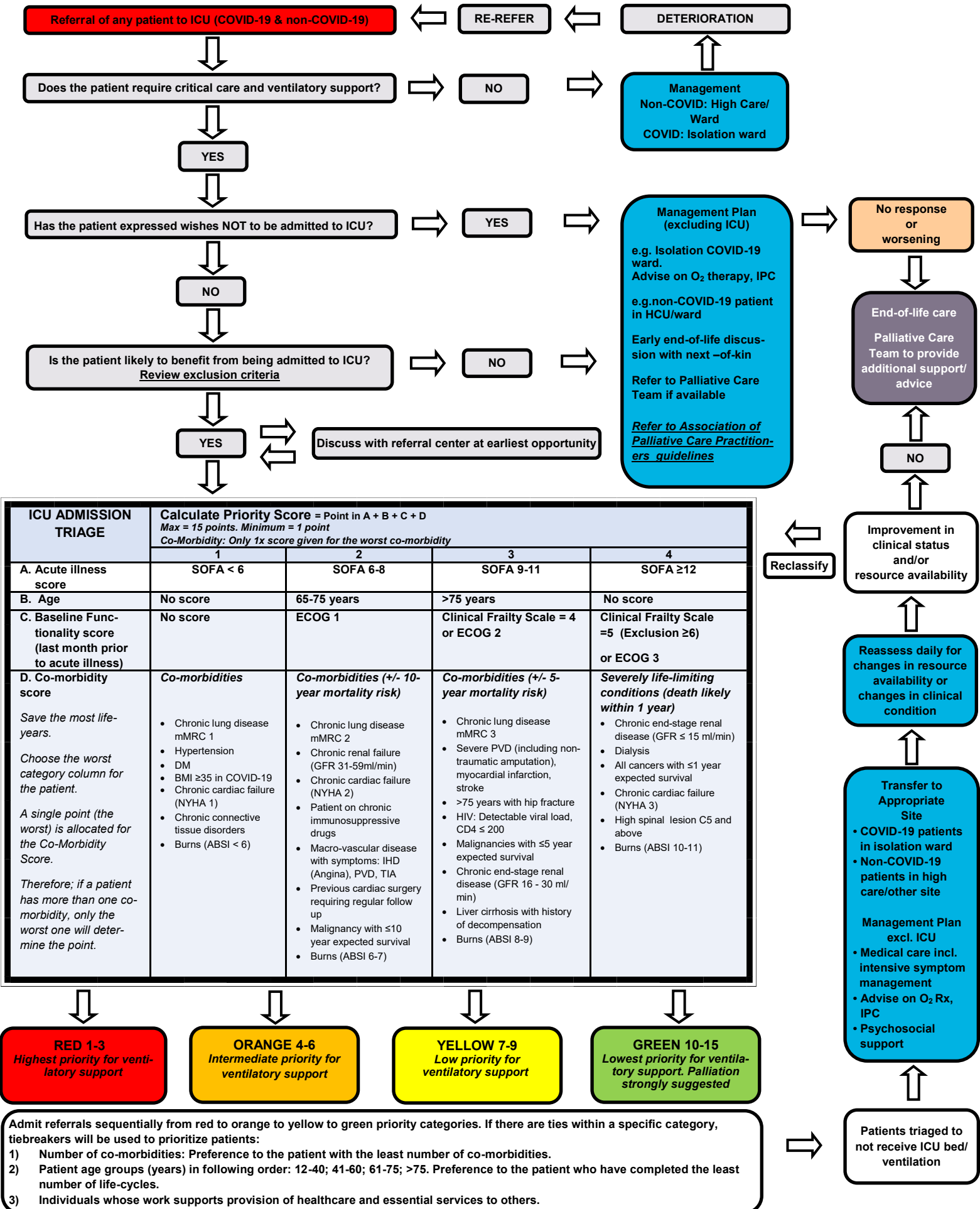


# WESTERN CAPE CRITICAL CARE TRIAGE TOOL



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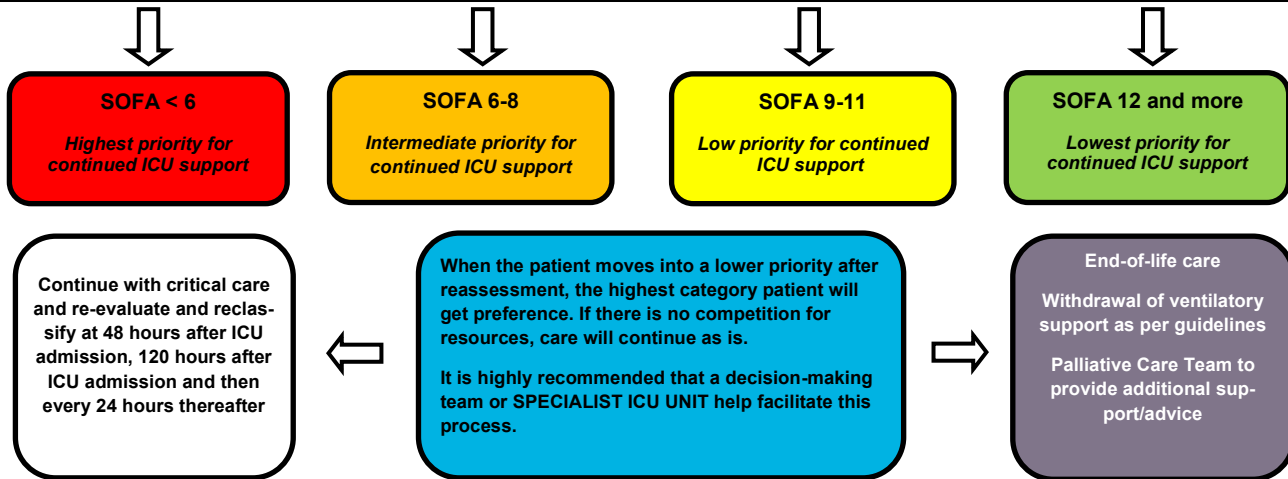
## IN-ICU DECISION TOOL:

Re-assess all patients admitted to ICU at 48 hours and at 120 hours after admission.

Reclassify the PRIORITY CATEGORY using; 1) Baseline SOFA score at admission, 2) SOFA after 48 hours, 3) SOFA after 120 hours.

Principles of re-assessment:

- 1) Once a patient has been accepted into the ICU (guided by the PRIORITY CALCULATOR FOR ADMISSION above), progression IN-ICU is now monitored by using the initial SOFA score as baseline in relation to the follow-up SOFA scores (delta-SOFA). The SOFA score can STAY THE SAME (not ideal), IMPROVE (desired) or DETERIORATE (worst).
- 2) After re-assessment (at 48 hours and 120 hours after admission) the patient can only stay in the SAME PRIORITY CATEGORY if the SOFA has IMPROVED.
- 3) If the SOFA score stays THE SAME in a re-assessment, the patient must move to the next LOWER PRIORITY CATEGORY
- 4) If the SOFA IMPROVES, the patient can either stay in the SAME PRIORITY CATEGORY, or move into a HIGHER PRIORITY CATEGORY, depending on the amount of SOFA score improvement.



## Exclusion criteria for admission to ICU

- Patient expressed wish not to be admitted to ICU / advance directive
- Clinical Frailty Scale  $\geq 6$  and more
- ECOG score 4 (Eastern Cooperative Oncology Group)
- < 6 months life-expectancy
- Unwitnessed cardiac arrest
- Severe and irreversible neurological injury (GCS<6: motor score <4)
- Irreversible age-specific hypotension unresponsive to fluid resuscitation and vasopressor therapy
- Severe baseline cognitive impairment (inability to perform ADL)
- Chronic respiratory disease with poor functional capacity – mMRC 4
- Cardiovascular disease - NYHA 4 or known poor ejection fraction on maximal medical therapy
- HIV/AIDS with an AIDS defining illness
- CD4  $\leq 100$  and/or VL  $\geq 10\ 000$  c/ml
- Severe burns with high predicted mortality (ABSI  $\geq 12$ )
- Liver cirrhosis - Child Pugh  $\geq 7$  or MELD  $\geq 20$
- Advanced untreatable neuromuscular disease
- Chronic kidney failure in patient not eligible for dialysis
- End stage organ failure and not a candidate for transplantation

## Sequential (Sepsis Related) Organ Failure Assessment

Score	0	1	2	3	4
<b>Respiratory</b>					
PaO <sub>2</sub> /FiO <sub>2</sub> , mmHg	Normal	<400 (53.3)	<300 (<40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
<b>Coagulation</b>					
Platelets x10/mm <sup>3</sup>	Normal	<150	<100	<50	<20
<b>Liver</b>					
Bilirubin, $\mu\text{mol/l}$ (mg/dL)	Normal	20-32 (1.2-1.9)	33-101 (2.0-5.9)	102-204 (6.0-11.9)	>204 (12.0)
<b>Cardiovascular</b>					
Hypotension (mcg/kg/min)	Normal	MAP<70 mmHg	Any dose Dobutamine	Adrenaline <0.1 or Noradrenaline <0.1	Adrenaline >0.1 or Noradrenaline >0.1
<b>Central Nervous System</b>					
Glasgow Coma Score	Normal	13-14	10-12	6-9	<6
<b>Renal</b>					
Creatinine, $\mu\text{mol/l}$ (mg/dL) or Urine output	Normal	110-170 (1.2-1.9)	171-299 (2.0-3.4)	300-440 (3.5-4.9) or <500 mL/day	>440 (5.0) or <200 mL/day

## Clinical Scores to be used for assessment

### Clinical Frailty Scale

-  **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
-  **2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.
-  **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
-  **4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.
-  **5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
-  **6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9 Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

### mMRC Breathlessness Scale

This score should be used for patients diagnosed with COPD

Grade	Grade Description of Breathlessness
0	I only get breathless with strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill
2	On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace
3	I stop for breath after walking about 100 yards or after a few minutes on level ground
4	I am too breathless to leave the house or I am breathless when dressing

### New York Heart Association (NYHA)

This score should be used for patients diagnosed with heart failure

Class	Patient symptoms
I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases

### ECOG Performance Status

This score should be used for patients diagnosed with a malignancy

Class	Patient symptoms
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours
3	Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any selfcare; totally confined to bed or chair

### Acknowledgements:

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