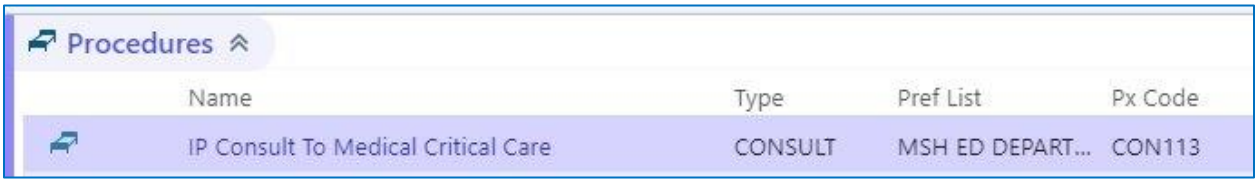
MSH Emergency Medicine
Institute for Critical Care Medicine

Approved by MSH EM and ICCM: 10/17/2024

Guideline for Management of Adult ICU Patients in the Emergency Department Resuscitation Area

Initial Consultation

1. Placing consult
    a. Emergency Medicine will consult the critical care service deemed most appropriate in conjunction with any clinical services consulting in the ED care.
        i. Emergency Medicine should always directly consult a Critical Care team, whether ICU care is recommended by the ED or a consultant, prior to disposition.
        ii. If Emergency Medicine feels a patient requires ICU-level care and there is disagreement with a consulting service in the Emergency Department, surgical or not, Emergency Medicine will speak directly with the appropriate ICU team.
        iii. All consults should be accompanied by an Epic order placed ***by the ED team:***



2. Timing of Initial Consult Recommendations
    a. In accordance with medical board policy, consultations will be responded to by phone within 10 minutes for emergent consultations and 1 hour in urgent cases.
    b. The responsible critical care consultant will see the patient and provide initial recommendations ***within 60 minutes*** of any ED consult from RESUS.
3. Communication of recommendations
    a. Initial or urgent clinical care recommendations from a critical care service to emergency medicine should be communicated verbally with readback.
        i. The Emergency Medicine attending should be present for the receipt of any urgent or emergent care recommendations.
        ii. The Critical Care team will ensure it has appropriate contact information for ED providers. ED team will update Critical Care team with any changes to team members at signout.
        iii. Both teams will decide on **next established check in time** if patient is still boarding.
    b. Critical care team will notify ED team if the consult note contains substantive additions or changes from the verbal recommendations.

Shared Management after ICU admission but prior to available bed in ICU

Reference: EM 34.5 MSH-MSQ Critical Care Consult Policy, MSHS 103 Emergency Treatment, Stabilization, Transfer of Patients and EMTALA (Emergency Medical Treatment and Labor Act)

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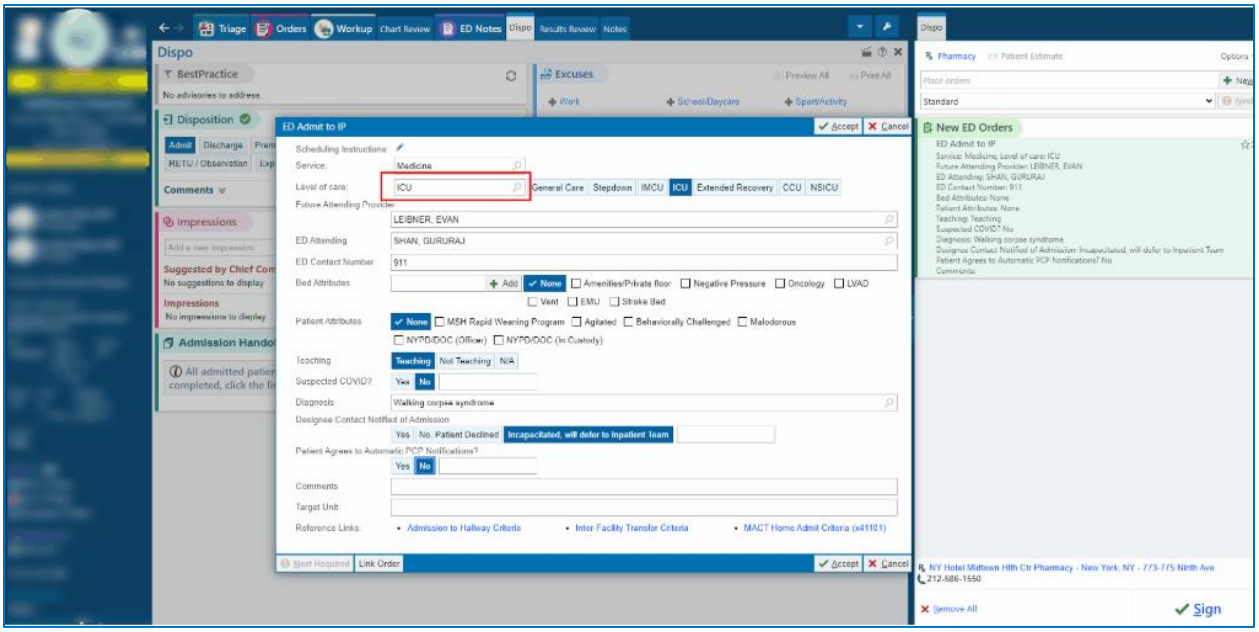
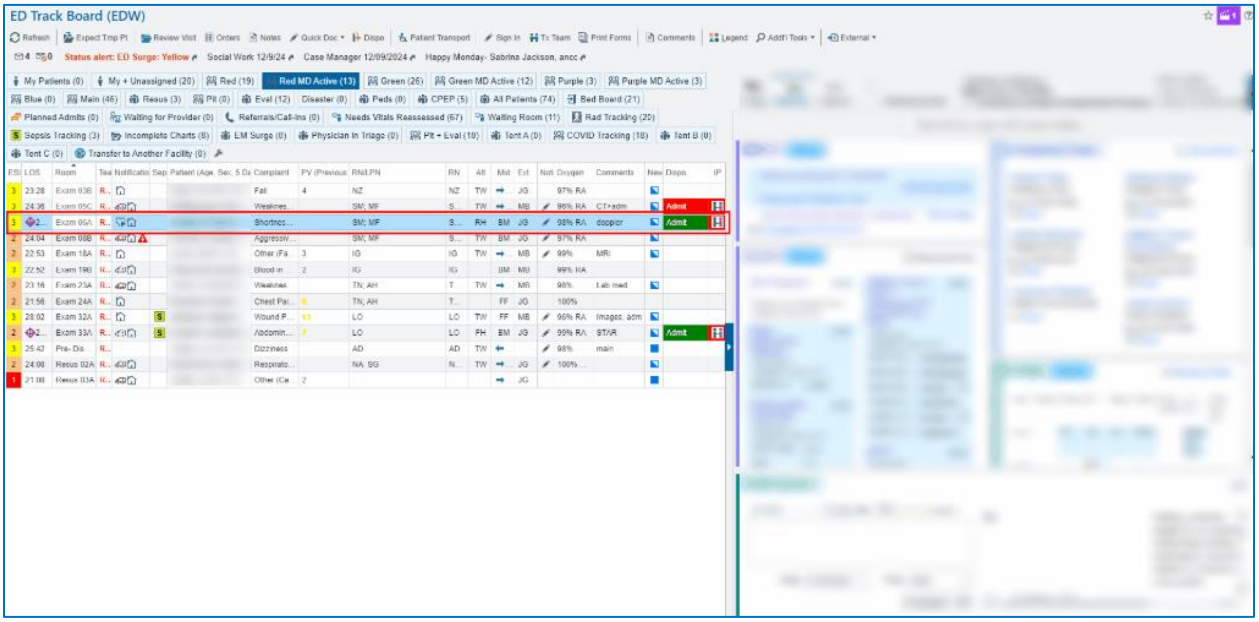
1. Once patient is accepted by ICU team, ED team will place admission order in Epic:



2. Admitted ICU patients who are awaiting an available bed remain under the primary care of the Emergency Medicine attending and their clinical team and should be fully signed out during ED provider shift changes as ***active*** patients. The ED trackboard will reflect this by maintaining the IP column handoff icon "red":



3. ICU team will provide recommendations to ED team:
    a. ICU team provides recommendations in initial consult note as above

   b. ED team will identify and communicate any anticipated barriers to executing recommendations
   c. Any immediate or critical updates will be communicated via phone call
4. ED and ICU teams check in ***by phone every 4 hours after initial consult*** with any outstanding items and/or new recommendations and/or update to bed availability
   a. ED provider provide bedside reassessment of patient at that time
      i. If any clinical concern or change in course, ED team can request in person evaluation by ICU team
   b. ED RN ensures most recent vitals are within 15 minutes of check in
   c. ED team will document in *ED Course* that check in occurred
      i. Any substantial updates to the plan or recommendations will be documented by the ICU team
   d. ED and ICU teams update with new contact information of team members at change of shift
   e. Any safety issues or excessive delays in care (eg., radiology, throughput, etc) should be escalated as needed to the ED Physician Admin on Call
   f. The ICU team will write a brief update note detailing any new or outstanding recommendations
5. ICU team will facilitate bed placement for all medical ICU-bound patients
   a. If a bed is found in another ICU for a MICU patient, the ICU team will provide handoff to the ICU fellow of the ICU where the patient is going (eg., ICU team hands off to NSICU fellow for MICU overflow patient)

Pre Departure from the Emergency Department and Transporting patients to the ICU

1. ED RN to notify ED provider team when nursing handoff has been given to ICU
2. ED RN to ensure patient has vitals updated to within 15 minutes of departure, and lines and drips are updated in Epic
3. Any concerning status change (e.g, escalating pressor requirement, respiratory distress) should be communicated to ICU team **by phone** prior to leaving the ED
4. ED provider team will complete ED ICU Handoff note in Epic using .EDADMITICU smartphrase:

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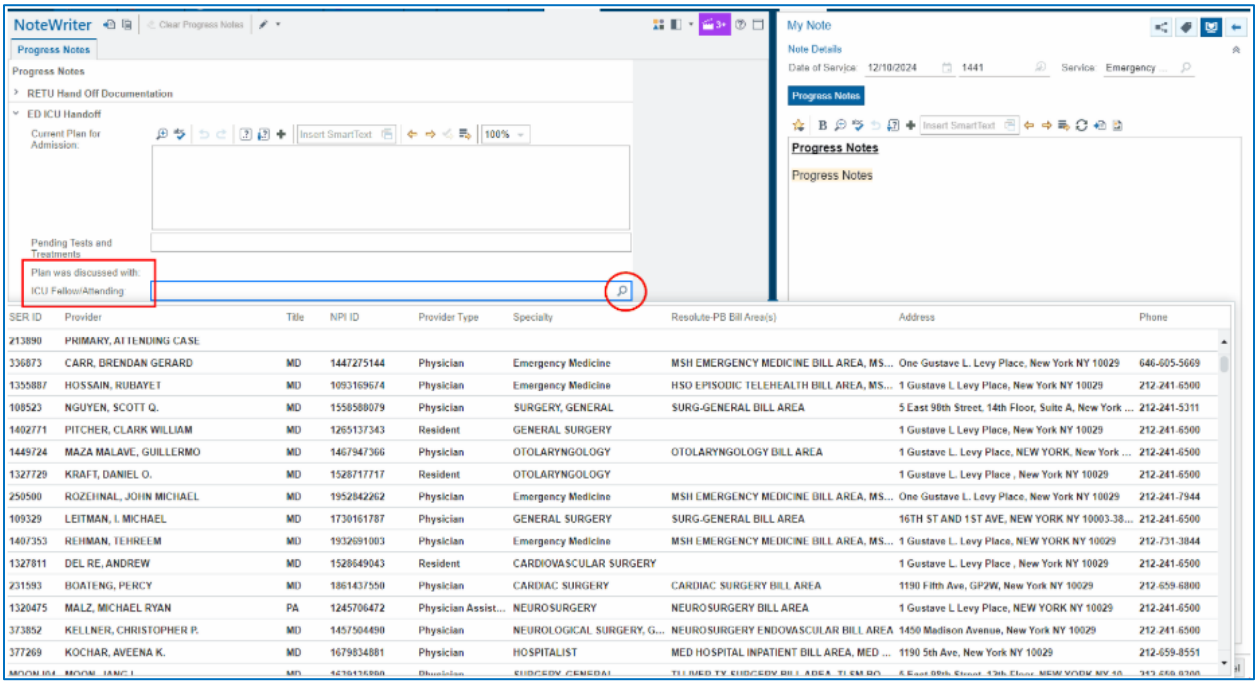

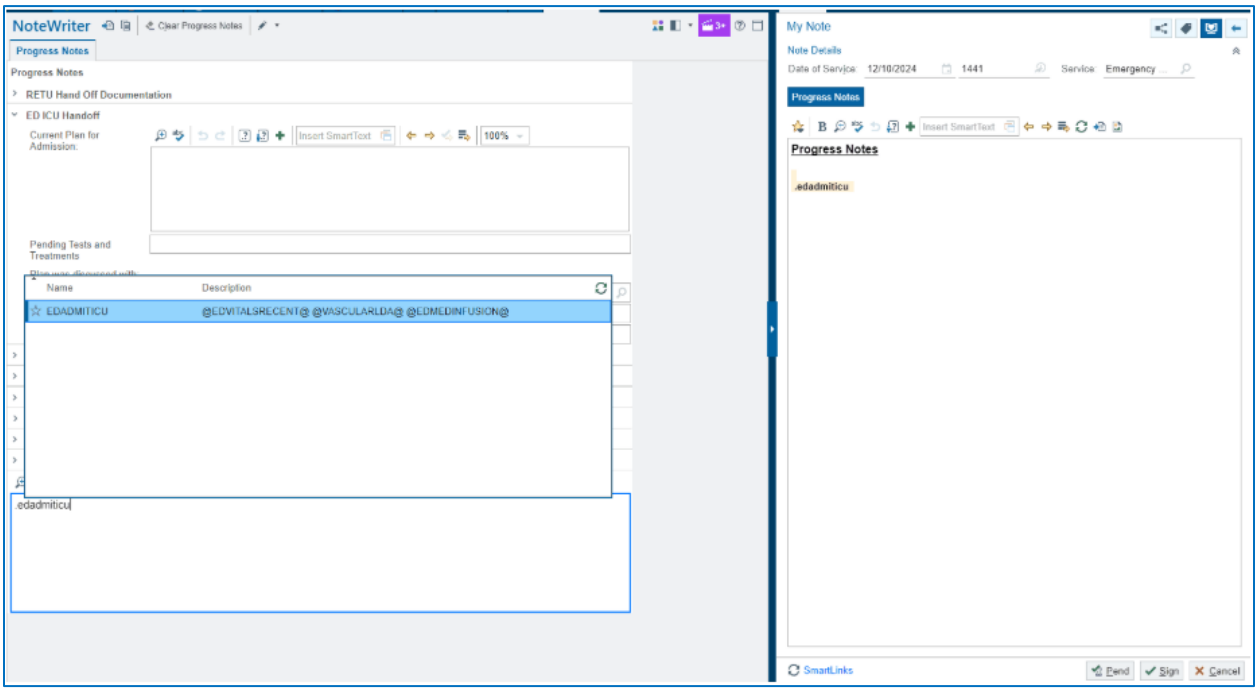

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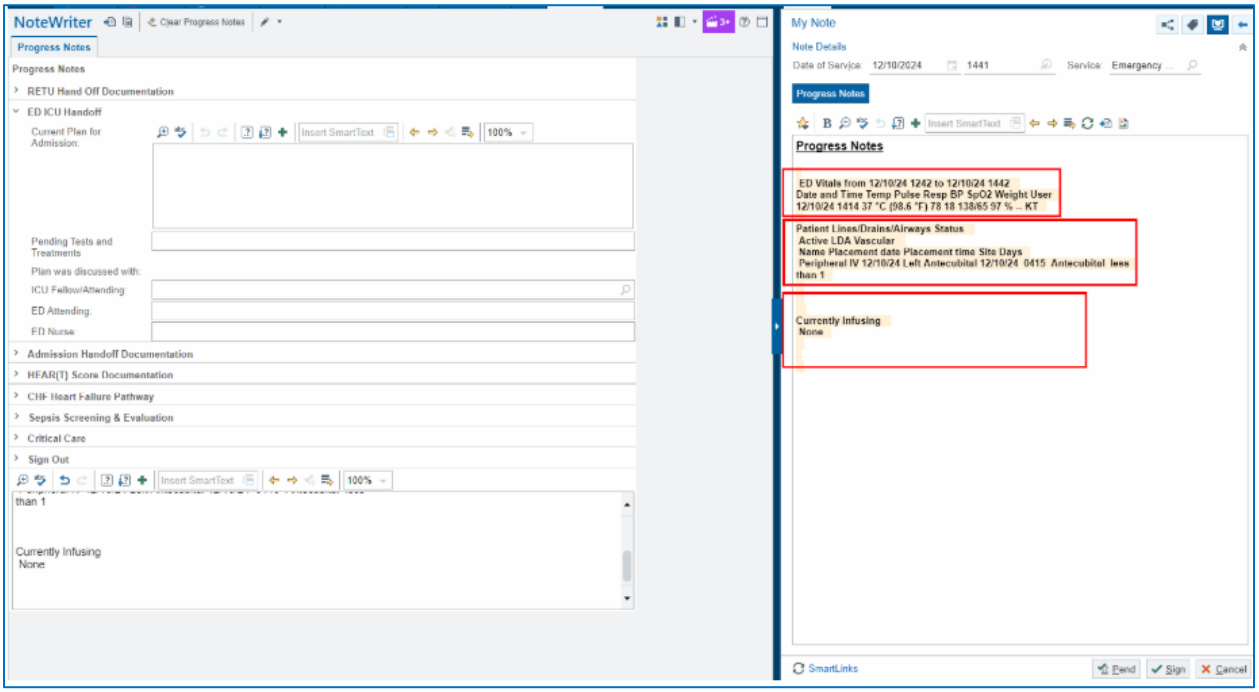
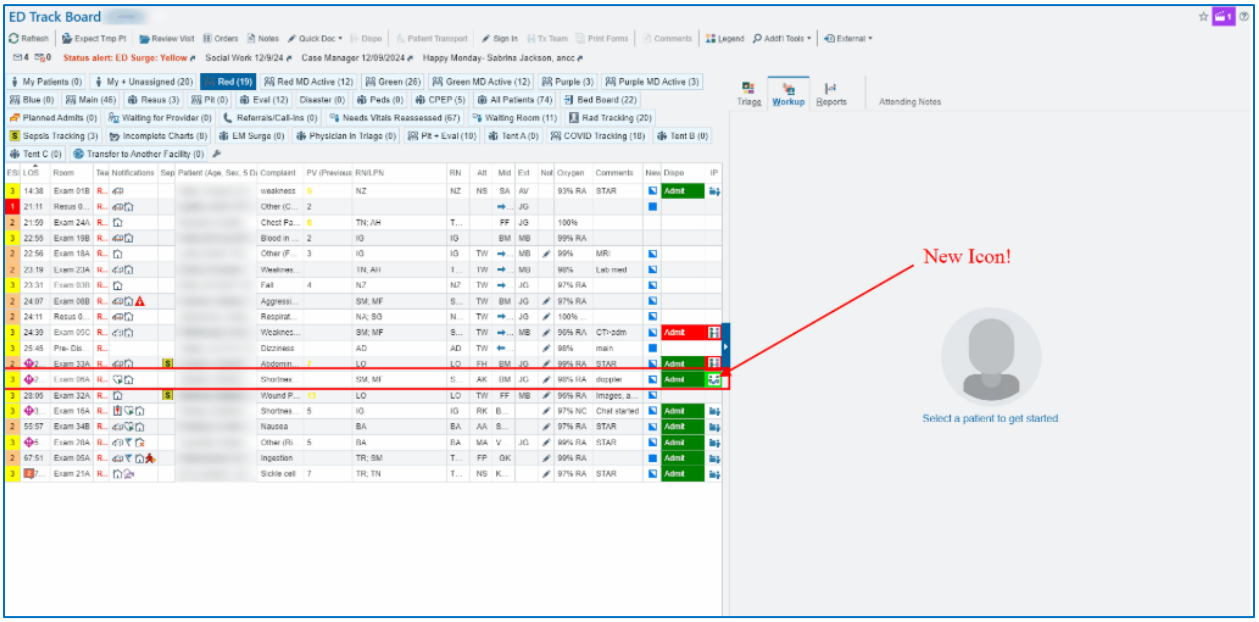


5. Once handoff icon "green", RN will contact transport and arrange transfer to ICU



6. Transport provider (ED resident/PA) will receive signout from Resus resident/attending
    a. Any change in clinical course during transport should be immediately escalated to Resus Attending by phone
7. ICU provider and RN to meet ED provider and RN at bedside in ICU to receive signout