



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**:

Procedures ^			
	Name	Type	Px Code
	IP Consult To Medical Critical Care	CONSULT	MSH ED DEPART... CON113

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:

The screenshot shows the 'ED Admit to IP' form in the Epic EMR system. The form is for a patient named LEIBNER, EVAN, with a level of care set to ICU. The form includes fields for scheduling instructions, service, level of care, future attending provider, ED attending, ED contact number, bed attributes, patient attributes, and various checkboxes for clinical conditions. The 'ICU' option is selected under 'Level of care'.

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":

The screenshot shows the ED Track Board (EDW) with a list of patients. The table includes columns for LOS, Room, Exam, Status, Patient Name, Age, Sex, S, Dx, Complaint, PV (Previous), RN, All, Med, Tst, Not, Oxygen, Comments, New Drops, and IP. The IP column contains a red handoff icon for several patients, indicating they are active patients.

LOS	Room	Exam	Status	Patient Name	Age	Sex	S	Dx	Complaint	PV (Previous)	RN	All	Med	Tst	Not	Oxygen	Comments	New Drops	IP
23:28	Exam 038	R...		Fall	4	NZ	NZ	TW	→	JG	97% RA								
24:35	Exam 050	N...		Viralities	50	MF	S...	TW	→	MB	90% RA	C Ex adm							
24:04	Exam 054	R...		Shortness...	50	MF	S...	RH	BM	JG	90% RA	cooper							
24:04	Exam 058	R...		Aggression	50	MF	S...	TW	BM	JG	97% RA								
22:53	Exam 18A	R...		Other (Pa	3	JG	JG	TW	→	MB	90% RA	MR							
22:52	Exam 190	N...		Blood in	2	JG	JG	BM	MB	90% RA									
23:16	Exam 25A	R...		Viralities	70	AF	T...	TW	→	MB	90% RA	Lab med							
21:58	Exam 24A	R...		Chest Pn...	4	AF	T...	FF	JG	100%									
28:02	Exam 32A	R...		Wound P...	1	LO	LO	TW	FF	MB	90% RA	Images adm							
24:02	Exam 33A	R...		Abdomin...	7	LO	LO	PH	BM	JG	90% RA	ST/R							
25:42	Pre-Dx	R...		Dizziness	AD	AD	AD	TW	→	JG	90%	main							
24:08	Exam 02A	R...		Respirato...	NA	SG	R...	TW	→	JG	100%								
21:08	Exam 03A	R...		Other (Ca	2					JG									

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



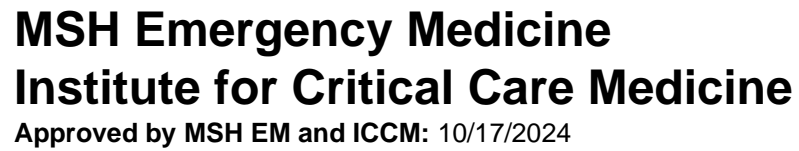
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- b. ED team will identify and communicate any anticipated barriers to executing recommendations
- c. Any immediate or critical updates will be communicated via phone call
- 4. ED and ICU teams check in **by phone every 4 hours after initial consult** 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:



The screenshot displays the NoteWriter application interface. On the left, the 'Progress Notes' template is visible, featuring sections for 'Current Plan for Admission', 'Pending Tests and Treatments', and a table for 'Discharge Disposition with'. The table has columns for 'Name' and 'Description'. Below the table, there is a text area for 'edadmiticu'. On the right, the 'My Note' preview shows the rendered version of the note, including the 'Progress Notes' title, the 'edadmiticu' text, and a 'SmartLinks' bar at the bottom.



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NoteWriter

Progress Notes

ED Vitals from 12/10/24 1242 to 12/10/24 1442
Date and Time Temp Pulse Resp BP SpO2 Weight User
12/10/24 1414 37 °C (98.6 °F) 78 18 130/65 97 % - KT

Patient Lines/Drains/Airways Status
Active LDA Vascular
Name Placement date Placement time Site Days
Peripheral IV 12/10/24 Left Antecubital 12/10/24 0415 Antecubital less than 1

Currently Infusing
None

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

ED Track Board

My Patients (0) | My + Unassigned (20) | Red (10) | Red MD Active (12) | Green (26) | Green MD Active (12) | Purple (3) | Purple MD Active (3)

ESI	LOS	Room	Tag	Notifications	Step	Patient (Age, Sex, S, D)	Complaint	PV (Previous) RN/PA	RN	Att	Mid	Ext	Nat	Oxygen	Comments	New	Dispo	IP
1	14:38	Exam 018	R	4			weakness	5	NZ	NZ	NS	SA	AV	93% RA	STAR	Admit	Req	
2	21:11	Resus 0	R	4			Other IC	2										
2	21:59	Exam 24A	R	4			Chest Pain	2	TN, AH	T.		FF	JB	100%				
2	22:56	Exam 18B	R	4			Blood in	2	IG	IG		BM	MB	99% RA				
2	22:56	Exam 18A	R	4			Other IP	3	IG	IG	TW		MB	99%	MR			
2	23:19	Exam 23A	R	4			Weakness		TN, AH	T.	TW		MB	98%	Lab med			
2	23:31	Exam 03B	R	4			Fall	4	NZ	NZ	TW		JB	97% RA				
2	24:07	Exam 08B	R	4			Aggression		SM, MF	S.	TW	BM	JB	97% RA				
2	24:11	Resus 0	R	4			Respirat		NA, SB	N.	TW		JB	100%				
2	24:39	Exam 05C	R	4			Weakness		SM, MF	S.	TW		MB	99% RA	CT+adm	Admit	Req	
2	25:45	Pre-Dis	R	4			Diagnosis		AD	AD	TW		JB	98%	main			
2	26:02	Exam 33A	R	4			Abdomin	7	LO	LO	PH	BM	JB	99% RA	STAR	Admit	Req	
2	26:02	Exam 33A	R	4			Shortness		SM, MF	S.	AK	UM	JB	98% RA	disorder	Admit	Req	
2	26:02	Exam 32A	R	4			Wound P	13	LO	LO	TW	FF	MB	99% RA	Imag. o	Admit	Req	
2	26:02	Exam 18A	R	4			Shortness	5	IG	IG	RK	B.		97% NC	Chst started	Admit	Req	
2	26:02	Exam 34B	R	4			Nausea		BA	BA	AA	S.		97% RA	STAR	Admit	Req	
2	26:02	Exam 30A	R	4			Other (R)	5	BA	BA	AA	V	JB	99% RA	STAR	Admit	Req	
2	26:02	Exam 05A	R	4			Ingestion		TR, SM	T.	FF	OK		99% RA		Admit	Req	
2	26:02	Exam 21A	R	4			Sickle cell	7	TR, TN	T.	NS	K.		97% RA	STAR	Admit	Req	

New Icon!

Select a patient to get started

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