

Admission Pathway and placement in 118/116

Re admission and placement of the patients:

1. Identify number of beds that can be safely staffed
2. Identify priority patients to be discharged across all Units
3. Ideally aim wherever possible to identify at 09.00 am, 15.00pm and 21.00pm huddles, the admission order for the first Level 3 patient (or patient requiring 1:1 level of care) i.e. Base D or B etc. This will also help communication with the medical team
4. Identify the number of delayed discharges that need to take place before admitting the next patient and escalate to Site and management team

116 C

The following inclusion and exclusion criteria for patients admitted to 116C are proposed. The criteria are neither prescriptive nor exhaustive and will always be contingent on assessment of the individual patient's condition or needs. Where there is uncertainty about the best environment for care for an individual patient, this would be discussed between the relevant medical staff and the CC coordinator

General Critical Care RIE

Inclusion Criteria

Elective post op patients including scoliosis patients
High risk emergency post op patients
Patients with ceilings of care in place where escalation to Level 3 care is not considered to be of benefit
Level 2 Care including Respiratory support and CVS support
Patients with epidurals

Exclusion criteria

Severely agitated patients
Admission for airway concerns
Patients at risk of requiring intubation (example severe asthma , low GCS)
Tracheostomy patients
Trauma patients with spinal fractures that require log rolling
Complex and long stay patients stepped down from ICU