

NHS Lothian Critical Care - Admission and Escalation Guideline

CURRENT STAFFED BED PROVISION

Royal Infirmary of Edinburgh

Ward 118: 16 Level 3 beds, 2 Level 2 beds

Ward 116: 11 Level 2 beds

Western General Hospital

Ward 20: 10 Level 3 beds, 6 Level 2 beds

Ward 58: 4 Level 2 Beds, 6 Level 1 Beds

St John's Hospital, Livingston

CCU: 3 Level 3 Beds, 2 Level 2 beds

Useful Numbers

Site		Bleep	Phone
RIE	Clinical Site Coordinator	1590	07872419400
WGH	Clinical Site Coordinator	8100	07872415595
SJH	Clinical Site Coordinator	3976	07903969548

ADMISSION POLICY FOR CRITICAL CARE

General Points

- I. Referrals should be made to the holder of pager 2306 at RIE, 8165 at WGH or 3561 at SJH. This is usually a Specialist Trainee, who will liaise with the consultant on-call.
- II. The consultant leading the referral team should be identified & informed by the referring doctor.
- III. Patients will normally be assessed prior to admission by the critical care team.
- IV. The decision on admitting a patient is the responsibility of the critical care consultant on-call.

Priorities for admission (in order):

1. Royal Infirmary of Edinburgh

- i. Patients within the Royal Infirmary.
- ii. Patients associated with the Scottish Liver Transplant Unit.
- iii. Patients within Lothian.
- iv. Patients requiring other regional or supra-regional services only available in the Royal Infirmary of Edinburgh

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2. Western General Hospital

- i. Patients within the Western General Hospital.
- ii. Patients requiring neurosurgical intervention or neurocritical care
- iii. Patients within Lothian.
- iv. Patients requiring other regional or supra-regional services only available in the Western General Hospital

3. St John's Hospital Livingston

- i. Patients within St John's Hospital.
- ii. Patients requiring treatment for Burns
- iii. Patients within Lothian.
- iv. Patients requiring other regional or supra-regional services only available at St John's Hospital.

PROCEDURE IF THERE ARE NO CRITICAL CARE BEDS

General Considerations

All Critical Care Units in Lothian run at high occupancy and delayed discharge can be a significant problem. Forward planning and early involvement of the Clinical Management Team if necessary may be required to ensure adequate patient flow and continued elective surgery.

- In the event of any Critical Care Unit being full, the Duty Consultant for that Critical Care Unit should be notified.
- Patients suitable for discharge to either the ward or HDU should be identified and discharge organised.
- If the unit is full, there are delayed discharges and a patient requires admission to Critical Care, the Clinical Site Co-ordinator MUST organise immediate discharge of ward fit patients. Should there be any delay to this process this must be escalated to the senior manager on call (CNM/CSM/GM or on call senior manager team for NHSL)

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- Where possible, appropriate patients should be repatriated to their ICU of origin.
- Consider transfer of suitable and stable patients from ED to other critical care areas
- Consider cancellations of elective surgery: follow adjusted criteria

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Category	Definition
1	Admit as priority. Procedure to diagnose, stage or as the primary treatment for cancer and those clinically urgent where deterioration without procedure is likely
2	Clinically urgent but with no obvious deterioration by delay and those who have already received their main cancer treatment.
3	Those patients previously cancelled
4	Those listed for routine procedures

No Critical Care Beds “In Hours” (0800-1800h)

If a unit is full and discharge cannot be organised for ward fit patients within an hour then the situation should be escalated to the clinical nurse manager, professional lead or clinical director who should liaise with the Clinical Site Co-ordinator to facilitate this.

No Critical Care Beds “Out of Hours” (1800-0800h)

If a unit is full and discharge cannot be organised for ward fit patients within an hour then the duty consultant should speak with the appropriate site manager. If the situation cannot be resolved then the Senior Manager on call should be notified (number available through switchboard via the Site Capacity Team).

If there are no suitable patients for transfer to the Ward or HDU then the possibility of transferring appropriate patients to another Critical Care Unit in Lothian should be explored. These should be patients who are stable for transfer and do not require specialist intervention at their hospital of origin. It is the responsibility of the critical care consultant on duty to make this decision.

Site Specific Advice

No Critical Care Beds at SJH Critical Care Unit

Duty Consultant should liaise with Consultant at WGH or RIE regarding transfer of suitable patients.

- Consider transfer of suitable and stable patients from ED to other critical care areas as appropriate.
- Consider opening unfunded capacity
- If no level 3 bed available and ICU is full Theatre recovery should be used as temporary location

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No Critical Care Beds at WGH Ward 20

Duty Consultant should liaise with Consultant at SJH or RIE regarding transfer of suitable patients.

Duty consultant should also liaise with Neurosurgery regarding diversion of non- Lothian Neurosurgical referrals.

If no level 3 bed available and Ward 20 is full Theatre or Theatre recovery should be used as a temporary location

No Critical Care Beds at RIE Ward 118

Duty Consultant should liaise with Consultant at SJH or WGH regarding transfer of suitable patients. If no level 3 bed available in Lothian and Ward 118 is full then the following locations should be used (in order):

1. Ward 111 Cardiothoracic ICU under continued management of the Critical Care team, and only after discussion with the duty Cardiothoracic Anaesthetist
2. Ward 116 HDU in Side rooms 1 and 2
3. Theatre Recovery
4. Consider opening unfunded capacity

No Critical Care Beds at RIE Ward 116

1. Placement of HDU patients in 118 if beds available: consider prioritizing elective/emergency surgery
2. Utilisation of further HDU beds in Ward 215 following discussion with the responsible SCN and Consultant
3. Utilisation of HDU beds in Ward 112 (Cardiothoracic HDU) only after discussion with the responsible Cardiothoracic Anaesthetist
4. Transfer of patients to ICU Outside Lothian

If all the above options are exhausted, Clinical Director, General Manager, Associate Nurse Director or deutes should be notified and escalate to the Director on call.

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