

ANAESTHESIA, EMERGENCY & INTENSIVE CARE DEPARTMENTS Guideline

TRANSFER AND MANAGEMENT OF CRITICALLY UNWELL PATIENTS FOR DIAGNOSTIC AND THERAPEUTIC PROCEDURES

Staff this document applies to:

- Emergency Department
- Intensive Care Unit
- Anaesthesia

Key points:

- Critically unwell patients may require time critical or planned diagnostic or therapeutic interventions
- Responsibility for the medical management of these patients during transportation and the procedure must be established to ensure patient safety
- Co-operation and communication between the Emergency Department (ED), Anaesthetics and Intensive Care Unit (ICU) is essential to ensure individual patient safety and the safety of the departments.

Purpose:

When critically ill patients require diagnostic or therapeutic procedures throughout Austin Health, they will require attendance and management by a Critical Care specialist.

This protocol determines which department (ED, ICU, Anaesthesia) will have primary responsibility to provide critical care medical support, in order to prevent delays in management. The determining factors are the point of origin of the patient (ED, Ward, ICU) and the nature (diagnostic vs therapeutic) and urgency of the procedure.

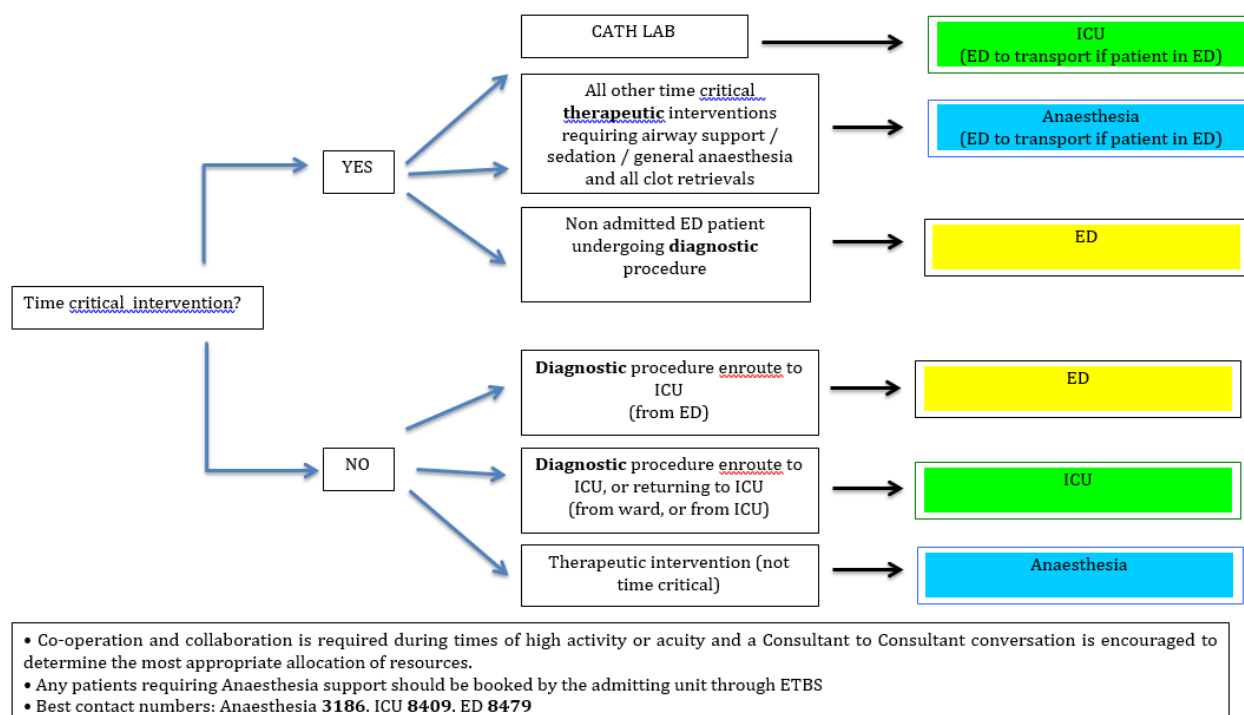
The flow chart determines the default position for allocation of a critical care specialist, however it is acknowledged that at times, there will be competing demands and activity levels within each department. Co-operation and collaboration is required during times of high activity or acuity and a Consultant to Consultant conversation is encouraged to determine the most appropriate allocation of resources.

Any patients requiring Anaesthesia support should be booked by the admitting unit, through the ESTL (emergency surgery tracking list).

Best contact numbers: Anaesthesia 3186. ICU 8409. ED 8479

Flowchart:

MANAGEMENT OF CRITICALLY UNWELL PATIENTS DURING DIAGNOSTIC AND THERAPEUTIC PROCEDURES
Updated January 2019



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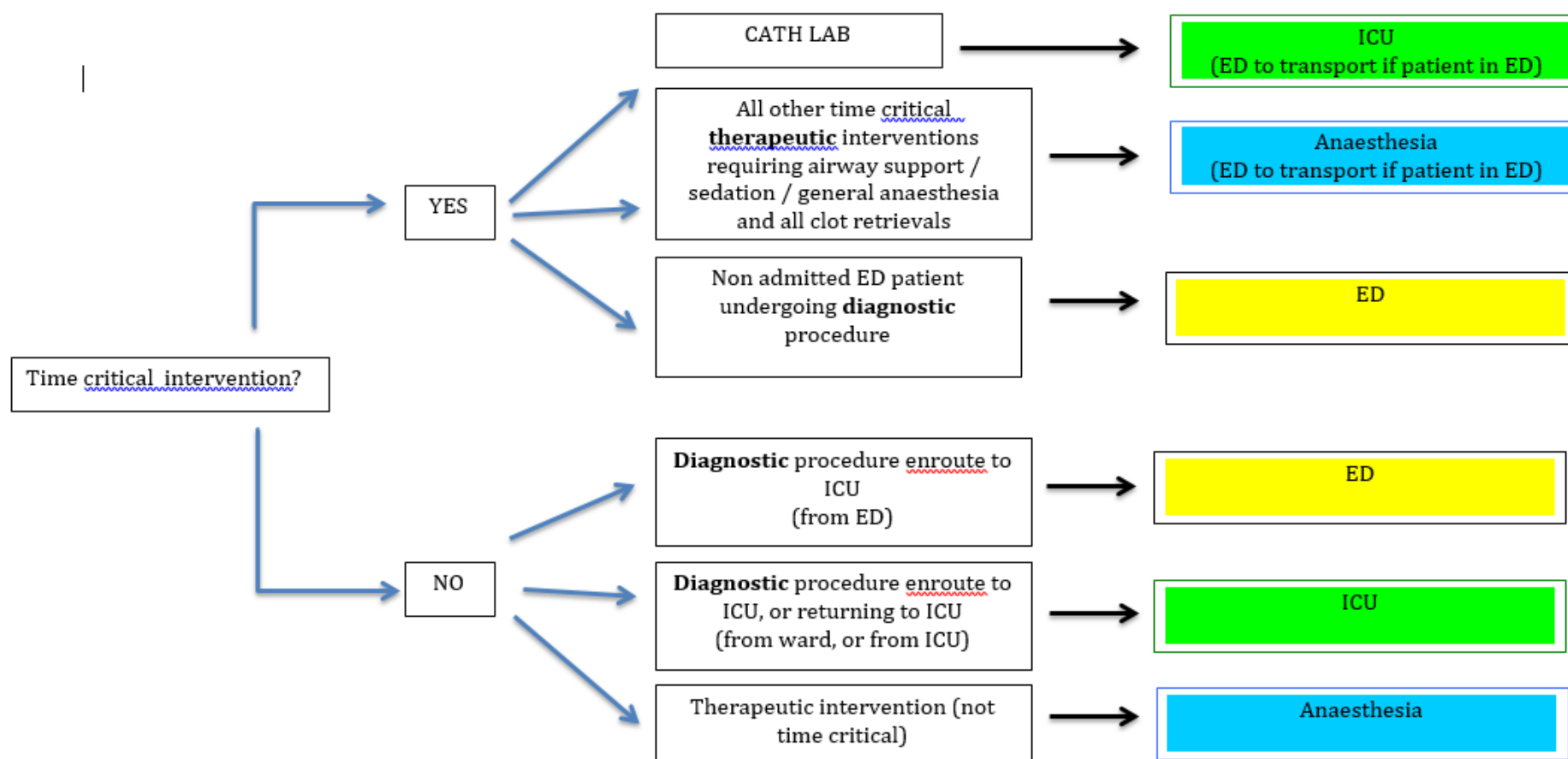
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