

# Choosing the Appropriate Level of Care

<i>Status - Unit</i>	<i>Status Description</i>	<i>Vitals</i>	<i>FiO2</i>	<i>Gtts</i>	<i>Equipment</i>	<i>What they cannot take</i>
<i>Acute – 10G</i>	<p>Lowest level of hospital acuity.</p> <p>Requiring acute care: hospitalization vs non-acute care which would be outpatient management.</p>	Q4	<50% or <8L	Non-titratable (Cardizem, Amiodarone, Nitroglycerine, Dobutamine, Lasix, Heparin, Argatroban)	Telemetry, overnight oximetry	<p>No frequent monitoring of any kind (Q1/Q2 Neuro or pulse checks).</p> <p>Monitoring must be ordered Q4 hours or greater.</p>
<i>Step Down – 8G</i>	<p>Acuity higher than can be managed on a floor but not meeting ICU criteria.</p> <p>Must be managed by an ICU team or surgical team with the ability to manage stepdown status patients.</p> <p>Hospitalist teams are unable to manage stepdown patients and must get either a MICU or surgical team consult.</p>	Q2-Q4	≥50% or ≥8L	Specific to unit. 8G – Dobutamine, Dopamine, Primacor, Nitroglycerine, Cardizem, Amiodarone, Lasix, Heparin, Integrilin, Cangrelor, Argatroban, Bivalirudin	High flow, CPAP, BiPAP, ART lines, Venous sheaths, RER's, Bair hugger	<p>Ventilators, Patients on more than 3 gtts</p> <p>Patients on more than 2 vasoactive gtts</p>
<i>ICU – 8F</i>	<p>Highest level of acuity.</p> <p>Must be managed by a critical care team (MICU, SICU, CCU, CT Surg, Neuro ICU).</p> <p>Other teams will need a critical care team to manage patient while on ICU status.</p>	Q1 or more frequent	All	All	Temporary transvenous pacemaker, CVVH, Ventilators, Cardiac assist devices (IABP, Impella, ECMO, LVAD, induced hypothermia) Invasive hemodynamic monitoring (PA Cath)	May take all levels

Service	8G – Step Down Patients		8F – ICU Patients	
	Diagnosis	Medications	Diagnosis	Medications
Cardiology	<ul style="list-style-type: none"> <li>STEMI/ NSTEMI</li> <li>Post-cath lab or post-EP lab procedures, Watchman, Permanent pacemakers, ICD placement and ablations</li> <li><b>ED Admissions:</b> CHF, AFIB and chest pain, arrhythmias</li> <li><b>These admissions require IV gtt management and/or frequent monitoring</b></li> </ul>	Gtts acceptable on 8G (Titratable and non-titratable): <ul style="list-style-type: none"> <li>Dobutamine</li> <li>Dopamine</li> <li>Primacor (Milrinone)</li> <li>Nitroglycerine</li> <li>Cardizem</li> <li>Amiodarone</li> <li>Lasix</li> <li>Heparin</li> <li>Integrilin</li> <li>Cangrelor</li> <li>Argatroban</li> <li>Bivalirudin</li> </ul> **When adding a second vasoactive gtt, primary team needs to assess patient for possible ICU transfer.  Up to 3 gtts allowed on 8G patients, only 2 can be vasoactive.  (As more gtts are added, this list will be updated)	<ul style="list-style-type: none"> <li>All cardiac assist devices</li> <li>Ventilators</li> <li>Multiple gtts</li> <li>All AWMi patients</li> <li>All complicated MI patients with associated heart failure</li> <li>Complicated CHF</li> <li>Transvenous pacers</li> <li>Unstable arrhythmias</li> </ul>	All vasoactive gtts accepted on 8F, including more than 3 gtts at a time.
Cardiac Surgery	<ul style="list-style-type: none"> <li>Preop, post-op (once invasive cardiac monitoring is no longer needed)</li> <li>FiO2 &gt;50% and respiratory status no longer at risk for re-intubation including high flow</li> <li>Hemodynamics stable and maintained on less than 2 vasoactive gtts</li> </ul>		<ul style="list-style-type: none"> <li>Immediate post-op</li> <li>Unstable respiratory or hemodynamics</li> </ul>	
Thoracic Surgery	<ul style="list-style-type: none"> <li>Majority of post-op patients (lobectomy, wedge resections, etc.)</li> <li>Spontaneous pneumo thorax</li> <li>Pleural effusions</li> <li>Lung biopsy</li> <li>Hiatal Hernia</li> <li>Esophageal/ Tracheal dilation</li> </ul>		<ul style="list-style-type: none"> <li>Ventilated patients</li> <li>Unstable respiratory status</li> <li>Esophagectomies (until 10 days post-op)</li> <li>Pneumonectomy</li> <li>Gastric sleeves</li> <li>Complicated cases (as determined by the team)</li> </ul>	
Vascular Surgery	<ul style="list-style-type: none"> <li>Vascular bypass surgeries</li> <li>Amputations</li> <li>EVAR</li> </ul>		<ul style="list-style-type: none"> <li>EKOS/ Lysis catheters</li> <li>CEA</li> <li>Carotid stenting</li> <li>TEVAR</li> <li>Femoral sheaths</li> </ul>	
Other Criteria	<ul style="list-style-type: none"> <li>Post-op patients must be recovered in the PACU</li> <li>NO femoral sheaths</li> </ul>		<ul style="list-style-type: none"> <li>Post-op patients may be directly admitted to 8F or recovered in the PACU when appropriate.</li> <li>Some step-down patients are required to go to 8F depending on diagnosis (CEA, carotid stenting)</li> </ul>	

Service	10G– Acute Status Patients	
	Diagnosis	Medications
<b>Cardiology</b>	<ul style="list-style-type: none"> <li>○ Stable STEMI/ NSTEMI</li> <li>○ Post cath lab or EP lab procedures (uncomplicated), Permanent pacemakers, ICD placement and ablations when stable</li> <li>○ ED Admissions: stable CHF, AFIB and chest pain</li> <li>○ <b>All patients must require Q4 hour monitoring or greater, including vital signs and I &amp; O.</b></li> </ul>	<p>Gtts acceptable on 10G, Follow Policy CM V-11</p> <p><b>Non-titratable gtts ONLY</b></p> <ul style="list-style-type: none"> <li>○ Cardizem</li> <li>○ Amiodarone</li> <li>○ Nitroglycerine</li> <li>○ Dobutamine</li> <li>○ Heparin</li> <li>○ Argatroban</li> <li>○ Lasix</li> <li>○ Milrinone-home med infusion</li> </ul>
<b>Cardiac Surgery</b>	<ul style="list-style-type: none"> <li>○ Re - admits without AV wires</li> <li>○ Re - admit Sternal wound dehiscence</li> <li>○ Long term IV antibiotics without AV wires</li> </ul>	
<b>Thoracic Surgery</b>	<ul style="list-style-type: none"> <li>○ Lobectomy, Wedge resections, Esophageal/ Tracheal dilation</li> <li>○ Spontaneous pneumo thorax</li> <li>○ Pleural effusions</li> <li>○ Lung biopsy</li> <li>○ Chest tube management Q4 hour monitoring and greater</li> <li>○ <b>All patients must require Q4 hour monitoring or greater, including vital signs and I &amp; O.</b></li> </ul>	
<b>Vascular Surgery</b>	<ul style="list-style-type: none"> <li>○ Vascular bypass surgeries</li> <li>○ Amputations</li> <li>○ EVAR</li> <li>○ AV fistula repairs</li> <li>○ <b>All patients must require Q4 hour monitoring or greater, including vital signs, CMS checks, and Doppler/flap checks.</b></li> </ul>	
<b>Other Criteria</b>	<ul style="list-style-type: none"> <li>○ Post-op patients must be recovered in the PACU</li> <li>○ NO femoral sheaths, or Arterial lines</li> </ul>	

**DRAFT**

Updated  
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