

ADULT ICU CONSULTATION POLICY

Approved: PHFH MEC 3/13; Approved PSHMC MEC 3/14
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All physicians with admitting privileges at PHFH/PSHMC may admit patients to the ICU. Appropriate consultation from specialists and/or sub-specialists should be sought when:

1. Expected response to initial treatment is not realized.
2. Severe impairment of one or more systems, that is potentially reversible, but is not responding.
3. Application and/or management of complex procedures or equipment is indicated, i.e., ventilators, Swan Ganz catheters, gastroscopy, CRRT.
4. After 48 hours of ventilator management, if expected benefits are not achieved, consultation will be required.
5. Short term ventilator privileges means < less than 48 hours
6. Long term ventilator privileges mean s > greater than 48 hours

General or specialized surgeons may admit surgical patients to ICU and retain complete responsibility for managing the patient's post-op course and complications related to the condition that required surgical intervention. When serious impairment of any organ system not related to the surgical procedure is manifested, a consultation from an appropriate specialty is indicated.

Each attending physician will designate an alternative physician who may be contacted for his/her patients in the attending physician's absence. The designated physician must have privileges equal to the level of care required by the patients they will be attending. The attending physician shall be responsible for adequately updating his/her replacement regarding the condition and plan of care for the ICU patient

Originating Department: ICU
Contributors: ICU