High Dependency Patients that can receive care in the CCU setting

Western Health

COVID - 19

Be Safe – Be Smart – Be Kind

Background

This Quick Reference Guide (QRG) has been developed to assist safe and effective care of patients requiring High Dependency Unit (HDU) level of care in the Cardiac Care Unit (CCU) as a part of the WH COVID-19 response. HDU patients may be required to be transferred to CCU when ICU reaches physical (bed space) capacity and patients are requiring ICU admission.

This is intended as a guide only and there may be occasions when it is reasonable to deviate from the criteria below, giving consideration to patient acuity, workload and nursing staff skill mix. The Nurse in Charge (NIC) and Cardiology Consultant on ward service will work collaboratively and respectfully to ensure the safe and appropriate provision of critical care to patients.

Admission

Prior to transfer to HDU CCU the Cardiology Registrar will review the patient's suitability for transfer as per below.

Admission Criteria

Patient Condition **AIRWAY**
Patient able to maintain own airway and spontaneously ventilate via mouth or tracheostomy tube
Tracheostomy patients requiring acute nursing care with new tracheostomy or after decannulation, or existing tracheostomy requiring suctioning every 15 – 20 minutes.

Patient Condition **BREATHING**
Patients requiring an inspired oxygen concentration of 50% oxygen or more (F_iO2 0.5) or > 15L/min via wall oxygen
Patients requiring Non-Invasive Ventilation (BIPAP or CPAP) intermittently.

Patient Condition **CIRCULATION**
Haeomdynamic instability due to hypovolaemia requiring intervention/treatment/assessment
Diabetic Ketoacidosis with insulin infusion
Post-Operative patient requiring ongoing interventions/treatment/assessments 30 minutely or less.
Electrolyte instability requiring ongoing investigation & intervention
Patients requiring intravenous inotropic or vasodilator therapy • Adrenaline infusion (< 15 mcg/min) • Noradrenaline infusion (< 15 mcg/min) • Dobutamine infusion • Isoprenaline infusion • GTN infusion
Arrhythmia with haemodynamic instability +/- intravenous anti-arrhythmic meds • Amiodarone
Temporary Cardiac Pacing
Intra Aortic Balloon Pump
Suspected Septicaemia requiring observations 30 minutely or less

Patient Condition **OTHER**
Patients requiring frequent neurological assessment e.g. 30 minutely
Post-Operative patient requiring nursing interventions/treatment/assessments 30 minutely or less 24-48 hrs post operatively (pain management, IV fluid management)
Poisoning/Toxicity/Substance misuse with potential for significant clinical deterioration
Other conditions as agreed by the Nurse Unit Manager or NIC CCU

Discharge from HDU

Cardiology Ward Service Consultant daily ward round will incorporate a review of the HDU patient. The Cardiology Registrar will review and co-ordinate the patient's HDU care across the 24 hour continuum and consult with the Parent Unit (admission unit of the patient). Once the underlying physiologic condition or the disease process that has prompted the need for HDU has been resolved, reversed and/or stabilized, the patient can be considered for step down from the HDU in CCU. This will be documented in the EMR by the Cardiology Unit, in consultation with the NIC and/or NUM CCU.

*** Reference: High Dependancy Admission and Discharge Criteria, May 2011, The Royal Children's Hospital Melbourne, rch.org.au Accessed April 27th, 2020.*