



Guidelines for Management of Intermediate Respiratory Care Unit (IRCU) Patients in CCU

This QRG is intended as a guide to support clinicians to deliver noninvasive ventilation (NIV) (BiPAP & CPAP) in CCU for IRCU patients who are not on COVID precautions.

COVID positive patients will receive NIV in designated COVID wards.

SCOVID patients will have a rapid COVID swab attended in ED prior to transfer to CCU.

If result is positive contact AHA to facilitate transfer to designated COVID ward.

The total number of IRCU patients (SCOVID and non SCOVID) in CCU will not exceed 4 patients and at times IRCU capacity may be decreased due to Acute Cardiology patient demand.

Patients requiring an IRCU bed for NIV in CCU will be accepted, and have their IRCU care managed, by the Respiratory medical team.

IRCU patient's clinical requirements, treatment orders and escalation of care will be managed in CCU in line with current WH Admission and Discharge to the Intermediate Respiratory Care Unit (IRCU) Procedure. [WH IRCU Procedure](#)

IRCU patients will be admitted and managed in a CCU Acute/ HDU bed by nursing staff so additional care resources will not be required.

IRCU patients under Respiratory team care do not require continuous cardiac monitoring. If cardiac monitoring is requested patients should be referred to Cardiology for review.

CCU preparation for SCOVID IRCU patient

- Allocated single room designated for SCOVID IRCU patients
- Air purifier
- McMonty Hood
- Staff allocated who have been double vaccinated and N95 fit tested

Nursing Care required for the patient receiving IRCU NIV in CCU:

- Patients will be nursed to maintain visual observation whenever possible

- 15 minutely observations for the first hour of treatment
- 30 minutely observations for the next 2 hours
- Hourly observations ongoing
- ABGs – 30min after commencement of treatment and/or 30mins after any adjustments to settings if clinically indicated (assess and document work of breathing, oxygen saturations, patient colour, NIV settings and vital signs)
- Delivery of FiO₂ based on clinical requirements and aims of care, confirm with treating team if unsure.
- Monitor skin integrity around NIV mask

Documentation

Medical order for treatment: NIV settings should be documented as an EMR Order by Respiratory Medicine.

Nursing documentation: Should be completed under NIV in Adult systems assessment and should include the following in addition to patient vital signs observations.

- Mode (e.g. BiPAP, spontaneous)
- FiO₂
- Inspiratory Pressure (IPAP)
- Expiratory Pressure (EPAP)
- Oxygen flow rate