

## NHS Lothian Critical Care - Admissions & Escalation Guideline

### CURRENT STAFFED BED PROVISION

#### **Royal Infirmary of Edinburgh**

23 ICU Beds & 19 HDU beds spread over four pods

- Ward 118A: 13 beds (mixed ICU/HDU)
- Ward 118B: 10 beds (mixed)
- Ward 116C: 11 beds (level 2)
- Ward 116D: 8 beds (mixed)

#### **Western General Hospital**

- Ward 20: 10 beds, 6 Level 3 beds & 4 level 2 beds
- Ward 58: 10 beds, 6 level 2 beds & 4 level 1 beds

#### **St John's Hospital Livingston**

- ICU: 7 beds, 5 level 3 beds & 2 level 2 beds

### **Useful Numbers – Critical Care Coordinators**

Site	Bleep	Mobile phone
RIE	1599	07976067336
WGH	8105	0131 537 1105/1164/3121
SJH	3976	07903969548

### ADMISSION POLICY FOR CRITICAL CARE

#### **General Points:**

- Referrals should be made to the holder of the pager 2306 at the RIE, 8165 at WGH or 3561 at SJH's. This is usually a Specialist Trainee who will liaise with the Consultant on-call.
- The Consultant leading the referral team should be identified and informed by the referring doctor.
- Patients will normally be assessed prior to admission by the Critical Care team.
- The decision on admitting a patient is the responsibility of the Critical Care Consultant on-call.
- Patients who need urgent regional/supra-regional services specific to each site should be prioritised (clinical transfers)
- Patients within Lothian can be considered for cross site capacity transfers if one Unit full

#### **Priorities for admission (in order)**

##### **Royal Infirmary of Edinburgh:**

- Patients within the Royal Infirmary
- Patients associated with the Scottish Liver Transplant Unit

Authors: K Kefala, S Gossner, J McDonald

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- Patients requiring neurosurgical intervention or neurocritical care
- Patients requiring other regional or supra-regional services only available in the Royal Infirmary of Edinburgh
- Patients within Lothian

### 1. Western General Hospital

- Patients within the Western General Hospital
- Patients requiring other regional or supra-regional services only available in the Western General Hospital
- Patients within Lothian

### 2. St John's Hospital Livingston

- Patients within St John's
- Patients requiring treatment for burns
- Patients requiring other regional or supra-regional services only available at St John's Hospital
- Patients within Lothian

## PROCEDURE IF THERE ARE NO CRITICAL CARE BEDS AVAILABLE

### General Considerations:

- All Critical Care Units in Lothian run at high occupancy and delayed discharges can be a significant problem. Forward planning and early involvement of the Clinical Management Team may be required to ensure adequate patient flow and continued elective surgery.
- In the event of any critical care unit being full, the Duty Consultant for that Critical Care Unit should be notified.
- Patients suitable for discharge to either ward or HDU should be identified and discharge organised.
- If the unit is full, there are delayed discharges and a patient requires admission to Critical Care, the Clinical Site Coordinator will organise immediate discharge of ward fit patients. Should there be any delay to this process this must be escalated to the Senior Manager on-call (CNM/CSM/GM or the out of hours on-call CNM and/or Senior Manager on duty)

Site		Bleep	Phone
RIE	Clinical Site	1590	07872419400
WGH	Clinical Site	8100	07872415595
SJH	Clinical Site	3976	07903969548

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- Where possible, appropriate patients should be repatriated to their ICU of origin. Inform Anaesthesia team early if support for transfer is required.
- Consider transfer of suitable and stable patients from ED to other critical care areas.
- Consider cancellations of elective surgery: follow adjusted criteria.

### Updated Covid Classifications

Priority 1a Emergency	Operation required within 24 hours
Priority 1b Urgent	Operation required within 72 hours
Priority 2	Within four weeks includes urgent suspicion of cancer
Priority 3	Within 12 weeks
Priority 4	After 12 weeks

### No Critical Care Beds 'In Hours' (0800-1800h)

If a unit is full and discharge cannot be organised for ward-fit patients within an hour then the situation should be escalated by the Critical Care Coordinator (07976067336) to the Clinical Nurse Manager/CSM who will liaise with the Clinical Site Coordinator and/or Site Management Team. Further escalation should occur to the Senior Management Team if there is no resolution. Depending on the circumstances a cross-site cover call may be arranged with the senior Nursing team and Consultant on duty, to assess overall position and agree a plan for next 12-24 hours.

Decisions regarding cross-site transfers should where at all possible be made in day hours to support transport availability and minimise impact on out of hours teams. The Critical Care Coordinator on each site will attend site huddles and update Site & Capacity teams who will subsequently appraise the Director on call at the teleconference call at 09:30, 13:00 and 16:30.

Critical Care Coordinator/Consultant on Call in discussion with Senior Management should have a plan for managing capacity overnight before 18.00pm

### No Critical Care Beds 'Out of Hours' (1800-0800h)

If a unit is full and discharge cannot be organised for ward-fit patients within an hour, then the Duty Consultant should speak with the appropriate Clinical Site Coordinator. If the situation cannot be resolved, then the Senior Manager on call should be notified (number available through switchboard via the Site & Capacity Team). At weekends capacity issues can be escalated through the daily site huddles.

If there are no suitable patients for transfer to ward or HDU then the possibility of transferring appropriate patients to another Critical Care Unit in Lothian should be explored.

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These should be patients who are stable for transfer and do not require specialist intervention at their hospital of origin. It is the responsibility of the Critical Care Consultant on duty to make this decision.

### **Site Specific Advice**

**(Refer also to separate Covid Escalation Plan)**

#### **No Critical Care Beds at SJH Critical Unit:**

- Duty Consultant should liaise with Consultant at WGH in the first instance or RIE regarding transfer of suitable patients.
- Consider transfer of suitable and stable patients from ED to other critical care areas as appropriate
- If no level 3 bed available or no suitable patients identified for transfer and ICU is full Theatre Recovery should be used as temporary location

#### **No Critical Care Beds at WGH Ward 20:**

- Duty Consultant should liaise with the Consultant at SJH or RIE regarding transfer of suitable patients
- Consider opening unfunded capacity
- If no level 3 bed available or no suitable patients identified for transfer and ward 20 is full, Theatre or Theatre Recovery should be used as a temporary location

#### **No Critical Care Beds at RIE Ward 118A, 118B and 118D:**

- Duty Consultant should liaise with the Consultant at SJH or WGH regarding transfer of suitable patients
  - Consider transfer of suitable and stable patients from ED to other Critical Care areas as appropriate
  - If no level 3 beds available in Lothian or no suitable patient identified for transfer and ward 118 is full, then the following locations should be used (in order):
1. Ward 111 Cardiothoracic ICU under continued management of the Critical Care team and only after discussion with the duty Cardiothoracic Anaesthetist
  2. Theatre Recovery
  3. Consider opening unfunded capacity in ward 111

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### No Critical Care L2 Beds at RIE Ward 116C:

- Placement of HDU patients in ward 118/116D if beds available; consider prioritising elective/emergency surgery
- Utilisation of HDU beds in ward 215 following discussion with the responsible SCN and Consultant
- Utilisation of HDU beds in ward 112 (Cardiothoracic HDU) after discussion with the responsible Cardiothoracic Anaesthetist
- Transfer of Patients to ICU outside Lothian

Communication with the Clinical Director/AMD, Associate Nurse Director, General Manager, Senior Manager, or deputies should be maintained.