

MIMU Admission Criteria

August 25, 2008

1.0 PURPOSE:

- 1.1 To delineate the scope of service and criteria for admission to the Medical Intermediate Care Unit.
- 1.2 To assure that patients with acute medical conditions can be cared for in an appropriate environment.
- 1.3 To identify select patients that will most likely benefit from the intermediate environment.
- 1.4 To increase accessibility for patients with a low risk of, but potential for, major complications, who require routine monitoring.
- 1.5 To establish a “step-down” or “progressive-care” unit for the chronically critically ill, hemodynamically stable, patient.

2.0 POLICY:

- 2.1 Definition of Terms: Medical Director, Attending Physician, Nursing Director, and Director of Respiratory Care shall be interpreted to mean that person or designee.
- 2.2 All members of the Memorial Hermann Hospital Medical Staff may request admission of their patient to the MIMU
 - 2.2.1 Admission to the MIMU may require approval of the Medical Director.
 - 2.2.2 The admitting physician and service retain responsibility for the care of their patients in the MIMU.
- 2.3 Admission to the MIMU is reserved for those patients that require monitoring, technical support and care for moderately acute or chronic medical conditions or for those patients with potentially severe physiologic conditions:
 - 2.3.1 Chronically ill, stable patients in need of monitoring and treatments that can be provided outside of the ICU environment. Typically, these treatments include chronic ventilator support, continuous infusions of drips that meet the vital sign monitoring criteria.
 - 2.3.2 Patients that may potentially need immediate intervention or management of an acute illness.
 - 2.3.3 Patients requiring invasive monitoring, such as CVP and Arterial BP, but excluding PA catheters.
 - 2.3.4 Critically ill patients whose level of care will not escalate or has been determined to be no longer appropriate.
- 2.4 All patients must have clearly defined, measurable goals and a documented treatment plan that reflects the need for admission and continued stay in the unit.
- 2.5 Continued stay in the MIMU shall depend upon the patient’s condition, response to treatment interventions, and available resources.
- 2.6 Decisions regarding triage status will consider patient’s continued benefit of the IMU setting and active interventions.

- 2.6.1 Triage decisions will be made explicitly, and without bias.
- 2.6.2 Triage decisions may be made without patient or family consent, and can be made despite an anticipated untoward outcome.
- 2.7 Presence of any one (or more) of the following clinical criteria constitutes appropriate reason(s) for consideration for MIMU admission. Exceptions to the admission criteria will be made after discussion with the Medical Director, Nursing Director and Attending Physician. The Director of Respiratory Care shall be contacted in cases where exceptions involve Respiratory related issues. A collaborative process will be used to allocate resources. The Medical Director shall make the final decision regarding admission of patients when resources are limited.

3.0 CLINICAL CRITERIA:

3.1 Respiratory Criteria

- 3.1.1 Tracheostomy >24 hours
- 3.1.2 Hemodynamically stable patients with evidence of compromised gas exchange and underlying disease with the potential for worsening respiratory insufficiency who require frequent observation and/or nasal continuous positive airway pressure
- 3.1.3 Patients requiring frequent and aggressive pulmonary physiotherapy every 2-3 hours.
- 3.1.4 Acute increase in PaCO₂ >40 and < 50 mm Hg, pH \geq 7.30 mm Hg
- 3.1.5 Respiratory rate < 35 bpm or \geq 8 bpm, patients requiring \leq 50%
- 3.1.6 Patient on FIO₂ \leq 50% with O₂ sat >92%
- 3.1.7 Patients requiring full face mask ventilation or ventilation via ETT/trach are not candidates for admission to MIMU.

3.2 Hematological Criteria

- 3.2.1 Active bleeding controlled requiring not more than 2 units of blood products in a 24 hour period
- 3.2.2 Active bleeding controlled with \geq 2 grams per dL loss in 24 hour period
- 3.2.3 Lab values monitored \geq every 4 hours

3.3 Cardiovascular Criteria

- 3.3.1 Hemodynamically stable non ST elevation myocardial infarction with a TIMI score less than 4
- 3.3.2 Hemodynamically stable dysrhythmias requiring telemetry monitoring
- 3.3.3 Moderate congestive heart failure
- 3.3.4 Uncomplicated s/p PTCA
- 3.3.5 Arterial blood pressure monitoring \geq every 2 hours
- 3.3.6 Central Venous pressure monitoring \geq every 2 hours
- 3.3.4 No Vasopressor drugs or “renal dose dopamine”, except to stabilize a patient emergently.

3.4 Toxic Ingestion

3.4.1 Controlled seizure activity with PO/IV medications

3.4.2 Continuous observation

3.5 Endocrine

3.5.1 Continuous insulin infusions <3 units/hour managed by endocrinology

3.5.2 FSBS monitoring \geq every 2 hours

3.5.4 Electrolyte imbalance replacement for Potassium > 2.0, Sodium >120

3.5.5 Intake and Output \geq every 2 hours

3.5.6 Electrolyte monitoring \geq every 4 hours

3.6 Disease Management Criteria

3.6.1 Resolving shock state

3.6.2 Peripheral Flolan administration

3.7 Neurological Criteria

3.7.1 Neuro vital signs \geq every 3 hours

3.7.2 Stable brain injury patients who require frequent positioning and pulmonary toilet.

3.7.3 Stroke patients without progressing neurological deficits

3.8 Nursing Intervention Criteria

3.8.1 Moderate dressing changes

3.8.2 Multiple interventions every 4 hours

3.8.3 Vital Sign or Pain Assessment \geq q 2 hours

3.8.4 Procedure or diagnostic studies requiring multiple transports

4.0 PROCEDURE:

4.1 Admission to the MIMU is initiated when Bed Control Management is notified of the need for an MIMU bed.

4.2 Bed Control Management will notify the Nursing Director of the admission request.

4.3 Nursing Director will assign first available bed.

4.4 Nursing Director will assign IMU staff based on patient acuity and nursing competency.

4.5 Nursing Director will advise the medical team that a bed assignment has been made.

4.6 Responsible physician requesting MIMU bed will notify the accepting team of intended admission and patient status (includes assessment, diagnosis, problem, plan, interventions, outcomes and all other pertinent data).

4.7 Responsible nursing staff will notify IMU nurse of patient status (includes assessment, diagnosis, problem, plan, interventions, outcomes and all other pertinent data)

4.8 When clinical resources are limited, the Nursing Director, in collaboration with the Attending Physician and Medical Director, will review resource

utilization. The Medical Director is responsible for making the final decision to resolve bed allocation concerns.

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