



ADMISSION / DISCHARGE CRITERIA FOR ICU

PRIMARY DIAGNOSIS												
ATTENDING PHYSICIAN				UNIT <input type="checkbox"/> SICU <input type="checkbox"/> ICCU <input type="checkbox"/> MICU								
Date												
	Time											
Does this patient meet these criteria? (Please Circle)												
1. Requires oral / nasal intubation	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
2. Requires adjustment in mechanical ventilation more than once in 8 hours	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
3. Requires FiO2 greater than 40% to maintain consistent O2 saturation	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
4. Nursing / Respiratory Therapist to manage secretions more frequently than every 4 hours	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
5. Presence of life-threatening dysrhythmias (for example: V-Tach, V.F., symptomatic heart block).	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
6. Has experienced acute EKG changes within last 24 hours.	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
7. Receiving infusion of thrombolytic agents.	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
8. Requires invasive monitoring (Art lines / PA catheters, ICP).	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
9. Vasoactive medications requiring titration.	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
10. Neuro checks requiring monitoring more frequently than every 4 hours	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
11. Has sustained symptomatic hypertension, hypotension bradycardia, or tachycardia (requiring intervention).	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
12. Persistent or massive GI bleeding requiring continuous interventions.	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
13. If more than one criteria are not met and aggressive care is desired by patient / family, patient belongs in ICU.	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
14. If all of above are "N" and patient remains in ICU, check the following reason(s). <input type="checkbox"/> No bed available <input type="checkbox"/> Awaiting specific procedure / test <input type="checkbox"/> No receiving staff available <input type="checkbox"/> Awaiting consult <input type="checkbox"/> Physician preference <input type="checkbox"/> Other - please describe _____												
15. Transfer order received Date _____ Time _____												
16. Patient transferred to _____ Date _____ Time _____												