Updated ICU Triage Plan during COVID-19 (03.20.2020)

Guiding Principles
1. Overall goal is to allow each unit to care for patients within their specialty for as long as reasonable
2. Prioritize use of negative pressure ICU rooms (N=16) for highest risk patients (COVID-19 confirmed and patients undergoing aerosolizing procedures as defined by Infection Control)
3. Non-COVID-19 patients may be moved in order to accommodate #2

ICU Triage during COVID-19
1. Preferentially co-locate COVID-19 patients on Blake 7 and Blake 12
2. Ellison 9 is the third preferred unit (4 neg pressure rooms) followed by Ellison 4 and Lunder 6
3. Surgical patient volume may be moved to Ellison 4 to accommodate additional MICU volume on Blake 12
4. Cardiac patient volume may be moved to Blake 8 to accommodate additional MICU volume on Ellison 9
5. Patients who are both suspect or confirmed COVID-19 and have another specific ICU need (e.g. close neurological management) may be placed in a non-preferred COVID-19 unit with agreement from both ICU Triage physician and unit staff
6. If a patient becomes a suspect case after admission to non-preferred ICU, the patient will not be transferred to a preferred unit until COVID-19 is confirmed unless there is a specific staffing or negative pressure need

***All ICU placement decisions first contact should by Nursing Supervisor
***Daily ICU Triage physician (pager 26955) will assist with triage decisions
***If there are questions or challenges with ICU patient placement, please page Kathryn Hibbert (pager 12889) and the Capacity MD (pager 23556)