

MEMORANDUM OF UNDERSTANDING: Express Acceptance to the MICU/RICU from Emergency Department

This is to serve as an understanding and agreement between the Department of Emergency Medicine, the Medical Intensive Care Unit (MICU), the Respiratory Intensive Care Unit (RICU) and Rhode Island Hospital regarding express acceptance to the MICU/RICU (no need for bedside evaluation) with the specifications of this collaboration and the extent of each party's participation detailed below.

In order to expedite critical care admissions, we have defined clinical criteria that can be admitted to the MICU/RICU based on a telephone call with the triage physician.

- Patient Inclusion criteria
 - Newly intubated patients
 - On pressors;
 - Meets criteria for severe sepsis with lactate ≥ 4 ;
 - DKA pH <7.1 or Hyperosmolar coma Glucose > 900 ;
 - GI Bleed with Hgb <6 or loss of >4 ;
 - Pulmonary Hypertension on continuous infusion pumps;
 - Na < 115 or >170 , K $+ <2$ or >6.5 , Ca <4 or >13 , Phosphorus <1 ;
 - Alcohol withdrawal requiring frequent Benzodiazepines/close monitoring;
 - Massive PE.

Process for express acceptance:

1. In the above patients, perform enough workup to reasonably exclude:
 - Cardiac etiology (CHF, MI, cardiogenic shock);
 - Hemorrhagic shock from a traumatic or vascular etiology;
 - Need for emergent surgery;
 - Primary neurological etiology (bleed, stroke).
2. Discuss the patient with MICU fellow/ Medical Critical Care Service attending (cell phone 952-6464 for all consults) over the phone and make sure they accept the patient.
3. Enter Bed request and dispo to admit in EPIC. (Note: Patients MAY NOT be admitted without being accepted by the ICU Fellow, Resident, or Attending)
4. Actively manage patient until they leave the department.
 - Not all patients qualify and most MICU/RICU bound patients will still require a MICU resident/fellow bedside evaluation.
 - All patients turned down from a MICU/RICU bed require bedside evaluation by the MICU physician
 - If there is no decision after 60 minutes, the ED-Attending should call the MICU attending to discuss the case

The list of diagnoses above is not meant to be inclusive. For other cases that don't meet the criteria above but have need of the resources and expertise of the MICU or RICU, the usual MICU/RICU consultation consult process will be followed.