

Appendix A

BRIDGE BUILDING FIFTH FLOOR ADMISSION CRITERIA

1. Coronary Care Unit (CCU) Admission Criteria

The purpose of the Coronary Care Unit is to stabilize and manage patients demonstrating a wide range of acute cardiac related diseases. It is the premise of the Coronary Care Unit that all patients should be returned to their optimal functional level, and that this may be attained through early aggressive cardiovascular intervention. With this in mind, an essential criteria for admission to the CCU is that the acute problem for which the patient is referred be one that is potentially reversible. That is, the patient must have a reasonable expectation to benefit from the intensive care provided by the CCU.

The following are criteria for admission to the CCU. Each patient's medical condition and needs are specific and may not conform precisely to general admission criteria. Thus, the following criteria may not be applicable to each individual patient.

- STEMI (Stable or unstable).
- ACS with hemodynamic or clinical instability. This includes patients who require continuous infusion of medications for hemodynamic support, pain control, or rhythm.
- Patients requiring invasive hemodynamic monitoring or intraaortic balloon support for acute ischemic events or chronic cardiac conditions.
- Cardiogenic shock.
- Serious threatening arrhythmias which have or may require frequent electrical cardioversion or defibrillation.
- CHF with any of the following: mechanical ventilation, intensive oxygen support, hemodynamic monitoring or frequent nursing assessment and/or intervention.
- Patients who are post invasive cardiovascular procedures with findings of critical disease and/or complications resulting from interventional procedures.
- Medical management of acute aortic dissection.
- Medical management of cardiac tamponade.
- Management of hypertensive crisis.
- Patients status post cardiac arrest without multi-system failure.
- Patients transferred to Rhode Island Hospital for cardiac surgery with severe coronary or valvular disease requiring mechanical ventilation, hemodynamic monitoring of frequent nursing assessment and/or intervention,
- Patients who require intensive care unit management for non-cardiac problems when an intensive care unit bed is otherwise unavailable.

2. **ICCU Admission Criteria**

Patients admitted to the ICCU generally consist of those patients with acute cardiac problems or unstable coronary syndromes not requiring intensive care in the Coronary Care Unit.

These would include patients with:

- Non-STEMI ACS, hemodynamically stable.
- Post myocardial infarction.
- Chest pain, unclear etiology, intermediate or high risk.
- Unstable post catheterization or interventional patient requiring specialized nursing care or monitoring.
- Congestive heart failure without need for high oxygen delivery.
- Cardiac rhythm or conduction disturbances, and post device patients.

3. **LEVELS OF CARE**

The 5th and 6th floors are divided into three Cardiology areas, CCU, ICCU (North and South). Assigning a level to each patient assists with the placement of that patient on the fifth floor and identifies the level of nursing required to manage them.

Level 1 – Critical Care

These patients are admitted to the CCU. They may require continuous monitoring and/or interventions. They may demonstrate cardiopulmonary failure and hemodynamic instability requiring IV vasoactive medications with frequent titration, IV anti-arrhythmic medications, mechanical ventilation, PA catheters, and IABP support. Also included in this level are patients who are within 12 hours of ST elevation MI post reperfusion therapy. Typically, there is a 1:1 or 1:2 RN to patient ratio on all shifts in order to maintain the standards of nursing care.

Level 2 – CCU level of care (i.e. AMI within 12 hours with hemodynamic stability, active ACS, CHF, arrhythmia or improving Level 1 patient, etc)

These patients are admitted to the CCU. They are hemodynamically stable, but because of ongoing or resolving acute or chronic conditions they require an intermediate level of monitoring or interventions. They may be on vasoactive medications that are not being actively titrated, 12 hours post ST elevation MI, or recovering from a complicated coronary intervention. Also included in this level are patients requiring higher levels of oxygen therapy or full face BIPAP. Typically, a 1:3 RN to patient ratio on all shifts is required to maintain the standards of nursing care.

Level 3 – Intermediate Coronary Care Unit Care

These patients are admitted to CCU or ICCU. Cardiac patients not meeting the admission criteria for the CCU are admitted to one of these two units. RN to patient ratio will vary by shift and can be affected by the presence of certified nursing assistants or flexing up to accommodate level 1 or 2 patients on the left wing. Day and evening shift ratios are 1:4 or 1:5 and night shift ratios are 1:6 or 1:7. These ratios are required to meet the standards of nursing care.

Level 4 – Observation Patients

These are patients admitted under observation status.