Early Identification and Care of the Critically Ill Post-operative Patient

The Problem

- While the need for postoperative critical care can often be anticipated in advance, in many cases the need may occur unexpectedly, or ICU beds may be temporarily unavailable.
- There was perceived ambiguity about which teams will primarily manage critically ill patients boarding in the PACU and/or those patients deteriorating in the PACU.

Aim/Goal

- To streamline the communication and care of ICU patients who board in the PACU.
- To develop a PACU-specific Triggers Program that would enable any caregiver to escalate the level of concern when a patient clinically deteriorates in the PACU.

The Team

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Progress to Date

- Created detailed Process Flows.
- Developed guidelines for PACU boarders.
- Defined conditions requiring a “Trigger” for non-boarders.
- Developed informational posters for East & West PACUs.
- Created visual cues to identify ICU patients boarding in PACU.
- Added POE ‘admit to’ orders to document ICU team covering ICU patients boarding in PACU.

Process

for handling ICU boarders in the PACU

If no ICU beds are available and then patient needs to board in the PACU:
- Anesthesia OR team will page the PACU resident/NP as well.

Admit orders by Primary team will be entered using “PACU boarder” option.

All further orders by ICU team or designee: “ICU patient” sign on the table:
- When patient arrives in the PACU Primary team, PACU resident/attending/NP and if possible the ICU team will be present for handoff.
- When an ICU bed is found, RN pages the ICU team and informs them of the new location.

Triggers in the PACU (applies only to non-boarders)

- Unexpected need for mechanical ventilation > 3hrs.
- Need for increasing support on the ventilator (i.e., increased PEEP, FIO2).
- If extubated, increasing respiratory distress or increasing O2 requirement, need for re-intubation.
- Unexpected need for vasopressor support > 3hrs.
- Hemodynamic instability / need for increasing vasopressor doses.
- Prolonged oliguria.
- Persistent acidosis.
- Acute change in mental status / neurologic exam.
- Marked MD or RN concern.
- Previous management plans fail to improve the situation in a mutually-agreed upon period of time.

Next Steps/What Should Happen Next

- Transition to an electronic Triggers form to enable better capture of data for process improvement.
- Consider expansion of ICU Metavision documentation system to PACU for ICU boarders.
- Improve throughput of ICU boarders via above pathways & Float Intensivist.

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