

Transfer out of the ICU

- Patients will transfer out of the ICU when they no longer require critical care services.
- Patients that meet criteria for transfer may remain in the ICU if it is in the best interest of the patient and discussed with the critical care team (attending, APPs, residents, nursing, respiratory...).
- General criteria for transfer include (exceptions may be made for chronic conditions, but should be discussed with the team prior to transfer):
 - No longer requiring mechanical ventilation and/or decreasing O₂/CPAP requirements
 - Oxygen saturation is $\geq 90\%$ on $FiO_2 \leq 50\%$ (exceptions may be made for patients with COPD)
 - Frequency of airway clearance interventions is $\geq q 4$ hours
 - Absence of respiratory distress
 - SBP ≥ 90 mmHg & ≤ 220 mmHg for 24 hours
 - Heart rate between 50 and 120 bpm
 - No need for vasopressors or inotropes for 24 hours
 - No need for more than 2L IVF boluses or PRBC x 2 units for 24 hours (exception for surgery)
 - No suspicion for hypoperfusion (confusion, cool or cyanotic extremities, poor capillary refill, metabolic acidosis, low urine output)
 - No need for medications that cannot be administered outside the ICU
 - Neurological or neurovascular checks less frequent than every 4 hours (may check q2 x24 hours in PCU)
 - Stable GCS, seizures controlled
 - No intraventricular drains or invasive neuro monitoring
 - Altered mental status is stable and able to be safely managed outside the ICU
 - No evidence of new, untreated infection
 - No deterioration in renal function in the last 24 hours (creatinine increase $\geq 50\%$, new onset oliguria)
- To order transfer out of the ICU:
 - Place an order for transfer to private/floor room
 - Complete the transfer reconciliation
 - Change vital signs to q4 hours and condition to stable
 - Discontinue daily labs if possible
 - Discontinue fentanyl. If IV pain medication needed:
 - morphine 2-4 mg Q4 PRN severe pain
 - hydromorphone 0.4-0.6 IV Q4 hours PRN severe pain, if allergic to morphine
 - 48 hour duration on IV meds unless special circumstances
 - taper any long-acting pain medications

- consider ketorolac 15 mg Q6 hours if no contraindications (max 5 day duration);
 - discontinue ICU regular insulin and change to Novolog (non-critical glycemic control power plan)
 - Consider need for telemetry- sternal fracture first 48 hrs, atrial fibrillation, CAD w/ cardiac stents, trach patients, tachycardia
 - Ensure PT/OT/SLP is ordered and weight-bearing status is updated
 - Discontinue cordis, TLC, arterial line, and foley if able or applicable
- Patients who no longer meet criteria to transfer out of the ICU should be transferred to the ICU.