

SICU TRANSFER GUIDELINE: EVALUATION OF PATIENT READINESS FOR TRANSFER

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Mini Poster Presentation – Ellen Pavela, DNP, RN**

PRACTICE PROBLEM

- Unexpected ICU re-admission
 - Indicates patient was not ready to transfer.
 - Transfer of patient too stressful – causing deterioration.
 - Risks a detrimental impact on patient's condition.
 - No acceptable transfer protocol is in place.
 - Transfer standard is incongruent from patient to patient.

NURSING IMPLICATIONS

- SICU patient assessed for readiness prior to transfer
- Improved level of competency of receiving nurses.
- Improved communication during handoff
- Plan of care - tailored to patient's specific needs
- Risk of unplanned SICU readmissions decreased

DETERMINE NURSING GUIDELINES FOR TRANSFERRING PATIENTS FROM SICU.

Organizational Issues impact unexpected ICU readmission

- Adequate staffing levels on receiving unit
- Expedient medical care once on nursing unit
- Appropriate skill mix for clinically challenging patients
- Balanced work assignments for patient care load

IDENTIFY THE CAUSES FOR UNPLANNED SICU PATIENT TRANSFERS.

- Cardiac arrhythmia or arrest
- Respiratory insufficiency or arrest
- Symptoms of Sepsis
- Neurological changes
- Lack of adequately qualified staff.

DEFINE EVIDENCE-BASED NURSING GUIDELINES FOR TRANSFERRING SICU PATIENTS.

Patients at increased risk for unplanned readmission

- Elderly w/ co-morbidities, needing ongoing organ support
- Non-surgical admit; Length of ICU stay 10 days or more

Needs at transfer from SICU

- Stable organ systems without need of invasive monitoring
- Patient's energy reserve stable for work of transfer

TRANSFER GUIDELINES

Patients deemed ready for transfer

- Stable vital signs, lab values and no monitoring lines.
- Evidence of stable organ system status
- Hand-off report involves tailored plan of care

After Transfer- Unit Nurse Practitioner will assess Pt within 8 hours

- Discuss tailored care plan with patient and receiving nurse
- Assess patient's condition for independence & increased activity