

2. CLINICAL MANAGEMENT GUIDELINES
C. Sick Patient Guideline

Guideline for the Care of Injured Patients in the ICU

I. Communication Between Trauma and ICU Teams:

- a. Upon admission to the ICU, the trauma attending must establish direct communication with the ICU attending to ensure seamless coordination of care.
- b. When a patient is to be admitted to the ICU there must be direct communication and sign-out between the providers on the trauma team (Residents/APP/fellows) and the providers on the ICU team (APP/residents/fellows)
- c. The trauma program is responsible for completing the History & Physical (H&P) documentation, while the critical care team is responsible for placing the critical care admission note.
- d. Clear, timely communication is critical, especially for complex cases involving multiple service lines (e.g., trauma, plastics, orthopedics, critical care).

II. Management of Wounds, Drains, and Incisions:

- a. The trauma team will oversee the care and management of all wounds, drains, and incisions.
- b. Any procedures or interventions will be coordinated collaboratively between the trauma team and the critical care team to ensure optimal patient outcomes.

III. Collaboration for Complex Cases:

- a. For patients requiring input from multiple service lines (e.g., patients with mangled extremities involving trauma, plastics, orthopedics, and critical care), there must be daily communication between all teams.
- b. This ensures all aspects of the patient's care are aligned, with a focus on consistent, coordinated management plans.

IV. Escalation Policy:

- a. All staff must adhere to the attached **Escalation Policy** in the event of any change in the patient's condition or if issues arise in the coordination of care between teams.
- b. Immediate communication between trauma and critical care attendings is required when significant concerns about patient status or care arise.

2. CLINICAL MANAGEMENT GUIDELINES
C. Sick Patient Guideline

V. Safe Patient Transport:

- a. All ICU-to-procedure or inter-departmental transports of critically ill trauma patients must be executed in accordance with the **Safe Patient Transport Policy** to ensure patient safety during transitions.

VI. Downgrading from Critical Care:

- a. When a patient is ready to be downgraded from the ICU, a **direct, in-person report** must take place between ICU providers (APP, residents, fellow, and/or attending) and the floor team (APPs, residents, and/or attending)
- b. Nursing staff is also responsible for direct handoff between the critical care nurses and floor nurses.
- c. This report must include a comprehensive handoff covering patient status, ongoing treatments, and plans for further care to ensure continuity and safety during transition to a lower level of care.

VII. When non-surgical intensivists are rounding in the ICU

- a. The trauma team will make rounds daily on all trauma patients located in the ICU and help guide the care in a multidisciplinary fashion.

Effective Date: March 2023

Next Review Date: March 2026