IMCU Admissions
(5West at Menino Pavilion, 8East at East Newton Pavilion)

Mechanism for admission:

1- ED admissions: The ED will admit patients directly to the IMCU. These patients will be admitted to the General Medical and Specialty services with direct attending to attending sign-out.

2- ED admissions: The ED will admit Patients to the ICU, after discussion between the ICU attending and ED attending, appropriate patients may be downgraded to IMCU status with the general medicine or specialty team admitting and following

3- If a campus switch is required to place the patient in an IMCU bed, please ensure appropriate transfer of care to the new team.

**For all changes in level of care or service mandatory attending to attending communication must occur.**

4- Patients may be transferred out of the ICU to the IMCU. The patients care may be transferred to a medical team or remain on the Critical Care Medicine team depending on the patient’s level of acuity; this decision will be made by the Critical Care Medicine team.

5- For all changes in level of care, mandatory attending to attending communication must occur.

**General Medicine and Subspecialty**
1. All GIM patients being admitted to the IMCU from the ED should be admitted to either the HAC IMCU or ENC IMCU under the care of the general medicine team or appropriate subspecialty team.

2. For GIM patients admitted to the IMCU from the ED: the ward team should accept the patient sign-out before the attending to attending sign-out occurs. The ward resident does not have to wait for their attending approval to accept these patients. However, *attending to attending signout is required prior to transfer of the patient out of the ED*

All subspecialty teams can accept patients to the IMCU on either HAC or ENC, provided that the patient meets admission criteria as described in ‘Subspecialty Guidelines for Admission’ document. These patients also require attending to attending signout prior to transfer of the patient.

**Family Medicine**
1. Appropriate Family Medicine patients will be admitted directly to the ENC IMCU on the MICU service after being accepted by the MICU service attending.

2. In the event that there are no IMCU beds available on ENC the patient may be admitted to the HAC IMCU under the GIM service.
Floor Patients Transfer to IMCU
1. If a team wishes to move a patient form a med-surg floor to the IMCU please notify the bed facilitator to obtain a IMCU bed for the patient.
2. If a campus switch is required to place the patient in an IMCU bed, please ensure appropriate transfer of care to the new team.
3. The general medicine team will continue to follow the patient in the IMCU

For all changes in level of care or service mandatory attending to attending communication must occur.

ICU Transfers to IMCU

ICU patients downgraded to the IMCU may either stay on the MICU team’s service or be transferred to the appropriate service at the MICU attending’s discretion. This transfer requires attending to attending communication.

IMCU – Cardiac Admission Criteria
(8East at East Newton Pavilion)

Appropriate patients for admission to the IMCU for management of cardiac disease include patients with all forms of cardiac disease who require a higher degree of care than can be provided on a telemetry floor, but do not require CCU admission. This may include, but is not limited to, patients with the following diagnoses:

1. Unstable angina requiring titration of meds but without high risk features (e.g., hypotension, CHF, ongoing intractable ischemia)
2. Hemodynamically stable patients with non ST elevation myocardial infarction.
3. SVT with uncontrolled HR that requires more active titration of iv medications
4. Patients with frequent but asymptomatic NSVT that require closer monitoring
5. Patients admitted with frequent ICD shocks
6. Stable heart block awaiting permanent pacemaker placement
7. Mild-to-moderate congestive heart failure without shock requiring titration of iv meds for diuresis (i.e., dopamine, dobutamine)
8. Hypertensive urgency without evidence of end-organ damage.
9. Patients s/p EP or catheter based procedures who require close monitoring owing to high risk clinical features or mild complications
CCU Admission Criteria
(8N at East Newton Pavilion)

Appropriate patients for admission to the CCU include patients with all forms of cardiac disease who require admission to a critical care unit. This includes, but is not limited to, patients with the following diagnoses:

1. Coronary artery disease (STEMI, NSTEMI, UA, severe LM disease on cath)
2. Heart failure (including acute decompensated, chronic HF require invasive monitoring, treatment with inotropes or vasopressors)
3. Severe valvular heart disease with CHF or hemodynamic instability
4. Arrhythmias (symptomatic ventricular arrhythmias requiring institution of therapy or close monitoring, some patients with frequent ICD shocks, some patients with SVTs with poorly controlled HR requiring titration of IV therapy, heart block or bradycardia requiring pacing or close monitoring)
5. Pericardial disease – overt or impending tamponade
6. Acute Myocarditis
7. Endocarditis
8. Hypertensive urgency/emergency requiring IV therapy
9. Aortic dissection
10. Patients requiring close monitoring before or after cardiac procedure

MICU Admission Criteria
(5E and 5W on HAC; 8N and 3W on ENC)

Appropriate patients for admission to the MICU include patients with all forms of medical disease who require admission to a critical care unit.

Obtaining MICU admission for floor patient

1. Page MICU resident at 9935 on MP, 9934 on ENC for STAT floor evaluation
2. MICU resident will evaluate patient and discuss with attending or fellow; will provide recommendations and/or facilitate admission to MICU.
3. If patient is accepted to MICU, the MICU resident will contact the bed facilitator at 1111

Obtaining MICU admission from the ED

The ED will determine level of care necessary for all patients; if a patient requires the MICU they will be in touch with the MICU staff directly to facilitate admission.

If a floor resident is receiving signout from the ED and the floor resident feels the patient needs a higher level of care, he/she may ask for a MICU consult in the ED which entails a MICU
attending to ED attending discussion. THIS CANNOT BE REFUSED BY THE EMERGENCY
DEPARTMENT.