Allina Health

Abbott Northwestern Hospital

Guidelines for E4000 Progressive Care beds

Inclusion-Exclusion Criteria for E4000 Progressive Care Beds

Respiratory patients

Inclusion Criteria

- Hospitalist or Intensivist is the attending provider for patients coming from ICU
- Patient has respiratory failure requiring BiPAP, but felt to be stable or improving (not nearing intubation)
  - Patient on BiPAP must be alert, cooperative, able to remove full mask when needed
  - Patient has uncompromised airway
- Patient who has the ability to control secretions requiring no more than Q2hr suctioning (oral or NT suctioning)
- Patient on heated High Flow O2
- Patients with primary respiratory diagnosis requiring increased respiratory assessments
  - Recent extubation but not nearing re-intubation

Exclusion Criteria

- Patients physically unable to remove the BiPAP mask when needed or impaired cognition prevents them from removing the mask
- Concerns about airway stability or management (i.e. known difficult airway, airway edema, high risk for urgent/emergent intubation)

Chronic Ventilator*

Inclusion Criteria

- On home ventilator and stable settings for 24 hours
- Absence of severe dyspnea while on ventilator
- Inspired O2 $\leq$ 40% or no more than a 20% increase from baseline
- PEEP is less than 10 cmH2O
- Absence of life-threatening cardiac dysfunction and arrhythmias
- Ability to clear secretions via cough (assisted or spontaneous) or suctioning

*Pulmonary consult **required** outside the ICU for chronic ventilator patients.

Exclusion Criteria

- Immediate post-operative period (will go to ICU)
- Use of Inpatient ventilator in last 24hours

DKA Patients

Inclusion Criteria

- Mild DKA diagnosis: arterial pH 7.25-7.3, CO_2 15-18 mEq/L, Anion Gap >10

- Moderate DKA diagnosis: arterial pH 7-7.24, CO_2 10-14 mEq/L, Anion Gap >12

Exclusion Criteria

- Severe DKA diagnosis: arterial pH <7, CO_2 <10 mEq/L, Anion Gap >12
- Decreased LOC

Sepsis Patients

Inclusion Criteria*

- Severe sepsis or septic shock not requiring intubation or vasopressors.
  - Patients requiring frequent vital signs and focused nursing assessments OR
  - Patients requiring close fluid management assessment

Exclusion Criteria*

- Hypotension of SBP < 90 or MAP <65 after 30mL/kg IV fluids completed.
- Patients requiring intubation or vasopressor support.
- Patients on BiPAP and physically unable to remove the BiPAP mask when needed or impaired cognition prevents them from removing the mask

*No specific criteria for Lactate levels as the data shows this is not always a good indicator of illness severity.

Gastrointestinal Bleeding

Inclusion Criteria

- Hemodynamically stable
- Responsive to fluid therapy
- Variceal bleeding without evidence of active hematemesis

Exclusion Criteria

- Active hematemesis of frank red blood
- Hypotension of SBP < 90 or MAP <65

Pulmonary Embolism (Submassive)

Inclusion Criteria

- Hemodynamically stable (SBP > 90 or MAP >65)
- Discussed patient with PE response team

Exclusion Criteria

- Patients who have received Alteplase (tPA) within the last 24 hours

General Exclusions for Med/Surg Progressive Care:

- Hemodynamic instability
- Acute neurologic emergency:
  - All strokes that are admitted to ICU
  - Status Epilepticus
  - Subarachnoid hemorrhage
- All intracranial hemorrhage, including subdural hematoma
- Postop cardiovascular surgery
- Postoperative hemodynamic or respiratory instability
- Patient requiring vasopressors
- Patient requiring an arterial line
- Pregnancy

Nursing Guidelines to Care for Progressive Care Patients

These standards are the minimum guidelines of care for patients in progressive care. Professional nursing judgment, provider order, and patient need may always increase the frequency or intensity of nursing care.

1. **Physical assessment** of patients completed upon admit, and every 8 hours, as indicated by patient condition.
2. **Focused assessment** every 4 hours as appropriate.
   a. Example: Respiratory: focused respiratory assessment
   b. Example: Gastrointestinal: focused GI assessment
   c. Example: Sepsis: focused source of infection (if known) and/or organ dysfunction
3. **Vital signs frequency** - BP, HR, RR, and Temp will be obtained on arrival to patient care unit, then every 4 hours as appropriate.
4. **Continuous pulse oximetry**- documented every -4 hours with vital signs
   a. Assess O2 saturation alarms to be "on" and individualized to patient condition.
   b. All Respiratory and Chronic Vent PCU patients will have continuous pulse oximetry.
   c. Capnography will be monitored on patients who have a Provider order for capnography
5. Visual Observed- every 2 hours as appropriate
6. A physical assessment includes:
   a. Neurological
   b. Cardiovascular
   c. Respiratory
   d. Gastrointestinal
   e. Genitourinary
   f. Integumentary
   g. Comfort/Pain
   h. Psychosocial

Focused Respiratory (also use for Chronic Vents):

1. A respiratory assessment includes:
   - respiratory rate, rhythm, character

- O2 saturations
- chest movement
- chest appearance
- lung sounds
- cough
- secretions when present
- incentive spirometry use
- suctioning route/frequency when needed

2. Chronically Ventilated patients will have both continuous pulse oximetry and capnography monitoring (assure order in chart).

Focused Sepsis:

1. Initial admission vital signs: q30mins x2, q1hr x2, then q4 hr per progressive care unit
2. Assess body system affected by infection if known source.
3. Assess and document sepsis screening q 4 hours with assessment

Focused GI Bleed:

1. A GI assessment includes:
   a. Abdominal assessment (characteristics, bowel sounds, and associated symptoms)
   b. Stool (count, characteristics, and color)
   c. Nausea
   d. Emesis (amount, color, and characteristics)

DKA care:

1. Follow EndoTool DKA mode protocol. Follow directions of EndoTool alerts for IV solution change and when to call provider for change to STANDARD mode of therapy.
2. Follow DKA order set for labs, specifically for potassium, BMP, and/or electrolyte panels.
3. Call provider for potassium replacement via IV fluids per recommendations on DKA order set.
4. Level of Consciousness

Pain/Comfort:

1. Pain/comfort level will be evaluated using a pain scale every 4 hours and prn.
2. Patient response to pain intervention will be assessed and documented per hospital policy.
3. Non-pharmacological interventions will be provided as needed.

Transportation of Progressive Care Patients:

1. Progressive Care patients will be transported by an RN per charge nurse discretion for tests or procedures.
2. Patients who require BiPAP or ventilator support will have their airway monitored by the RN and RT.
3. Patient should be transported at same level of basic physiologic monitoring as they are receiving in progressive care – EKG, O2 sat, etc.—unless otherwise ordered by provider.

Transfer of Care:

1. Patients will be transferred to Progressive Care status after ED provider has conversation with the attending Internal Medicine Provider.

2. Daily assessment of the need to be in a step down bed through collaboration with the patient's primary physician and interdisciplinary team.
3. Once the patient no longer meets inclusion criteria the Provider will order to transfer off progressive care status and to med/surg status.
    a. A provider order is required
    b. The accommodation code needs to be adjusted accordingly
    c. The patient will stay in the same room.