



Policies & Procedures Guidelines in Intensive Care Unit

An essay submitted for partial fulfillment of Master degree in

Intensive care medicine

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السياسات و الأجراءات و المبادئ الأساسية في وحدة العناية المركزة

مقال مقدم

كتوطئة جزئية لمتطلبات الحصول على درجة الماجستير في تخصص العناية المركزة مقدمة من

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Summary

There is growing interest in the use of evidence-based clinical practice guidelines as a means of reducing inappropriate care in the intensive care unit, and making more effective use of health care resources. Moreover a standardized approach to management is desirable for optimal patient care and safety of the patients and to improve the communication and understanding between members of the ICU team and associated specialties.

Critical care protocols should be used to inform healthcare staff by providing guidance on what is thought to be the best option regarding a specific aspect of care or the consensus on how a given situation is usually best tackled. But they cannot and should not be used in an attempt to replace expert decision-making which weighs up all the aspects of each individual situation.

The manual outlines various *Protocols*, which represent a standard approach to practice within the Unit. These have been derived from the available literature and clinical experience, *Guidelines* designed to assist in clinical management are included but patient management will ultimately depend upon the clinical situation.

Among these protocols are the ICU admission criteria protocols which should select patients who are likely to benefit from ICU care, also the discharge protocols which direct the patient to the next level of care.

As the Mechanical ventilation is a commonly used technique in the intensive care unit (ICU), Adult Respiratory Ventilator Protocol (RVP) has been developed for patients requiring invasive positive pressure ventilation and is based on a goal orientated respiratory expectations with a detailed algorithm for weaning protocols and guidelines for diagnosis and management of ventilator associated pneumonia which is one of the hazards of mechanical ventilation.

Also, will find comprehensive guidelines for most techniques and procedures performed in intensive care which should be mastered by all critical care physicians, these have been included, along with detailed instructions and indications.

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- **9** μ**g**: Microgram.
- **⋄** A/C: Assisted Control.
- **⋄** A/P: Assessment and plan.
- **⋄ ABG:** Arterial blood gases.
- **⋄ ACE I:** Angiotensin-converting enzyme inhibitors.
- **∞ ACLS:** *Advanced cardiac life support.*
- Se Alb: Albumin.
- **ALT:** Alanin aminotransferase.
- **⋄ APACHE:** Acute Physiologic and Chronic Health Evaluation.
- **∞ APRV:** *Airway pressure release ventilation.*
- **→ ARBS:** Angiotensin II receptors blockers.
- ARF: Acute respiratory failure.
- **SASA:** Acetylsalicylic Acid (Aspirin).
- **⋄ AST:** Aspartate aminotransferase.
- **∞ BE:** Base excess.
- **Solution** BID: Twice a day (on prescription).
- **☞ BIPAP:** Bi-level positive airway pressure.
- **∞ BM:** *Bowel motion.*
- **SP MED.:** Blood pressure medications.
- **SP:** Blood pressure.
- S: Bowel sounds.
- **SA:** Body surface area. **Solution SA:** Body surface area.
- Section Calcium.
- See CBC: Complete blood count.
- **Section** CCB: Calcium channel blockers.
- Section Control and Prevention.
- Section Cardiac index.
- **∞ CK-MB:** *Creatine phosphokinase MB isoenzyme.*
- **9- CO:** Cardiac output.
- **Solution COPD:** chronic obstructive pulmonary disease.
- **See CPAP:** Continuous positive airway pressure.
- See CPIS: Clinical Pulmonary Infection Score.
- **SPECIFICATION** Creatine phosphokinase.
- Section CRBSIs: Catheter-related bloodstream infections.
- See CRRT: Continuous Renal Replacement Therapy.
- **Second Second S**
- **Solution** CT: Computerized topography.

Section CVS: Cardiovascular system.

Section 2. Chest X-ray.

∞ DC: *Discontinued.*

DNR: Do not resusetate.

DVT: Deep venous thrombosis.

E: Eye examination.

№ ECG: *Electrocardiogram.*

See EN: Enteral nutrition.

See ET: Endotracheal tube.

SPEC Fresh frozen plasma.

☞ FiO₂: Fractional Concentration of Oxygen in Inspired Gas.

GCS: Glasgow coma scale.GIT: Gastro intestinal tract.

∞ GP: *Glycoprotein*.

SGRV: Gastric residual volume.

∞ GTN: *Glyceryl trinitrate.*

GU: Genitourinary.HCO₃: Bicarbonate.

→ Hem: Hemoglobin.→ HR: Heart rate.

№ I/E: Inspiratory and expiratory ratio.

So I/O: Input and output.

Solution Series SeriesSolution Serie

№ ID: Infection data.

№ INR: *International normalized ratio.*

№ IP: Inspiratory pressure.

Solution IT: *Inspiratory time.*

№ IU: International unit.

№ IVF: Intra venous fluids.

Solution Lactate.

LFT: Livet function tests.

➣ LLA: *Lipid lowering agents.*

∞ M: Movement assessment on the Glasgow coma scale.

∞ MAP: Mean arterial pressure.

MD: Doctoral degree for physicians.

SOLUTION Multi-drug resistance. ■

∞ mEq/L: Milliequivalent per liter.

∞ mg/dl: Milligram per deciliter.

Mg: Magnesium.Mg: Milligram

∞ MgSO₄: *Magnesium sulfate*.

™ MRI: Magnetic Resonance Imaging.

• MRSA: Methicillin-resistant Staphylococcus aureus.

SA: Methicillin-sensitive Staphylococcus aureus.

■ MSSA: Methicillin-sensitive Staphylococcus aureus.

MV: Mechanical ventilation.

NC: Nasal cannula.NG: Nasogastric.

∾ NIV: Non-invasive ventilation.

№ NPO: *Nothing per oral, nothing by mouth.*

№ NRM: Non-rebreathing face mask.

S. Normal saline.

• o.d.: One Daily, Once Daily.

P: Pulse.

№ PA Cath.: Pulmonary artery catheter.

▶ PAC/CVC: Pulmonary artery catheter / Central venous catheter.

PaCO₂: Partial Pressure of Carbon Dioxide in Arterial Blood.

PAP: Pulmonary Artery/Arterial pressure.

PCM: protein-calorie malnutrition.

See PCV: Pressure Control Ventilation.

PE: Physical Examination.

∞ PEEP: Positive End Expiration Pressure.

∞ PEG: Percutaneous endoscopic gastrostomy.

∞ PEJ: Percutaneous endoscopy jejunostomy.

PH: Potential Hydrogen - A Measure of Acidity and Alkalinity.

PLTs: Platelets.

PO: By Mouth, Orally.

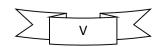
№ PO₂: Partial Pressure of Oxygen.

9∞ PO₄: Phosphorus.

PRN: when necessary (from "pro re nata," for an occasion that has arisen, as circumstances require, as needed).

PRVC: Pressure regulated volume controlled.

№ PS/PC: Pressure support/ pressure controlled.



PT: Prothrombin Time.

• PTT: Partial Thromboplastin Time.

PV: Pressure ventilation.

D: once a day (from "quaque die," once a day).

SR/A: Room air.

See RBCs: Red blood cells.

Second Respiratory care practitioner.

Seg.: Regular.

Segistered nurse.

See RR: Respiratory rate.

See RT: Respiratory therapist.

Solution RVP: Respiratory ventilator protocol.

SBP: Systolic blood pressure.

SBT: Spontaneous breathing trials.

SC: Subcutaneous.

SIMV: Synchronized Intermittent Mandatory Ventilation.

SOAP: Subjective Objective Assessment Plan.

⋄ SpO₂: Oxygen Saturation via Pulse Oximetry.

STAT: The Latin word statim, "immediately."

⋄ SVO₂: Venous Oxygen Saturation.

SVR: Systemic vascular resistance.

SET : Transesophageal echocardiography.

▼ TEN: *Total entral nutrition.*

∞ TF: *Total fluid.*

Second Second S

TPN: Total parenteral nutrition.

⋄ UF: *Unfractionated.*

∞ UO: *Urine output.*

Solution V: *Verbal assessment.*

Se VAP: Ventilator associated pneumonia.

⋄ VBG: Venous blood gases.

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Solution VIGILEO: The Vigileo monitor allows for the continuous monitoring of essential hemodynamic information such as CO, SV and SVR.

Solution VV: *Volume ventilation.*

Introduction

An I.C.U is a specially staffed & equipped area of a hospital dedicated to the management of patient with life- threatening illnesses, injuries or complications, As outlined, the I.C.U is not just a word but a department with dedicated medical, nursing and allied health staff, that must operates with a pre-defined polices & procedures. (R.M.H., 2010).

A standardized approach to management is desirable for optimal patient care and safety of the patients and to improve the communication and understanding between members of the ICU team and associated specialties. (Martin et al., 2006).

Critical care protocols should be used to inform healthcare staff by providing guidance on what is thought to be the best option regarding a specific aspect of care or the consensus on how a given situation is usually best tackled.

The purpose of preparing a policy or a procedure document for I.C.U is to provide a framework and references for all clinical staff members in I.C.U in order to improve the quality. (**Darlene.**, 2009).

A policy is a statement of a mandatory course or methods established by the staff members in I.C.U while procedures are steps or actions to implement a function. (Martin et al., 2006).

Polices for I.C.U should be formulated and standardized to be to be unambiguous, periodically reviewed and familiarized by all staff members.

The manual outlines various *Protocols*, which represent a standard approach to practice within the Unit. These have been derived from the available literature and clinical experience, *Guidelines* designed to assist in clinical management are included but patient management will ultimately depend upon the clinical situation. (Mandorah., 2010).

The Aim of the Work

This study aims to discuss the importance of developing documented policies and procedure in the intensive care unit and to develop the basic principles of work within the unit and to ensure its quality with an explanation of these procedures and policies.

Chapter 1

Administrative policies & procedures