Operational policy for BRODIE-GICU (GICU-B)

Location and comms

- There are 2 entrances, one at either end on the unit. Both are suitable for beds and have swipe card access control. The first is off the main corridor and second is the first right after the Brodie Ward main entrance.
- There are 2 telephone extensions x0271 and x0714
- To discuss admissions contact the nurse in charge of GICU via x1307, or the GICU liaison nurse on bleep 7400.

Suitable Patients

- The purpose of this unit is solely to facilitate the delivery of ≥8 hours of post-operative, goal directed, cardiovascular therapy to elective, pre-operatively identified, high-risk surgical patients.
- Patients who might require urgent airway interventions, respiratory or renal supportive therapies CANNOT be admitted to this unit.

Operational Hours

- 12:00pm Monday to 12:00pm Saturday.
- Ideally, all admissions should occur before 5:30pm.

Staffing

- During operating hours, the unit will be run by a team of 3 nurses with the immediate availability of a junior doctor (GICU SHO or SpR on bleep 3717).
- 8am to 6pm, Monday to Friday, a 2nd GICU consultant (based on GICU) will be available for the unit.
- The Saturday morning unit ward round will be conducted by the on call GICU consultant.

Admissions policy

- Ideally, a bed should be booked at the time of the patient's pre-admission visit. In order for this to occur, the following inclusion and exclusion criteria will be applied flexibly:

Inclusion criteria:

Patients with an estimated peri-operative mortality of ≥5%
Patients with an ASA ≥3
Patients with clinically / functionally significant cardiovascular and / or metabolic (renal, hepatic, endocrine) co-morbidities
Patients having procedures expected to take ≥2 hours of operating time
Patients undergoing surgery with a probability of ≥500ml intra-operative blood loss
Patients undergoing extensive surgery +/- reconstruction

Exclusion criteria:

Head and neck surgery
Patients with chronic airway and / or respiratory disease
Patients who might or will need renal replacement therapy
Emergency surgery

Patient delivery and clinical handover

- The anaesthetist caring for the patient at the end of the procedure must ensure the patient has a safe and stable airway and adequate ventilation before leaving the operating theatre.
- They must accompany the patient and deliver a clinical handover to the team on the unit.

Clinical deterioration

- Any patient, who's clinical needs exceed the limited scope of this unit, as determined by the GICU consultant, must be moved to either GICU, CTICU or Neuro ICU as soon as practical.
- In the event of no bed being available on any of the 3 units, the patient will be transferred to the safest location in close proximity to GICU, such as St James Recovery.
- One of the 3 nursing staff can be used to care for such a patient in whatever location is the safest for the patient.

Discharge policy

- Patients who have successfully completed the ≥8 hours of protocolised care, without complication, should be discharged to a ward bed by 10am the following morning to permit that day's admissions.
- Any patient who requires ongoing critical care must be transferred to GICU.
- All discharges will be reviewed by a GICU consultant prior to leaving the unit.

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Unacceptable uses of the unit

- This unit cannot be considered a critical care / GICU overflow or escalation area for level 1 or level 2 patients.
- This unit cannot be used as a step down area from GICU, CTICU or Neuro ICU.

In extenuating circumstances these restrictions may be temporarily relaxed but only with the express permission of the on call GCIU consultant, the SG591 aircall holder (duty senior ICU nurse for the directorate) and shift leader or matron for GICU.