

ELECTIVE SURGICAL CRITICAL CARE ADMISSION FORM

PLEASE WRITE IN CAPITALS AND COMPLETE ALL BOXES. HAND THIS FORM TO A MEMBER OF ICU STAFF.

YOU CAN NOW MAKE A BED REQUEST ELECTRONICALLY USING INFLOFLEX.
IF YOU HAVE NOT ALREADY BEEN GIVEN YOUR USERNAME AND INSTRUCTIONS
BY YOUR SERVICE MANAGER - PLEASE ASK ON GICU ABOUT THIS.

Patient Name			
Hospital Number		Gender	
Date of Birth		Patient Location Pre Operation	
Consultant		Speciality	
Operation / Procedure			
Relevant Past Medical History			
Date of Operation		AM , PM or FULL DAY List	
Expected length of ICU Stay (estimated)			
Patient Type (circle one)	Routine (18 week RTT) Cancer	Cancelled previously (once) Complicated arrangements	Cancelled previously (multiple times) Urgent
Details of Operation Previously Cancelled			
Other Relevant Information			
Contact on Day of Surgery	Name:	Ext. / Bleep	
Form Submitted By	NAME & CONTACT NUMBER		
	ROLE		
	DEPARTMENT/UNIT		
	NAME OF CONSULTANT OR ANAESTHETIST AUTHORIZING THIS REQUEST		
	DATE FORM TAKEN TO ICU		

YOU CAN NOW MAKE A BED REQUEST ELECTRONICALLY USING INFLOFLEX.
IF YOU HAVE NOT ALREADY BEEN GIVEN YOUR USERNAME AND INSTRUCTIONS
BY YOUR SERVICE MANAGER - PLEASE ASK ON GICU ABOUT THIS.

HDU/ICU Elective Admission Guidance

This is intended as guidance only and is in no way considered to be an exclusive list.

Usually Require HDU/ ICU

- AAA, axillo-bifem, other aorto-occlusive. Not EVAR usually.
- EC-IC bypass, posterior fossa tumours etc.
- Massive Sarcoma / retro-peritoneal tumour.
- Pheochromocytoma.
- Cystectomy and ileal conduit / neobladder; either open or robotic.
- Right sided RCC especially if IVC invasion/involvement. Very occasional left sided RCC_if very large.
- Nephrectomy / bilateral ie. PCKD, requiring RRT post-op.
- Pelvic re-alignment surgery ie GANZ.
- SAH clipping.

To be considered

- Revision arthroplasty.
- Some peripheral vascular procedures (re-do fem-fem etc).
- Cystoplasty / partial cystectomy / diversion surgery (often listed as cystectomy).
- Significant valvular disease / significant systolic or diastolic dysfunction.
- Need for RRT post-op.
- Morbidly obese with significant RV impairment due to OSA.
- Significant other co-morbidity.
- Scoliosis correction.

Clinical Prioritisation

The clinical prioritisation will be referred to if there are a greater number of elective patients requiring ICU beds than there are beds available. The prioritisation categories are detailed below and will be discussed with the surgeon, anaesthetist and consultant intensivist if necessary.

1. Emergency.
2. Cancer.
3. Urgent (non-cancer).
4. 52 week RTT breach.
5. Cancelled previously (multiple times). If there are several patients with this prioritisation, the patient with the highest number of previous cancellations will take priority.
6. Cancelled previously (once).
7. Complicated arrangements ie. several surgeons from different specialties or organisations.
8. 18 week RTT Breach.