Adult MTC patients requiring Critical Care admission

Critical Care capacity was expanded in order to accommodate hot and cold zones at the start of the pandemic. In addition to this elective work was discontinued and therefore enabled utilisation of theatre footprint. The resumption of elective work has produced additional challenges to the Critical Care bed capacity due to the necessity to maintain hot and cold zones. Initial plans have had to be revised and overall capacity and footprint reduced from the start of the pandemic. This is a specific issue for critically injured MTC patients who formulate the COVID-19 indeterminate group and therefore need to be managed in a hot zone until their swab is negative.

The following actions must be taken once it has been identified that a MTC patient requires Critical Care.

- All patients should have a referral made to Critical Care by the inpatient admitting team as early as possible. Side room availability is likely to be limited and this is especially important for COVID-19 indeterminate patients.
- MTC patients awaiting a Critical Care bed in ED Resus must remain in Resus until a bed becomes available. In the event there is heavy Resus activity or Resus is at maximum capacity the ED Consultant should discuss this with the Critical Care Consultant on call to facilitate movement out of Resus to enable management of new Resus cases.
- During COVID-19 isolated chest trauma requiring HDU will not be admitted onto Thoracic HDU (J84 HDU) and will require a Critical Care bed at SJUH under Thoracic Surgery. Bexley wing is a "super cold site" and there is no side room capability on Thoracic HDU. In the event there are no Critical Care beds at SJUH the patient must be admitted to LGI under MTC as per existing agreement.
- The ED team must inform the Critical Care bed manager on bleep 2244 as soon as possible that a critical care bed will be needed and at the latest when the patient leaves Resus for IR/ theatre procedure. This is to help facilitate bed planning.
- Once a patient has left ED Resus for a procedure in theatre or IR they cannot return to ED Resus to await a Critical Care/ other ward bed to become available.
- If a Critical Care bed is not available after an IR procedure is complete this should be escalated to the Anaesthetic and ICU consultant on call. Monday 08:00 - Saturday 09:00 the patient should be transferred to PACU (if COVID-19 negative) or a theatre (if COVID-19 indeterminate or positive) until a Critical Care bed becomes available. Delays in this transfer should be escalated expeditiously to the CSM. All parties should endeavour to transfer the patient out of radiology theatres and into the Jubilee complex as soon as the procedure is completed. This is to enable the IR team to prepare theatres and be available for further emergency cases.
- Jubilee PACU can only take patients who have a negative COVID-19 swab.
- The use of theatres for recovery will necessitate either PACU or another out of hours Acute /Trauma / Neuro acute team to be called in or a theatre to stop work. This will need to be worked out on a case-by-case basis, matching demand to availability.
- If the patient is unstable or the situation is considered unsafe then this should be escalated to the ICU and Anaesthetic Consultant on call.
- If the IR or theatre team are urgently needed elsewhere during this time this should be escalated to the ICU and Anaesthetic consultant on call.
- The MTSN must facilitate immediate post procedural placement for MTC patients who require IR but do not require a Critical Care bed.

The above agreement will supersede any existing agreement for MTC patients that require Critical Care placement.

Agreed November 2020 G McNulty (ICU Trauma Lead in consultation with A Breen (CD), J Sira and R Gould (LC)), J Moore (Anaesthetics Trauma Lead in consultation with J Bilmen (LC)), C Tingerides (VIR Trauma Lead in consultation with C Hammond (IR CL)), N Kanakaris (MTC CL), S Zeb (ED Trauma Lead and MTC CG lead)