

Department of Anesthesia Techniques Prioritization Model in ICU



Dr. Mohammed Sami

Mohammed.sami.hasan@uomus.edu.iq

• Priority 1

- Critically ill, unstable
- Require intensive treatment and monitoring that cannot be provided elsewhere
- Ventilator support
- Continuous vasoactive drug infusions
- Mechanical circulatory support
- High likelihood of benefit

•<u>Priority 2</u>

- Require intensive monitoring
- May need immediate intervention
- Chronic co-morbid conditions with acute severe illness

• Priority 3

- Critically ill
- Reduced likelihood of recovery
- Severe underlying disease
- Severe acute illness
- Limits to therapies may be set
 - no intubation, no CPR
- Metastatic malignancy complicated by infection, tamponade, or airway obstruction

• Priority 4

- Generally not appropriate for ICU
- May admit on individual basis if unusual circumstances
- Too well for ICU
 - mild CHF, stable DKA, conscious drug overdose, peripheral vascular surgery
- Too sick for ICU (terminal, irreversible)
 - irreversible brain damage, irreversible multisystem failure, metastatic cancer unresponsive to chemotherapy

Parameters

•Vital signs

- •HR < 40 or > 150
- •SBP <80 -MAP <60
- •DBP >120
- •RR > 35

Parameters

Laboratory values

- Sodium < 110 or > 170
- Potassium <2.0 or > 7.0
- PaO2 < 50
- pH < 7.1 or > 7.7
- Glucose > 800 mg/dL
- Calcium > 15 mg/dL
- toxic drug level with compromise

Objectives Parameters Model

Radiologic

- Intracranial hemorrhage, Subarachnoid hemorrhage
- Ruptured viscera, bladder, liver, uterus with hemodynamic instability
- Dissecting aorta

Objectives Parameters Model

•<u>ECG</u>

- acute MI with complex arrhythmias, hemodynamic instability, or CHF
- sustained VT or VF
- complete heart block with instability

Parameters

• Physical findings (acute onset)

- unequal pupils with LOC
- burns > 10%BSA
- anuria
- airway obstruction
- coma
- continuous seizures
- cyanosis
- cardiac tamponade