

Department of Anesthesia Techniques Prioritization Model in ICU



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## • 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