Policy for Referring to the Churchill Intensive Care Unit

Purpose
This policy describes the procedure for the Clinical Haematology team to refer to the Churchill Hospital Intensive Care Unit (ICU).

Scope
All referrals made by the Clinical Haematology team to the Churchill Intensive Care Unit.

Responsibilities

Clinical Haematology Clinical Director
To ensure referrals made to ICU are appropriate and in a timely manner.

Medical staff including Specialist Registrars, SHO etc
To ensure the referral process to ICU is followed correctly and in a timely manner.

Description

The Churchill Intensive Care Unit
The intensive care unit is based on the Churchill Hospital site with up to eight level 3 beds.

Referral Process
Any new referrals should be made through the doctor-to-doctor system. The first point of contact is the on-call ICU registrar for which there is a single point of contact bleep. Referrals must be supported by the haematology consultant. Any decisions involving treatment limitation are to be discussed at consultant level. Referrals can be made from all clinical areas, including outpatients, the day treatment unit and triage.

Contingency plan
If the Churchill ICU is full or unable to take the patient, once the referral has been made, the ICU contingency plan will become effective. The patient will be transferred to an alternative ICU within the same Trust i.e. on the John Radcliffe site or another Trust with appropriate facilities and staff. Any transfers will be managed by the Churchill ICU team.

Staff Available
A consultant and junior staff are available on site in the ICU during daytime hours seven days a week. At night there is a resident junior on the unit and a dedicated on-call consultant. The night time the ICU registrar is not necessarily an anaesthetist but will be able to resuscitate a patient if required. The ICU resident will form part of the cardiac arrest team.

Environment
Immunocompromised patients will be nursed in a positive pressure single room if available and appropriate. Refer to Trust Infection Control Policy.
Discharge Follow-up Service
During the day a member of the critical care follow-up team will visit the Haematology ward to follow-up all the patients discharged from Churchill ICU and any discharged to the Churchill site from the Adult ICU at the John Radcliffe. This follow-up will continue for as long as needed and will forewarn ICU staff if a recently discharged patient is deteriorating and may require readmission.

Anaesthetic cover for surgical emergencies
There is a full-time resident on-call anaesthetic registrar to deal with out-of-hours emergency surgery. This anaesthetics registrar will act as the liaison with the on-call anaesthetics consultants and deal with anaesthetic emergencies.

Contacts
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Author
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Rhiannon Collins Quality Manager Clinical Haematology, V1 2009 adaptation for Haematology team

Review

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<thead>
<tr>
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Circulation
TSSG Haematology website, Churchill ICU.