

CRITERIA FOR TRANSFERRING PATIENTS OUT OF THE INTENSIVE CARE UNIT

Since patients are transferred from the ICU to general medicine teams at times when there are no "floor" beds available, physicians should always re-apply the transfer criteria to patients prior to the actual physical transfer from the unit.

Respiratory

1. Mechanical ventilatory support is no longer needed (excluding CPAP).
2. The patient requires <50% oxygen (O₂ sat >90% on 50% oxygen).
3. The patient requires physiotherapy to clear secretions no more often than every 3-4 hours.
4. It is unlikely that the patient could have a sudden deterioration of respiratory function requiring immediate endotracheal intubation and mechanical ventilation. pH and pCO₂ tension are stable.

Circulatory

1. No need for vasoactive drugs to support cardiac output or arterial blood pressure.
2. The circulation is stable except for required modest volume replacement (pulse rate between 50-110).
3. There are no signs of failing tissue perfusion, such as tachycardia, new onset confusion, cool cyanosed extremities, poor capillary refill, metabolic acidosis, increased blood lactate, and poor urine output (<0.5 ml/kg/h).
4. There is no need for intensive or high-dependency care.

Neurologic

1. The airway and protective reflexes are neurologically functioning, and invasive neurologic monitoring is not required or the patient has a tracheostomy.
2. There is a stable Glasgow coma score, and seizures are controlled.

Renal

1. There is no need for acute hemodialysis, hemofiltration, or hemodiafiltration.