



### ICU/IMCU Unit Admission Criteria

**Recommended** Testing Prior to Transport: CBC, BMP, ABG, Troponin, D-dimer. Additional testing may be requested upon peer to peer review based on patient's clinical presentation.

- Documented Covid-19 positive test by PCR
- Respiratory failure requiring  $>40\text{L}/50\%$  HF oxygen especially if oxygen saturations on above are  $<94\%$
- Respiratory failure requiring NRB oxygen mask (case by case basis)
- Respiratory Failure requiring mechanical ventilation
- Patients requiring vasopressor therapy
- Patients that would otherwise require Intensive/IMCU care such as with severe altered mental status (frequent neuro checks), Diabetic Ketoacidosis, Status epilepticus, etc.
- Patient with single organ or multi-organ failure requiring life sustaining medication or devices
- CRRT-Continuous Renal Replacement Therapies for acute kidney injury that are hemodynamically unstable
- Appropriate surgical procedures completed prior to transfer- i.e. peg, permacaths, interventional radiology
- PUI and Covid "Recovered" (considered on case by case basis) as unit and staffing permits

### Medical Surgical Unit Admission Criteria

**Required** Testing Prior to Transport: CBC, CMP, D-dimer, COVID test(if not within the last 10 days). Additional testing may be requested upon peer to peer review based on patient's clinical presentation.

- Documented Covid-19 positive test by PCR
- Required management of respiratory failure or Hypoxia ( $\text{O}_2\text{sat}<94\%$ )
- Patients on NIV with ICU Consult
- Patients at risk\* with comorbidities, with evidence of LRTI or AMS or Bilateral Infiltrates
- Patient with risk factors\*\* for progression of Covid19 which may need ICU consult
- Dialysis patients
- PUI and COVID "Recovered" (considered on cases by case basis) as unit and staffing permits

\***Patient risk & comorbidity** include Age 60+; Comorbidities (HTN, CVD, cardiomyopathy, pulmonary disease, renal disease, DM, transplant); Immune deficiency (immune modulators, immunosuppressive medication, HIV); Altered mental status ( $\text{GCS} < 15$ ); Evidence of Lower Respiratory Tract Infection

\*\* **Risk factors for progression to severe disease which may need ICU Consult** D –Dimer  $> 1.0 \text{ ug/ml}$ ; CPK  $> 2\text{x ULN}$ ; CRP  $> 100$ , LDH  $> 245$ ; Hepatic Transaminase elevation; New Creatinine elevation; Troponin elevation; Abs lymphocyte count  $< 0.8$ ; Lactate  $> 4$

Extensive bilateral and/or worsening pulmonary infiltrates. Exertional  $\text{SpO}_2 < 90\%$  during one-minute walk in place or unable to complete

### Exclusions Criteria for Units:

- ECMO- oxygenation therapy,  $>500 \text{ lb.}$ , MRI needs if  $>350 \text{ lb.}$
- Urgent surgical/procedural intervention, i.e. GI bleed
- Urgent Cardiac procedures-i.e. cardiac cath, cardiac surgery
- Acute BH issues with no medical diagnosis criteria for admission
- Pregnant patients more than 20 weeks gestation and do not need surgical intervention and active deliveries \*Acute strokes (within window of thrombolytic therapy)
- Patients with Trauma, Intra-Cranial bleed requiring emergent surgery