

KATY TALBOT
CT2 ACCS

REFERRING TO ITU



I'M NOT A MEDIC, OR AN
INTENSIVIST...



YET



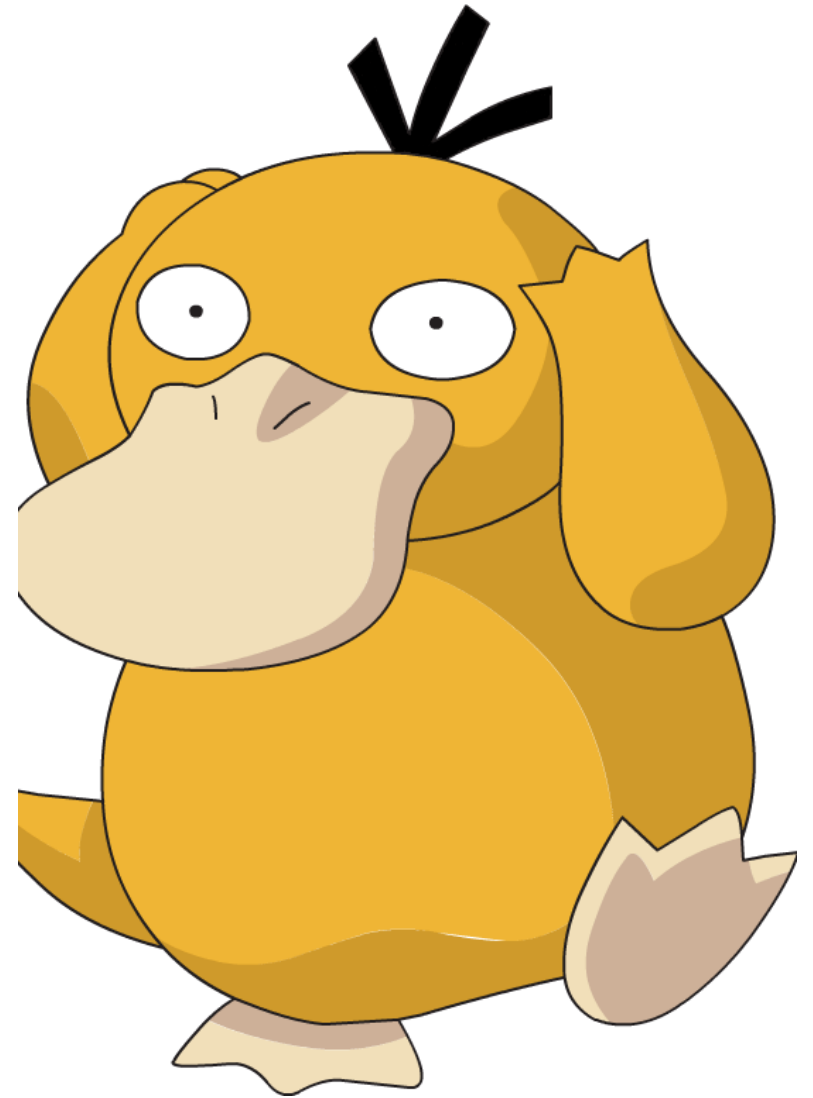
IT'S 3AM...

IT'S YOUR FIRST WEEK OF
NIGHTS AS THE MEDICAL REG...

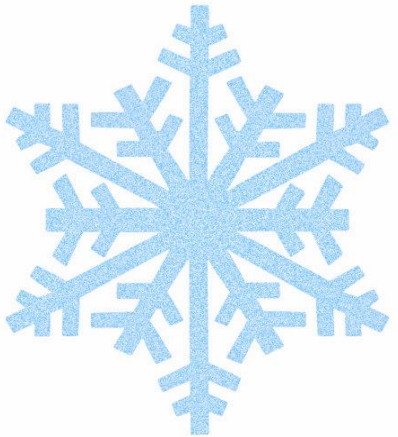
YOU GET CALLED TO THE WARD
TO SEE A SICK PATIENT...



**YOU WISH TO
REFER THE
PATIENT TO
ITU...**



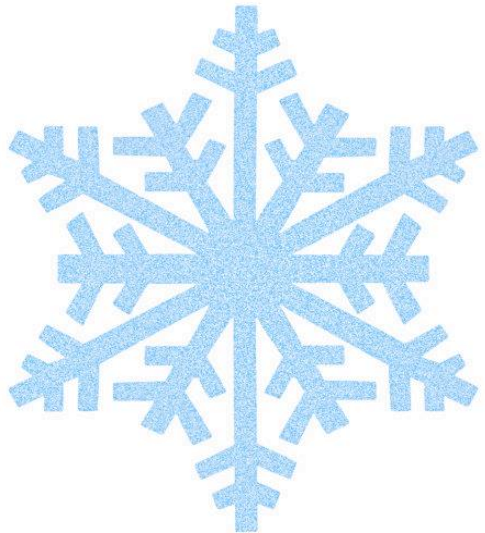
THINGS
WHICH WILL
MELT THE ITU
SNOWFLAKE



- Not knowing the medical background
- Not having reviewed the patient yourself
- Not having up to date obs/bloods/blood gas

THINGS WHICH WILL MELT THE ITU SNOWFLAKE

Not knowing the functional status



TAKING A GOOD FUNCTIONAL HISTORY

- Exercise tolerance
- Walking Aids
- Care packages/family support
- Washing & Dressing
- Continence
- "Still drives"



THINGS
WHICH WILL
MELT THE ITU
SNOWFLAKE



- Not having commenced medical treatment for the condition you are referring for
- Not knowing what service you are asking for

THINGS WHICH WILL MELT THE ITU SNOWFLAKE

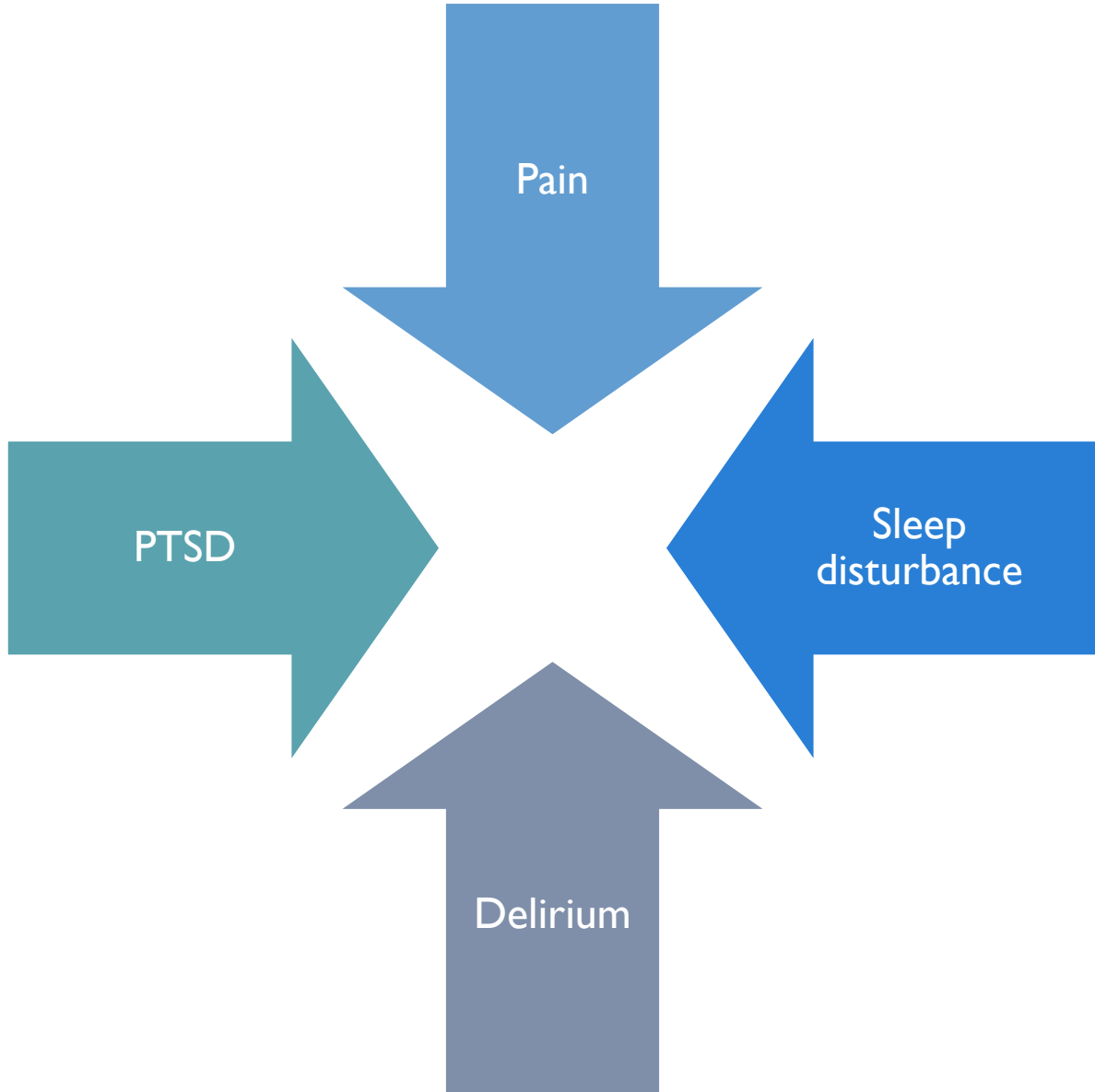
“I’m calling you to make decisions regarding this patient’s escalation”





WHAT IS ITU?

“A service for patients with potentially recoverable conditions who can benefit from more detailed observation and invasive treatment than can safely be provided in general wards or high dependency areas. It is usually reserved for patients with potential or established organ failure”



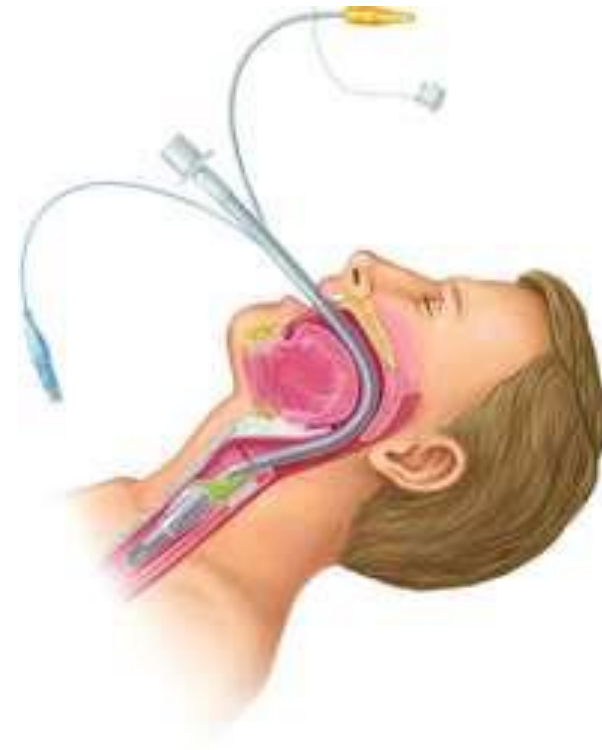
FROM A PATIENT
PERSPECTIVE



ORGAN SUPPORT BY SYSTEMS

AIRWAY

- Obstruction
- Protection – GCS < 8



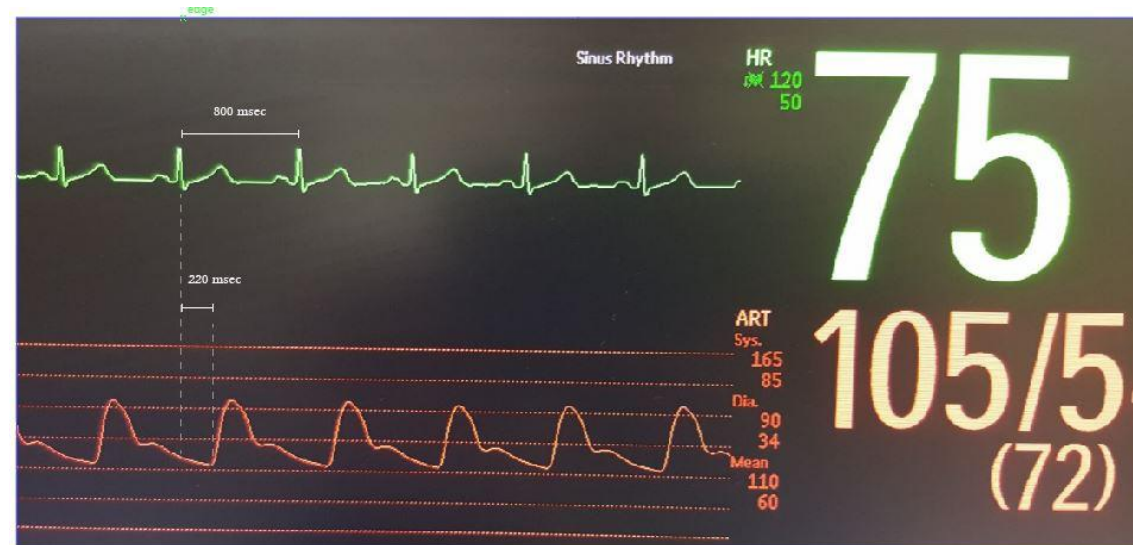
BREATHING

- Hypoxia or hypercapnia resistant to medical therapy
- $FiO_2 > 50\%$
- Increasing oxygen requirement beyond this needs close observation
- NIV on respiratory ward
- Optiflow



CIRCULATION

- Shock resistant to medical therapy
- HR, BP, lactate, CRT, urine output, conscious level, peripheral perfusion
- Fluid challenge
- Fluid balance
- Previous echo reports



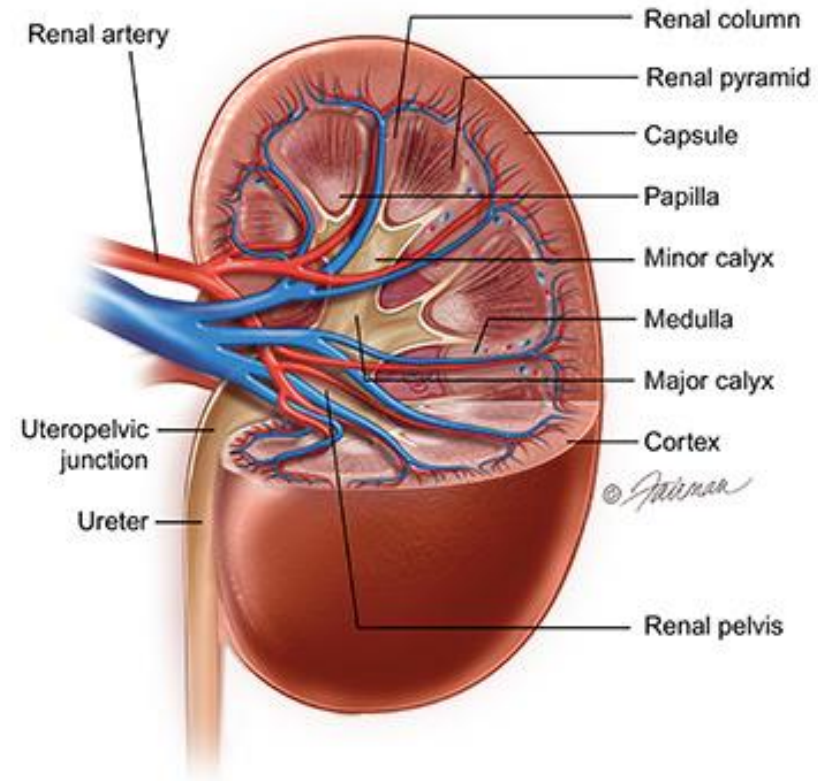
DISABILITY

- Low GCS
- Haemorrhagic CVA – Consider organ donation
- DKA/HHS - Associated organ failure is concerning
- Status epilepticus



RENAL

- Hyperkalaemia
- Acidaemia
- Pulmonary oedema
- Uraemic complications
- Anuria



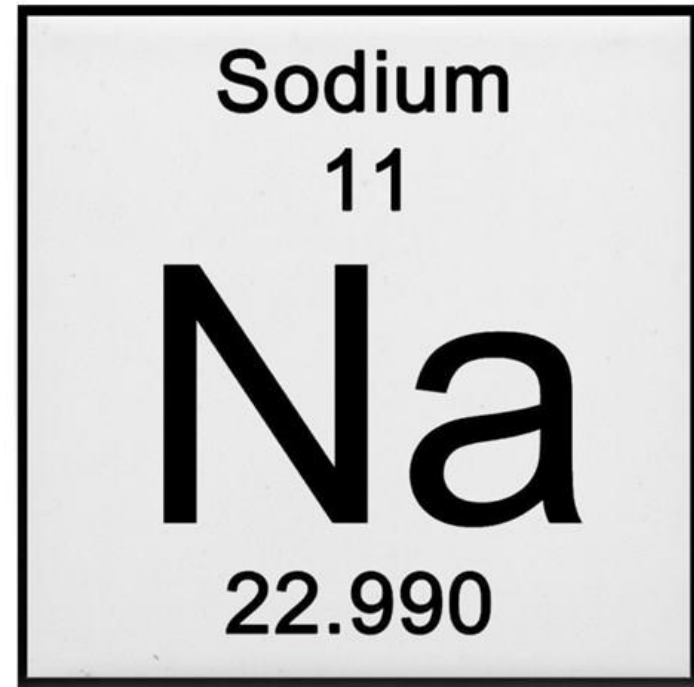
RENAL

- Missed dialysis
- Discussion with renal team if single organ failure
- Bladder scan/renal ultrasound/catheterise
- Non-renal indications



EVERYTHING ELSE

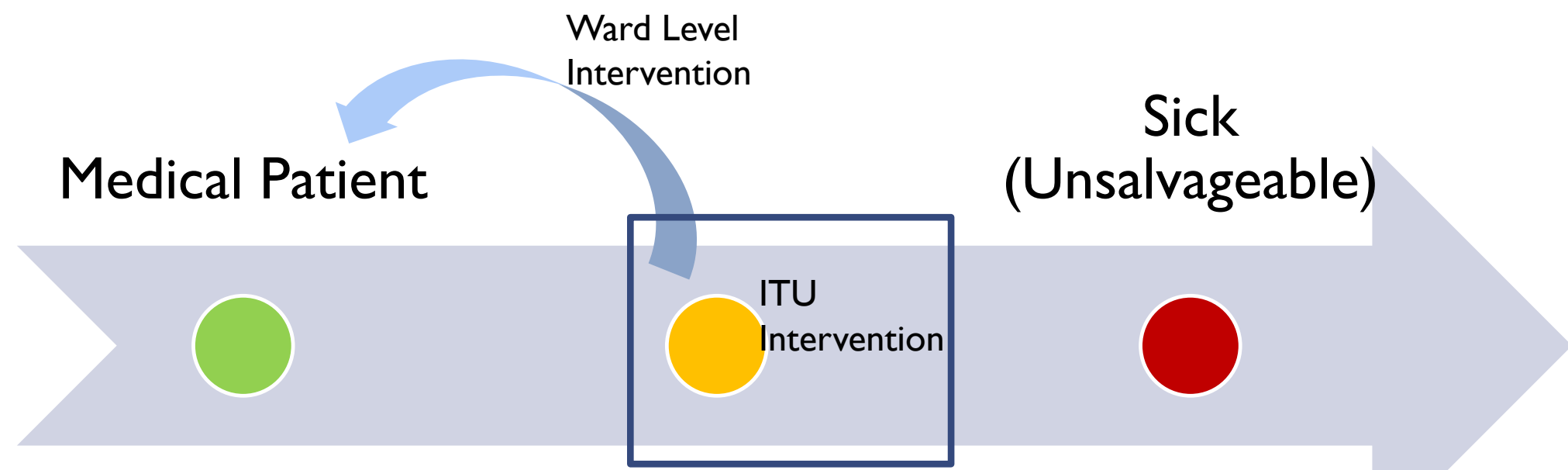
- Severe, symptomatic electrolyte disturbance
- Acute liver failure
- Addisonian crisis



THINGS WHICH FRUSTRATE THE MEDIC...



- Not understanding why ITU has refused their patient admission
- The “Not sick enough” then “Too sick” dichotomy



Sick (Salvageable)

Potentially Reversible Pathology

- Underlying comorbidities
- Frailty
- Progression of chronic illness
- End stage of a previously reversible condition


THINGS WHICH FRUSTRATE THE MEDIC...



- “We have no beds”
- “We won’t do anything in ITU that you couldn’t do on the ward”
- “The patient does not require airway support so does not require ITU”

THANK YOU



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- http://www.ics.ac.uk/ICS/Guidelines___Standards/ICS/GuidelinesAndStandards/StandardsAndGuidelines.aspx?hkey=4ed20a1c-1ff8-46e0-b48e-732f1f4a90e2



**CIVILITY SAVES
LIVES**