



## Intensive Care Unit Policies

<b>POLICY NUMBER:</b> ICU-085	<b>EFFECTIVE DATE:</b> Unknown
<b>SUBJECT:</b> Patient, ICU Routine Care of	<b>REVIEWED DATE:</b> 03-2002
<b>APPROVAL:</b> Critical Care Committee	<b>REVISED DATE:</b> 03-07-2012
<b>SCOPE:</b> ICU	

- I. **PURPOSE:**
  - A. Maintain a quiet, restful, atmosphere for maximum physical and mental rest to prevent further complications.
  - B. To frequently observe and monitor patient so the nurse is constantly aware of patient state.
- II. **POLICY:** The patient can expect consistent, comprehensive care.
- III. **PROCEDURE:**
  - A. Activity: All rule out MI patients are on bedrest with commode privileges unless the physician specifies otherwise.
    1. All patients are on bedrest with commode privileges unless the physician specifies otherwise.
    2. There will be nursing supervision of procedures that requires moving of patient (such as portable X-rays).
  - B. Baths:
    1. Patients will be allowed bedside commode privileges, unless the physician specifies otherwise. The patient's condition will be taken into consideration and good nursing judgment used.
    2. If baths are not completed, they will be completed by the following shift.
    3. Linen change should be done at the time of the bath and PRN.
    4. Oral hygiene and shaving is a part of the bath routine.
    5. Patients are not allowed to leave the unit to shower unless:
      - (1) They have a physician's order.
      - (2) They are on overflow status.
  - C. Bedrest patient:
    1. Turn every two hours if patient is unable to turn self.
    2. Cough and deep breathe every two hours while awake if patient is able to cooperate.
    3. Use elbow or heel protectors as indicated.
    4. Consider use of airflow mattress if patient has poor skin status, decubs or if unable to turn. This requires a physician order.
  - D. Cardiac patient:
    1. Encourage calf exercises or muscle tightening exercises every two hours while the patient is awake.
    2. Evaluate need for mechanical devices such as TED hose or SCD pumps for the prevention of DVT if patient is on bedrest.
  - E. Teaching: All patients should receive teaching regarding their disease process. Videos, pamphlets and educational handouts are available. Krames on Demand and the patient education channel may also be utilized. Documentation will be recorded in the patient's

- medical record.
- F. Diet: All patients should be assisted with preparation of their meal tray and/or with feeding if they are unable.
1. Get comfortable in bed.
  2. Roll up bed if condition permits.
  3. Give dentures if necessary.
  4. Give washcloth.
  5. Prepare as necessary.
  6. When collecting the tray, be sure and record the intake and amount the patient ate in the medical record.
- G. Eye care for comatose patient: Request a physician's order for eye care for patients who are unable to close eyes.
- H. Foley catheters:
1. When inserting a catheter, record the size of catheter and amount of urine obtained in the medical record. A UA will be obtained when a Foley is inserted.
  2. Foley catheter utilization should be evaluated daily for early discontinuation and prevention of UTI's.
  3. Catheters should be stabilized to the patient's leg with a securement device to prevent tension on the tubing.
- I. Intake and output:
1. All ICU patients will have accurate intake and output. Twelve-hour intake/output shift totals are done at noon and midnight and recorded in the electronic medical record (EMR).
  2. All overflow patients that have a Foley or an intravenous infusion shall have accurate intake and output.
  3. Do hourly output on patients on vasopressors and as indicated for other critical patients.
  4. If you see the output is decreasing, report this to the physician.
  5. When doing hourly urines, report to the physician any output below 30 ml per hour for two (2) consecutive hours.
  6. Note the urine's color, amount and consistency. If urine looks bloody, notify physician to obtain an order for a UA.
- J. IV's and fluids:
1. A routine intravenous access will be started, should emergency needs arise. A physician's order is required for a patient to have no IV access while in ICU.
  2. Document in the patient's medical record the type of IV fluids, rate of IV fluids and IV site.
- K. Monitoring:
1. Monitor strips are run on all patients every four (4) hours. If you see a change in the pattern from the previous hour's strip, obtain EKG and notify the physician.
  2. A six-second strip will be placed in the patient's medical record.
  3. A six-second strip is to be placed in the patient's medical record when the patient's cardiac rhythm changes. The length of the strip should demonstrate the dysrhythmia.
  4. Patients leaving the unit for tests will be placed on telemetry.
  5. Patients on surgical floor are monitored in ICU. Telemetry strips are ran and placed in the patient's chart every eight hours. ICU is responsible for monitoring and reporting changes in the surgical patient's rhythm to the surgical nurse. The surgical nurse is responsible for reporting changes to the physician.

## L. Oral care:

1. Oral hygiene supplies are available in the clean utility cabinet.
2. Teeth or dentures should be brushed or soaked HS and PRN.
3. Oral suction kits are available for ventilator patients, comatose or semi-comatose patients.

## M. Suctioning:

1. Suction the patient PRN.
2. The suction containers are disposable, all except for the white ring holder.
3. If the suction containers are used, instill a solidifying agent and replace PRN.
4. A clean suction set-up should be at each bedside at all times.

## N. Vasopressors:

1. If a patient is unstable or receiving vasoconstrictors, the blood pressure and/or all vital signs should be taken every 15 minutes to one (1) hour.
2. Hourly urine output should be monitored.

## O. Visitation:

1. See rules and regulations: Visiting Regulations.
2. Provide the patient and family with the pamphlet, ICU Information For Family And Visitors (GV-0267).

## P. Vital signs:

1. Vital signs (BP and pulse) are to be taken every 15 minutes times one hour, then every two (2) hours for the first 24 hours on all new admissions to ICU (except if the patient should be an overflow), then the vital signs should be taken every 3-4 hours. While the patient is in ICU, the vital signs should always be taken at least every four (4) hours. If the patient is unstable or on titrated vasopressor meds, the vital signs should be monitored every 15 minutes to one hour. Nursing judgment will be used regarding the patient's condition.
2. Note the "normal" pulse rate for the patient. If the pulse decreases or increases, report to the physician. Report pulse below 50 or above 110 if the patient is symptomatic.
3. Always take APICAL pulse. If the patient has excessive lung congestion, you may take radial pulse, but note this in the medical record.
4. If the heart rate is regular, you may take it for thirty seconds to figure the minute rate.
5. If the heart rate is irregular, count the heart rate for one full minute.
6. Do not use the rate meters on the monitors to obtain the heart rate.
7. Be sure to report to the physician when the blood pressure is below 90 or above 160 systolic and diastolic above 100, or when patient's pulse pressure narrows.
8. Chart pulse rate, rhythm and breath sounds at least every four (4) hours and PRN.
9. Do not leave the blood pressure cuff fastened around patient's arm in between blood pressure readings, unless patient requires every 15-30 minute blood pressure readings.
10. Note the quality and depth of respirations. Take the respiratory rate for one full minute. Do this a minimum of every four (4) hours and note if any periods of apnea.
11. Report to the physician respirations below 10 or above 30.
12. Take oral temperatures unless the patient has continuous oxygen mask. If so, take axillary temperature. If the axillary temperature is abnormal, may validate accuracy by obtaining a rectal temperature.
13. Report to the physician any temperature above 100 or below 96.
14. Use additional sources of warmth when the temperature is subnormal or the patient is cool.

15. Force fluids on patients that have an elevated temperature, unless they have fluid restrictions. Note: Patients with a MI usually have a low-grade fever.

Q. Additional information:

1. Check feet and legs for edema. If the patient has TED hose on, remove them once per shift for 30 minutes. Apply lotion to heels and reapply TED hose. Make sure there are no wrinkles in the hose at the ankles, knees, and the thighs.
2. Check the urine, stool, any drainage, or emesis for amount, color and consistency.
3. If there is a productive cough, note the color of the sputum.
4. Oral suction swabs are available for oral care.
5. When turning a patient, make sure the Foley catheter is not kinked and place the tubing between the legs when the patient is on either side and when the patient is on his back, place the tubing over the leg. Also see that the NG tubing and IV tubing are not kinked and patient is not lying on the tubes.
6. Listen to your patient's breath sounds every four (4) hours.
7. Chart patient's complaints, treatment of complaints and the success of treatment in the EMR.
8. The ICU physical assessment should be completed every four (4) hours.
9. Patient should be left as comfortable and cared for as possible.
10. Patient's bedside unit should be left as clean and straightened as possible. Empty the bedside trash bags.
11. Should fill the water pitchers at least twice per shift unless fluid restriction ordered.
12. Each shift should leave the unit clean and orderly for the following shift.
13. ICU equipment is only loaned to other departments in extreme situations.

R. Additional duties for specific shifts 7 am – 7 pm:

1. AM cares consist of bath, back rub, oral hygiene (brush teeth, clean dentures, use mouthwash), linen change, brush or comb hair, nail care, dressing change.
2. All male patients should be shaved at least every other day.
3. Any activity or other treatments should be scheduled to give the patient rest between activities.
4. Receive supplies from central supply.
5. Central supply will pick up any items needing to be sterilized.
6. Ensure all units needing cleaning are cleaned by 3 pm as housekeeping has fewer personnel on other shifts.
7. Employee's break time for regular 8-hour shift:
  - (1) Thirty-minute lunch period.
  - (2) Two fifteen-minute breaks when time permits.
8. The 12-hour staff receives two 30-minute meal periods and one 15-minute break, or one 30-minute meal period and three 15-minute breaks.
9. See the ICU housekeeping duties for further tasks to be completed.

S. Additional duties for specific shifts 7 pm – 7 am:

1. Complete procedures or treatments by 9 -10 pm so that lights can be turned out and patients can rest.
2. PM or HS cares consist of nourishment, mouth and denture care, face and hands washed, skin care, linens changed or straightened, or any other treatment necessary (bath, hair and nail care, shave, dressing change and linen change if the patient has not received earlier in the day).
3. Do daily weights at 5 or 6 am and record in the EMR.

4. Perform 24-hour chart checks and verify eMARs.
  5. Baths should be started on comatose patients, surgery patients, patients awake for lab draws, x-ray, etc.
  6. Enter intake and output into medical record at midnight to obtain 24-hour intake and output balance.
  7. See housekeeping duties sheet for further tasks to be completed.
- T. Document in the patient's EMR.

IV. REFERENCES: None.

V. COLLABORATED WITH: None.

VI. ATTACHMENTS: None.

---

ICU Nurse Director(s)

---

Assistant Administrator – Patient Care Services