

- Care requiring use of oral vasopressive agents and intravenous vasoactive medications
- Treatment of complicated acid-base or electrolyte imbalances
- Large volume resuscitation (e.g., 3 L of fluid, 3 units of blood product within 12 hours)
- Active gastrointestinal bleeding either upper or lower gastrointestinal (GI) bleeding requiring utilization of multiple blood products or balloon tamponade
- Status post cardiac arrest
- Cardiac tamponade
- Acute aorta conditions: dissections, transections, aneurysms
- Hypertensive emergencies
- Acute congestive heart failure
- Imminent respiratory failure
- Acute stroke
- Acute subarachnoid hemorrhage
- Severe head injury
- Hemodynamically unstable after drug overdose
- Diabetic ketoacidosis with hemodynamic instability
- Sepsis with hemodynamic instability
- Delirium tremens, delirium, other acute mental status change issues
- Care requiring continuous renal replacement therapy (CRRT)
- Patients requiring intra-cranial pressure (ICP) monitoring

2. ICU B (3CD)

a. Vital Sign Criteria (same as above):

- Pulse or Heart Rate <50 or >150 beats per minute
- Systolic Blood Pressure <85 mm Hg or >190 mm Hg
- Diastolic Blood Pressure > 120 mm Hg
- Respiratory Rate > 35 breaths/minute
- Respiratory Rate < 8 breaths/minute

b. Respiratory Criteria:

- Bi-level positive airway pressure (BiPAP)
- Stable tracheostomy to mechanical ventilation (e.g., awaiting long-term care placement)

c. Abnormal Lab Criteria:

- Glucose > 40 mg/dl < 500 mg/dl
- Sodium > 115 mEq/L or < 160 mEq/L
- Potassium > 2.5 mEq/L or < 6.0 mEq/L without ECG changes or arrhythmias
- Calcium > 6 or < 12 mg/dL
- Hemoglobin > 6 g/dL

d. Clinical and Diagnosis-related Criteria:

- No condition requiring titration of vasoactive agents (e.g., epinephrine, norepinephrine, dobutamine, dopamine, vasopressin, phenylephrine)
- Gastrointestinal bleeding (Upper or Lower GI)
- Post-thrombolytic therapy both mechanical and chemical for stroke after 24 hours
- Post-EKOS for acute pulmonary embolism after 24 hours
- Hypertensive emergencies (with Emergent Cardiology consultation)
- Alcohol withdrawal and delirium tremens
- Diabetic ketoacidosis
- Acute stroke without thrombolytic therapy
- Post anaphylaxis

e. Cardiology primary- ICU Criteria:

