

ICU transfer guidelines

These criteria are meant to assist transfer decisions and do NOT replace the clinical judgment of the SCC team

Neuro:

- Stable GCS and seizures controlled (if present)
- Neurologic checks less frequent than every hour
- EVD removed (if present)
- Mental status that can be safely managed outside of the SICU

Cardiovascular

- No need for inotropes, vasopressors, or large volume resuscitation over the prior 24 hours
- SPB \geq 100mmHg and \leq 200mmHg for > 24h
- Heart rate between 50 and 110 bpm

Pulmonary

- Mechanical Ventilation no longer needed
- Non-invasive positive pressure not required other than during sleep (OSA)
- SpO₂ \geq 88% on FiO₂ \leq 50%
- Respiratory rate <22 and not increased by >5 pbm
- Frequency of airway clearance interventions no more than once every 4 hours
- Chest trauma patients
 - Incentive spirometry >50% age predicted
 - If additional block needed, complete in ICU prior to transfer

Renal

- No deterioration in renal function for > 24h
- No new-onset an/oliguria

ID

- No evidence of new, untreated infection
- No new onset SIRS

Review medication list/orders for appropriateness of continuation on the ward