

Manual M-2, Clinical Affairs. Part I, General

Chapter 27, Intensive Care Units (Paragraphs 27.01 through 27.05)

This document includes:

Memorandum, dated **July 23, 1985**

Contents page for M-2, dated **June 1989**

Title page and title page verso for M-2, Part I, dated **February 9, 1990**

Contents page and Rescissions pages for M-2, Part I, dated **April 7, 1995**

Text for Chapter 27, dated **March 15, 1984** (Change 72)

Transmittal sheets located at the end of the document:

Erratum to Change 73, dated **August 14, 1984**

Change 72, dated **March 15, 1984**



Veterans
Administration

Memorandum

Date:

From: Actg. ACMD for Clinical Affairs (11)

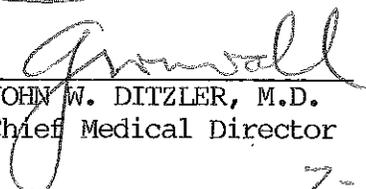
Subj: Redesignation of Manual M-2

To: Director, Regulations and Publications (10A1B)

VA Department of Medicine and Surgery Manual M-2, "Professional Services," has been redesignated as VA Department of Medicine and Surgery Manual M-2, "Clinical Affairs."


HOWARD D. COHN, M.D.

APPROVED/DISAPPROVED:


JOHN W. DITZLER, M.D.
Chief Medical Director

7-23-85

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Regulations and Publications
Management Staff (10A1B)

June 1989

M-2 MANUALS

M-2

Part I General

Part II Chaplain Service

Part III Dietetic Service

Part IV Medical Service

Part IV Nuclear Medicine Service

Part V Nursing Service

Part VI Pathology & Allied Sciences Service

Part VI Drug Dependency Treatment Program

Part VII Pharmacy Service

Part VIII Physical Medicine & Rehabilitation Service

Part IX Prosthetic & Sensory Aids Service

Part X Psychiatry, Neurology & Psychology Service

Part XI Radiology Service

Part XII Social Work Service

Part XIII Medical & General Reference Library Staff - *Rees (see M-8, Pt III 8/14/87)*

Part XIV Surgical Service

Part XV Resc. by M-2, Part IV, Chg. 6(11-62) Pulmonary Disease (TB) Service

Part XVI Resc. by M-2, Part X (4-65) Vocational Counseling Service

Part XVII Voluntary Service - *M-1, Pt I, Ch 3*

Part XVIII Audiology & Speech Pathology (II 10-66-20, 6-8-66)

Part XIX ~~Extended Care Service (Domiciliary)~~ *Replaced by M-5* ~~Spinal Cord Injury~~

XX Nuclear Medicine

XXI Vocational Counseling Service

XXII Prosthetic & Sensory Aids Service

XXIII *Blind Rehabilitation Service*

XXIV *Spinal Cord Injury*

**DEPARTMENT OF
VETERANS AFFAIRS**

PROGRAMS

**CLINICAL AFFAIRS
GENERAL**

**M-2, Part I
February 9, 1990**

**Veterans Health Services and
Research Administration
Washington, DC**

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC

February 9, 1990

Department of Veterans Affairs, Veteran Health Services and Research Administration Manual M-2, "Clinical Affairs," Part I, "General," is published for the compliance of all concerned.


JOHN A. GRONWALL, M.D.
Chief Medical Director

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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

Par. 112f, M10-3.

Pars. 129f and 169, M10-6.

M-2, Part I, changes 2 through 5 through 9, 11, 12, 13, 14, 16, 18 through 21, 25, 30, 32 through 40, 41, 44, 45, 49, 50, 51, 52, 55, 57, 60.

VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987 (Effective October 1, 1992).

VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991 (Effective October 1, 1992).

M-2, Part I, Chapter 35, dated August 7, 1992 and Supplements 1 and 2.

b. Interim Issues

II 10-156

II 10-161

II 10-184

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II 10-292, pars. I, II, III, App. A

II 10-300

II 10-381

II 10-68-31

II 10-71-33

II 10-71-26 by M-2, part I, chg. 67

II 10-82-53 de facto by chg. 74

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c. Circulars/Directives

261, 1946, Sec.1

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c. Circulars/Directives Continued

- 10-92-105 and Supplement 1
- 10-93-004
- 10-93-009
- 10-93-130
- 10-93-136
- 10-93-151

d. Regulations and Procedure

- R&P 6202
- R&P 6203
- R&P 6205
- R&P 6206

e. Technical Bulletins

- Par. 2, TB 10A-191
- Pars. 1b, 2 through 5, 6a and 9c, TB 10A-246
- TB 10A-256
- TB 10A-295 (except sec. XXI)
- TB 10A-359
- TB 10A-324 (This completes the rescission of TB 10A-324.)

f. AB Station Letters and Other Communications

<u>Date</u>	<u>Subject</u>
December 5, 1949	Officer of the Day Reports
March 3, 1952	Furnishing of Meals to Officers of the Day
April 8 1952	Domiciliary Care for Paraplegics
April 16 1952	Transfer of Quadriplegic Patients
April 17, 1952	Accomplishment of Recheck Examinations and Treatment of current Conditions Involving Paraplegics at VA Hospitals Other Than Paraplegia Centers.
June 23, 1952	Monthly Report of Service-Connected Blinded Veterans and Blinded Military Personnel
August 18, 1952	Proposals for Membership, American College of Physicians
September 19, 1952	Establishment of Paraplegia Organizational Segment
January 4, 1954	Certificate of Medical Feasibility, VA Form 4555b

g. Instructions (pertaining to Public Law 702, 80th Congress, as amended)

- Pars. 2d and 2e, Inst. 1-B
- Inst. 1C
- Inst. 1-D

2. LIMITED RESCISSIONS

The following material is rescinded insofar as it pertains to this manual.

a. Manuals

- M10-3, par. 115h

a. Manuals - Continued

M10-6, pars. 9b, 42e, 70c, 86, and 132h
M10-11, pars. 22b, 92e, 96d, 133b, and 172

b. Circulars

10-65-57, pars.2 and 3

c. Regulations and Procedure

R&P 6130

d. Technical Bulletins

TB 10A-324

CHAPTER 27. INTENSIVE CARE UNITS

27.01 GENERAL

An ICU (Intensive Care Unit) is a specialized diagnostic and treatment unit for critically ill patients. These patients require highly skilled and concentrated care, continuous observation and utilization of a considerable amount of special equipment.

27.02 SCOPE AND OBJECTIVES

a. Scope of the ICU: All ICU's shall provide high quality medical care to veterans who are critically ill. The following objectives for all ICU's have been established:

(1) Each VA medical center must have an ICU where critically ill patients receive close supervision unless some other provision has been made for delivering this level of care to patients who need it.

(2) Each ICU will have a designated physician chief who will be responsible for directing the overall operation of the unit and for developing operating policies.

(3) Each ICU will have a multidisciplinary committee that meets at least quarterly to discuss the development and evaluation of unit policies and procedures.

(4) Each ICU will have specially trained registered nurses in the unit at all times when patients are present and appropriate physician coverage 24 hours a day.

(5) Each ICU will be designed to permit direct visualization of all patients from a central console or nursing station.

(6) Each ICU will be equipped with appropriate patient care supplies, emergency equipment and medications, and adequate space will be provided for these.

(7) In-service training of ICU staff will be provided on a regularly scheduled basis. Educational programs will be provided to enhance staff competence in meeting patient care requirements. Documentation of staff competencies in performing patient care procedures and using ICU technologies will be current and available upon request.

(8) Each ICU will conform to all current Joint Commission on Accreditation of Hospitals and other applicable standards.

27.03 MANAGEMENT OF THE INTENSIVE CARE UNIT

a. Every ICU will be directed by a physician member of the VA staff designated as the unit chief. This physician must be trained and have demonstrated competence in the management of an ICU and the provision of services to critically ill patients. This physician is administratively responsible for the unit 24 hours a day. It is the responsibility of this physician to coordinate staff activities in the unit, develop acceptable operating policies and procedures, organize needed committees, oversee admissions, discharges, and transfers of patients, assure quality of care and safety for patients and staff, organize staff continuing and special education programs and control any research to be consistent with the medical needs of patients. A close collaborative relationship with the head nurse of the unit is required for clinical and administrative planning and decisionmaking. A similarly qualified physician will be designated to act for the unit chief when he or she is not available. The medical management of individual patients in the unit can be the immediate responsibility of the unit chief or may be delegated to other physicians having appropriate clinical privileges. The unit chief is responsible for assuring that physicians providing care in the ICU do so in accordance with acceptable standards of medical practice.

b. Each ICU shall have a committee which is representative of the various disciplines concerned with providing services to ICU patients. Each committee shall meet at least once per quarter. Minutes of these meetings will be kept and made available upon request.

c. In the interest of patient safety and comfort, house staff participation in the provision of patient care in the ICU and the performance of research shall be closely supervised by an appropriate VA staff physician.

d. Procedures usually performed at the bedside in ICU's include but are not limited to the following:

- (1) Arterial line insertions
- (2) Cardioversion
- (3) Swan-Ganz catheter insertion
- (4) Emergency procedures PRN
- (5) Intra-aortic balloon pump (not insertion)
- (6) Ventilator support
- (7) Membrane oxygenator
- (8) Cardiac output determinations
- (9) Any procedure which would be done on a general unit
- (10) Continuous infusion of drugs affecting the cardiovascular or neurological system.

e. In each ICU there will be designated a fully qualified head nurse to coordinate nursing care. This nurse will have appropriate education, training and experience and have demonstrated current competence in the nursing care of critically ill patients. Nursing care will include attention to the psychosocial and rehabilitation needs of patients.

f. It is recommended that a minimum of 2.4 specially trained registered nurses per ICU bed be available. This number should be adjusted upward for highly complex ICU's. Nursing staff may be augmented with licensed practical/vocational nurses and nursing assistants when this is considered to be appropriate in meeting patient care requirements. All nursing staff members in the ICU will have demonstrated competencies in the care of critically ill patients.

g. It is recommended that standards of practice which have been developed by the American Association of Critical Care Nurses be utilized. It is also recommended that nurses working in ICU's obtain certification from this organization.

h. The roles and responsibilities of other professional disciplines and technical staff will be defined in the ICU policies and procedures. These roles and responsibilities must be approved by both the physician chief and the head nurse of each ICU in order to assure operating efficiency and effectiveness.

27.04 PATIENT ADMISSIONS AND DISCHARGES

Written policies and procedures will be established in each ICU for admission to and discharge from the unit. Physicians will direct their request to admit patients to the unit chief. The physician chief of the unit is responsible for decisions to admit and discharge patients. However, coordination of unit admissions with the head nurse is strongly recommended in order to determine the availability of adequate nursing coverage.

27.05 QUALITY ASSURANCE PROGRAM

There will be a multidisciplinary quality assurance program for each ICU incorporated into each facility's Systematic Internal Review program. Documentation of these quality assurance activities will be maintained by the physician chief of the unit and will be readily available upon request from appropriate reviewers.

9-25-84

Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

Erratum to M-2, Part I
Change 73

August 14, 1984

Change 73, dated April 2, 1984, to Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is corrected as follows:

Pages ix and x: Remove these pages and insert pages ix and x attached. (Ch. 27 erroneously omitted.)

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Department of Medicine and Surgery
Veterans Administration
Washington, D.C. 20420

M-2, Part I
Change 72

March 15, 1984

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: *The purpose of this change is to add Chapter 27, "Intensive Care Units," to Part I.*

Pages ix and x: Remove these pages and substitute pages ix and x attached.

Pages 27-1 through 27-2: Insert these pages attached.



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