

台北院區成人加護病房轉入轉出原則

Admission and Discharge Criteria for TICU

issuing date : 2022/01

一、轉入原則

1. 肺臟系統 Pulmonary system

- A. 呼吸衰竭需插氣管內管或使用呼吸器。Acute respiratory failure requiring intubation or ventilatory support
- B. 需要加護病房等級的護理或呼吸照護。Need for nursing/respiratory care not available in lesser care areas such as floor or intermediate care unit

2. 胃腸系統 Gastrointestinal system

- A. 嚴重胰臟炎 (APACHE II score ≥ 10)。Severe pancreatitis (APACHE II score ≥ 10)

3. 內分泌系統 Endocrine system

- A. 嚴重糖尿病酮酸血症 (pH ≤ 7.250 或 pH > 7.25 併血行動力學不穩，意識不清，或呼吸衰竭)。Severe Diabetic ketoacidosis (pH ≤ 7.250 or pH > 7.25 complicated by hemodynamic instability, altered mental status, or respiratory insufficiency)
- B. 非酮酸性高滲透壓狀態併血行動力學不穩。Hyperosmolar state with coma and/or hemodynamic instability
- C. 重度電解質不平衡 (鈉，鉀，鈣)需血行動力學偵測 Severe electrolyte imbalance requiring hemodynamic monitoring
 - (1) 鈉 > 155 or < 120 mEQ/L，合併意識障礙。Sodium > 155 or < 120 mEQ/L, combined with conscious change
 - (2) 鉀 > 6.5 or < 2.5 mEQ/L，合併心電圖出現變化。Potassium > 6.5 or < 2.5 mEQ/L, combined with EKG change

4. 腎臟疾病 Renal system

A. 急性血液透析 Acute Hemodialysis

- (1)腎功能不良合併有以下臨床徵候 Patients with renal impairment accompanied with the following clinical manifestations
- (2)嚴重體液過多利尿劑治療無效導致肺水腫。Pulmonary edema consequent to severe fluid overload which is refractory to diuretics
- (3)高血鉀，血鉀濃度 $>6.5\text{mEq/L}$ 併心電圖異常。Hyperkalemia, $\text{K}>6.5\text{mEq/L}$ with ECG abnormalities
- (4)重症腎臟替代療法(急性腎臟損傷之加護重症病人)。Critical Renal Replacement Therapy

5. 外科病患 Trauma patients or post-operation patients

- A.多重性外傷或重大外傷(如重大肢體、骨盆骨折及會陰部組織缺損)，會診醫師認為可以住台北加護病房者。Patients with multiple trauma or major trauma (major limb fracture, pelvic fracture with perineal soft tissue defect) that the consulting surgeon advise TICU admission.
- B.手術後有重大併發症例如呼吸衰竭、大量出血、嚴重感染合併敗血性休克。Major postoperative complications, such as but not limited to respiratory failure, hemorrhagic shock, severe infection with septic shock.

6. 感染性疾病 Infectious disease

- A. 敗血性休克併血行動力學不穩(嚴重敗血症，即敗血症合併任一器官衰竭或敗血症休克)。Septic shock with hemodynamic instability
- B.臨床狀況需要加護病房等級的護理照護或需血行動力學偵測
Clinical conditions requiring ICU level nursing care or

hemodynamic monitoring

7. 婦產科疾病 Obstetric or Gynecology disease

- A. 分娩前後出現嚴重危及生命的病況，如子癇症、產後大出血、羊水栓塞。Critical clinical conditions during peripartum period such as eclampsia, severe post-partum hemorrhage, amniotic embolism.
- B. 婦科手術後有重大併發症如呼吸衰竭、大量出血、嚴重感染合併敗血性休克。Major gynecological postoperative complications, such as but not limited to respiratory failure, massive hemorrhagic, severe infection with septic shock.

8. 神經內科相關疾病

- A. 發作小於三小時之急性腦中風：急會診神內值班醫師，決定是否施打血栓溶解劑 t-PA，是否住 TICU 或轉林口院區，並同時告知若住 TICU 需共同照護。神內醫師評估施打血栓溶解劑後 2 小時，24 小時之 NIHSS；病人若須做 CTA 評估 IA 則需轉回林口。Acute ischemic stroke within 3 hours post t-PA. If neurologist consider TICU admission indicated and suitable. If further CT angiography study is required, patients would need to transfer to Linkou branch or other hospitals.

二、轉出原則(Discharge criteria)：

- 1. 病人生理狀況已穩定，經主治醫師評估無需加護病房監控與照護。When a patient's physiologic status has stabilized and the need for ICU monitoring and care is no longer necessary, discharge to a lower level of care is appropriate.
- 2. 因治療需要轉入其他加護病房。When a patient's status needs further intervention that could not be provided by TICU, transfer to

appropriate specialized ICU is needed.

3. 轉呼吸照護中心。Transfer to respiratory care unit
4. 病人生理狀況惡化，家屬要求病危自動出院。Patient's family requests for against advise discharge under critical condition

病房主任: 蘇哲萱

護理長: 王怡婷