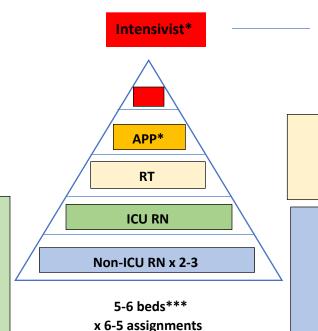
ICU surge staffing model



30 ICU beds total

Respiratory therapy

- RT-to -ventilator ratio: 1:5
- If ratio is greater than 5, nursing will assume Q4 hr. oral care responsibilities

NON-ICU RN

CHG baths**

SCRIBE

- Central line care
- Medication administration assigned by ICU RN
- Shared charting responsibility with non-ICU RN
- I.V. placement
- VS, I&O, escalate to ICU RN
- Blood administration
- Collect labs
- Delegate tasks as necessary: dressing changes, repositioning, urinary catheter insertion, other

ICU RN

- Manage titratable drips**
- Monitor patients. DELEGATE to non-ICU RN
- Communicate VS and I&O goals to non-ICU RN
- ICU assessments (cardiac, RASS, other)
- Shared charting responsibility with non-ICU RN
- Q4 hr. oral care if RT to ventilator ratio is > 1:5
- Collaborate with RT & APP to manage ventilator
- Escalate concerns to APP or intensivist
- Designated team to coordinate MD and APP assignments. Current state: 2 APPS, 15 patients each
- Current state RT-to-ventilator ratio is 1:4-5
- **Core priorities are bolded in red
- ***Dependent on overall resources
- Telemetry techs will continue to monitor patients