

7 CRITICAL CARE	Cork University Hospital		ACTION CARD NUMBER
	Intensivist		7.2
You Report To:	Clinical Director	You Brief:	ITU Team
Overall Responsibilities	<ul style="list-style-type: none"><li>• Ensure that Intensive Care services in the hospital are managed appropriately during a major emergency</li><li>• Co-ordinate Intensive Care activity with Anaesthetic Consultant</li></ul>		
IMMEDIATE ACTIONS ON NOTIFICATION/ACTIVATION			
ON ACTIVATION		ON STANDBY	
<ul style="list-style-type: none"><li>• Prepare to brief HECT/Clinical Director of immediate Critical Care capacity</li><li>• Liaise closely with the Medical Director of the ED, the Medical Triage Officer, the Surgical Triage officer and the Hospital Co-ordinator.</li><li>• Identify those patients ready for ICU discharge</li><li>• Coordinate the on-going provision of critical care to new and existing patients</li><li>• Liaise with theatre anaesthetist coordinator to identify ability to free additional consultant and NCHD staff for critical care, through curtailment of elective surgery</li><li>• Coordinate the deployment of additional consultant and NCHD staff available to assist with critical care roles as required</li><li>• Liaise with the consultant cardiothoracic anaesthetists to hold further activity until ICU bed requirements clearly determined</li></ul>		<ul style="list-style-type: none"><li>• Liaise with ITU Manager patients suitable for transfer/step-down</li><li>• Consider expansion of critical care capacity</li></ul>	
Consider these points			
<ul style="list-style-type: none"><li>• Liaise early with Biomedical team regarding critical care equipment requirements</li><li>• Calling in additional Intensive care staff as the requirements dictate, but anticipating future staffing requirements as well</li><li>• Liaise with MICAS team if available</li><li>• Consider transfer to/utilisation of support hospital ITU Capacity</li><li>• One significant risk is that the ability of ICU to flex up in the event of a MAP is extremely limited. Capacity/occupancy levels are inadequate for any surge management</li></ul>			

- Immediate prioritisation of ICU discharges is an essential part of MEM response. Additionally a modest increase in ICU capacity can be generated by interrupting elective cardiothoracic activity
- In order to build in any surge capacity to CUH from a critical care point of view, further equipment (ventilators, infusion pumps, monitors etc.) will need to be procured

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