

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

- 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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