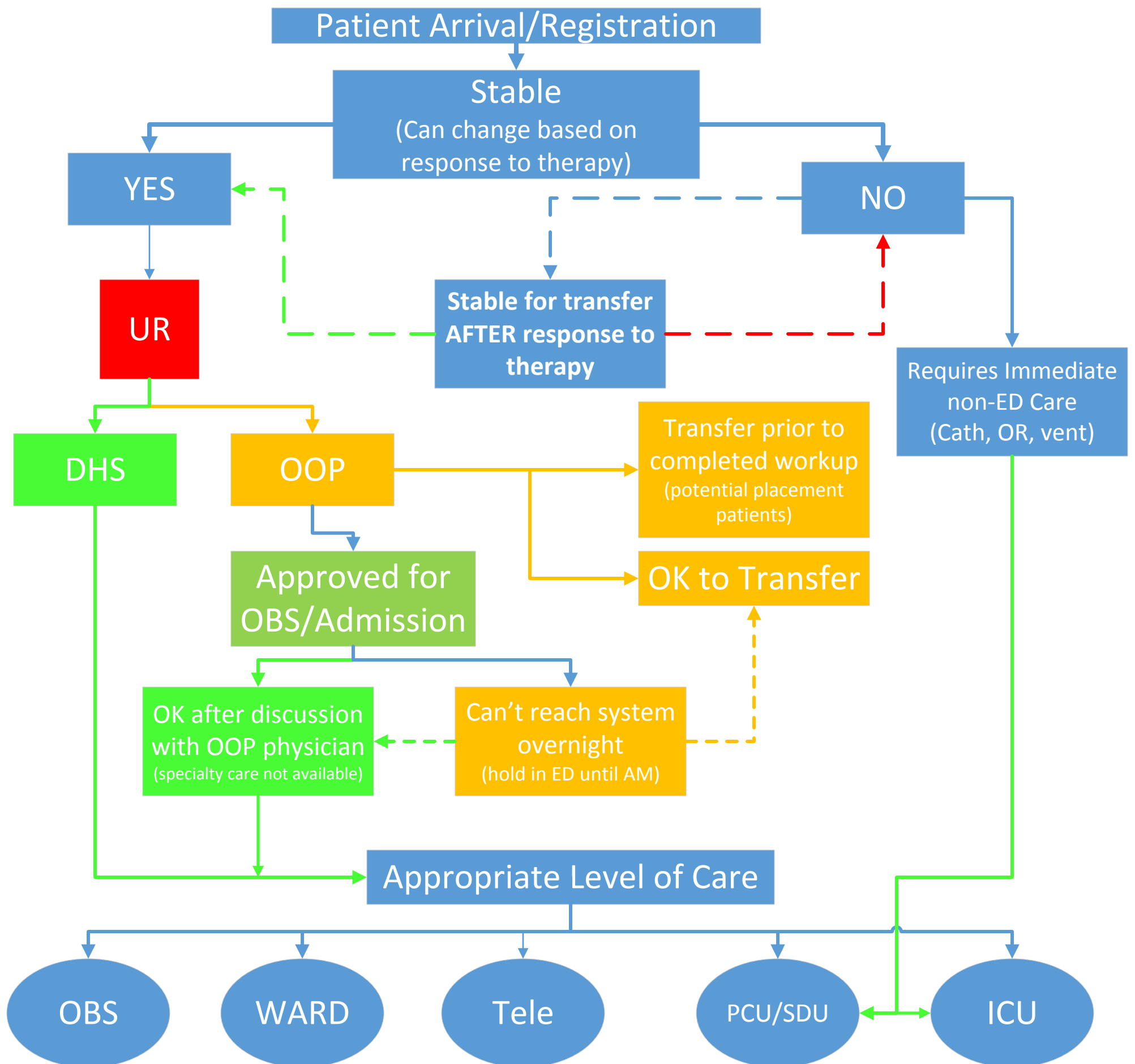


RIGHT LEVEL OF CARE



- Admission avoidance
- All Placement patients

- Unmonitored
- Stable Patients
- Nursing interventions q4 hrs (vitals, labs, POC testing)
- Chronic CPAP
- Nasal BiPAP (with pulm fellow approval)
- Palliative/comfort care admissions
- Vented patients with DNR status
- OK: NG tube, chest tube, peritoneal dialysis
- Ativan IV q6, Bumex, CaCl, digoxin IV, Dilantin IV, Dilaudid IV, heparin IV, Lasix, potassium IVPB

- Continuous cardiac and pulse ox monitoring
- Stable Patients – same level of care as ward
- Nursing interventions q4 hrs (vitals, labs, POC testing)
- Non-titrated IV meds: Adenosine IV, amiodarone IV/gtt, fosphenytoin IV, hydralazine IV, insulin gtt (IVP only for hyperkalemia), labetalol IV, Lovenox IV, metoprolol IV, Precedex, Vasotec IV

- Continuous cardiac and pulse ox monitoring
- Nursing interventions q2 hrs (vitals, suctioning, labs, POC testing)
- Non-titrated IV vasoactive drips approved for PCU: Cardizem, Esmolol, NTG gtt
- Respiratory txs q2 hrs
- BiPAP
- Mechanical ventilation with $FiO_2 < 40\%$ and infrequent ABG/vent adjustments
- OK: subdural drains, special peritoneal dialysis, procedural sedation
- NOT: temp pacer, active chest pain, significant dysrhythmia or ischemic EKG changes, significant pulm edema

- Actively managed ventilators
- Nursing interventions q1 hrs (vitals, labs, POC testing)
- Actively titrated Drips: Cardene, Nipride, pentobarbital IV, phenobarbital IV, propofol, tPA, TXA, Versed, vasoactive dose pressors