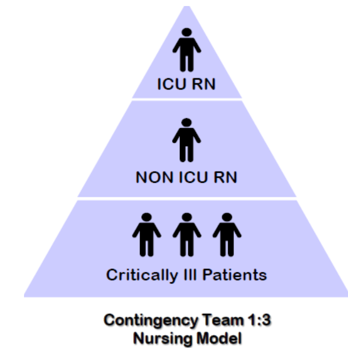
Community Developed Resource

Nursing Staffing Models

ICU STAFFING PLAN: CONTINGENCY & CRISIS MODEL (v 2.12/17/2020)

Purpose: To provide guidelines on staffing critical care when there is a shortage of ICU nurses due to increased census during a disaster or pandemic necessitating contingency (1 ICU RN:3 patient model) or crisis (1:4 or 1:6 patient model) plans.



Contingency Team 1:3 Nursing Model

Assumptions/Principles of Staffing

1) 1 ICU RN (No team nursing) 1:1 or 1:2
   a. Critical hemodynamically unstable or complex ventilated patients (i.e., Septic shock, Covid-19 with complex ventilator &/or proning)
   b. Severe TBI, CRTT, Complex Trauma, Heart Surgery, IABP/Impella®, & Aneurysmal SAH
   c. Discretion of charge nurse based on acuity
2) Team Nursing for Stable vented and non-vented ICU Patients
   a. 1:3 Staffing (Contingency Model)
      1 ICU RN + 1 Support RN (if Available) caring for 3 ICU Patients

ICU RN – Documents & Check for all New Orders		Non-ICU RN – Document Hourly (Top of the Hour 12:00)	
Patient Care	**Documentation EMR**	**Patient Care**	**Documentation Hourly EMR**
Safety checklist* / 4 Eyes Initial Physical Assess :*4 Eyes Head to Toe Pupillometry* MOVEN Assess/Mobility* CAM ICU Vital Signs (on Vasopressors) NIHSS/Stroke Care Medications* • **Titration of all IV Drugs** • Admin of IV Push Meds • RASS/BIS assessment Ventilator Management & Chest tubes • ETT suctioning • Moving ET tube side to side • Oral Care/CHG • Sedation Vacation Manage Art/ Hemo Lines • Draw labs off art line • Assesses Flotrac Lumbar Drains Acuity Assessment	Documents initial assessment Pupillometry * MOVEN asses & Mobility* CAM ICU Vital Signs (Vasopressors) NIHSS/Stroke Parameters **IV Drips: IV Infusion Assessment** Admin all IV Meds EMR RASS/BIS Ventilator screens/VAP Oral care CHG Sedation Vacation Hemodynamic parameters & line care Lumbar Drains Acuity Assessment Care Plan & Shift Event	Safety checklist*/4 Eyes Physical Assessment q 4 hour after initial Assessment Pupillometry (PCSU/Cartel/DSU RNs) Braden Skin/Morse Fall Vital Signs (no IV vasopressors) Meals/Tube feeding Intake and Output -Medications* + IV main line and antibiotics • Po/feeding tube/Supp • Subq Insulin • DVT meds • PCA Oral Care (CHG)/Brush Dressing Changes : Lines/wounds (no arterial) Activity, Mobility*, & Turning Sequential TEDs Accucheck- Blood Glucose CHG Baths/Patient handwashing Sepsis Screening Lift Team Assessment Education Restraints (if used)	Safety checks Ongoing Assessment Pupillometer Braden/Morse CP Vital Signs Meals I/O (except IV infusion assess Titratables are done by ICU RN) Meds given in EMR PCA Oral Care Dressings/wounds Activity/Turning Sequential Teds Accucheck - BG CHG Baths/Handwash Sepsis Screening Lift team assessment Education Restraints (if used)

*(Shared Duties with both ICU and Non-ICU RN)

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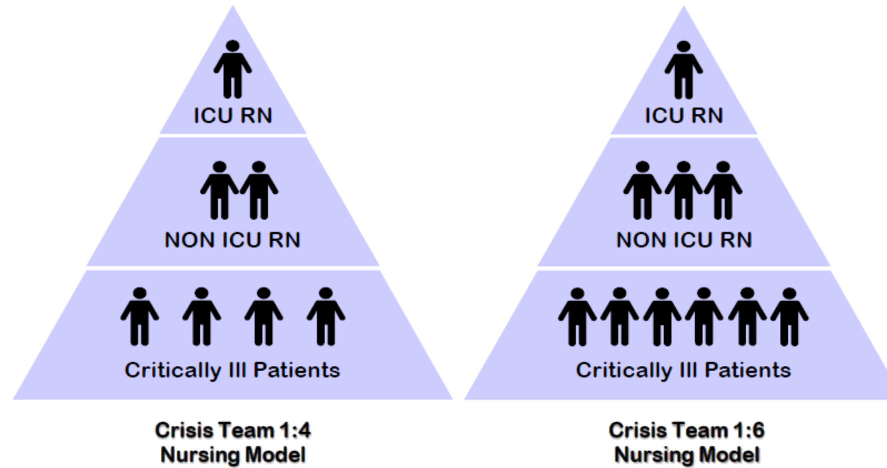
b. 1:4 or 1:6 Staffing (Crisis Model)



ICU RN - Documents & Check for all New Orders | **Non-ICU RN –- Document Hourly (Top of the Hour 12:00)**

Patient Care	Documentation Paper^	Patient Care	Documentation Paper^
Safety checklist* / 4 Eyes-Initial	Documents initial assessment	Safety checklist*/4 Eyes	Safety checks
Physical Assess :*4 Eyes Head to Toe		Physical Assessment q 4 hour after initial Assessment	Ongoing Assessment
Pupillometer*	Pupillometry*	Pupillometry (PCSU/Cartel/DSU RNs)*	Pupillometry*
NIHSS/Stroke Care	NIHSS/Stroke Parameters	Morse Fall Risk	Morse Fall
Medications*^	IV Drips on paper	Braden if skin/pressure issue#	Braden#
• Titration of all IV Drugs	Scanning/Admin IV Meds in EMR^	Vital Signs	
• Admin of IV Push Meds	RASS/BIS	Meals/Tube feeding	Vital Signs
• RASS/BIS assessment	Ventilator care/VAP items	Intake and Output	Meals /Tube Feeds
Ventilator Management & Chest tubes		-Medications* + IV main line and antibiotics	I/O IVs and Meds into EMR^
• ETT suctioning		• Po/feeding tube/Supp	
• Moving ET tube side to side		• Subq Insulin	
Manage Art/ Hemo Lines		• DVT meds	
• Draw labs off art line	Hemodynamic parameters & line care	• PCA	PCA^
• Assesses Flotrac		Oral Care (CHG)/Brush	Oral Care
Lumbar Drains	Lumbar Drains	Dressing Changes : Lines/wounds (no arterial)	Dressings/wounds
		Activity, Mobility*, & Turning	Activity/Turning/Mobility
		Sequential TEDs	Sequential Teds
		Accucheck- Blood Glucose	Accucheck -BG
		CHG Baths	CHG Baths
		Education	Education
		Restraints (if used)	Restraints (if used)

*(Shared Duties with both ICU and Non-ICU RN)

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References:

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4) Halpern NA, Tan KS. (2020). US ICU Resource Availability for Covid-19. SCCM. Published 3/25/2020.
5) Hick JL, Einav S, Hanfling D et al. (2014). Surge Capacity Principles: Care of the Critically Ill and Injured During Pandemics and Disasters: Chest Consensus Statement. CHEST 2014; 146 (4_Suppl): e1S-e16S. . https://journal.chestnet.org/article/S0012-3692(15)51987-9/pdf.
6) Hick JL, Hanfling D, Wynia MK, & Pavia AT. (2020). Duty to Plan: Health Care, Crisis standards of Care, and Novel Coronavirus SARS-CoV-2. National Academy of Medicine Perspectives Discussion Paper. National Academy of Medicine. https//doi.org/10.31478/202003b.
7) Maves RC, Jamros CM & Smith AG. (2019). Intensive Care Unit Preparedness During Pandemics and Other biological threats. Crit Care Clin 35: 609-618.
8) Society of Critical Care Medicine. (2013). Augmenting Critical Care Capacity During a Disaster. http://sccmmedia.sccm.org/documents/LMS/Augmenting-Critical-Care-Capacity-During-Disaster/story_html5.html\

Definitions:

- **Conventional Mode:**
  - **Normal bed capacity**
  - **Usual staffing**
- **Contingency Mode:**
  - **Surge beyond max bed capacity**
  - **Staff Extension**
    - **Increased Patient/Provider ratios**
    - **Expanded scope of practice**
- **Crisis Mode:**
  - **Expanded capacity insufficient to meet demands in care**
  - **Staff Levels are Critical**
  - **Greatly increased patient/provider ratios**

CDC states: A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on patient's health status and essential facility operations.

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