

Decisions to refer and admit to
intensive care :
improving quality and process

Why does it need improving?

- For the patient these are life and death decisions
- They are often made in circumstances where there is limited time and uncertainty of outcome
- There is evidence of substantial variation in how these decisions are made
- There are no nationally used guidelines
- There is little in the way of training for clinicians making these decisions

What would a good decision making process look like?

Transparent, Consistent, Ethically justified, Evidence based, Patient centred

Why doesn't it always happen like this?

- Complicated
- No time
- Limited information available
- Outcomes are uncertain
- Unclear lines of responsibility

How can we make it better?

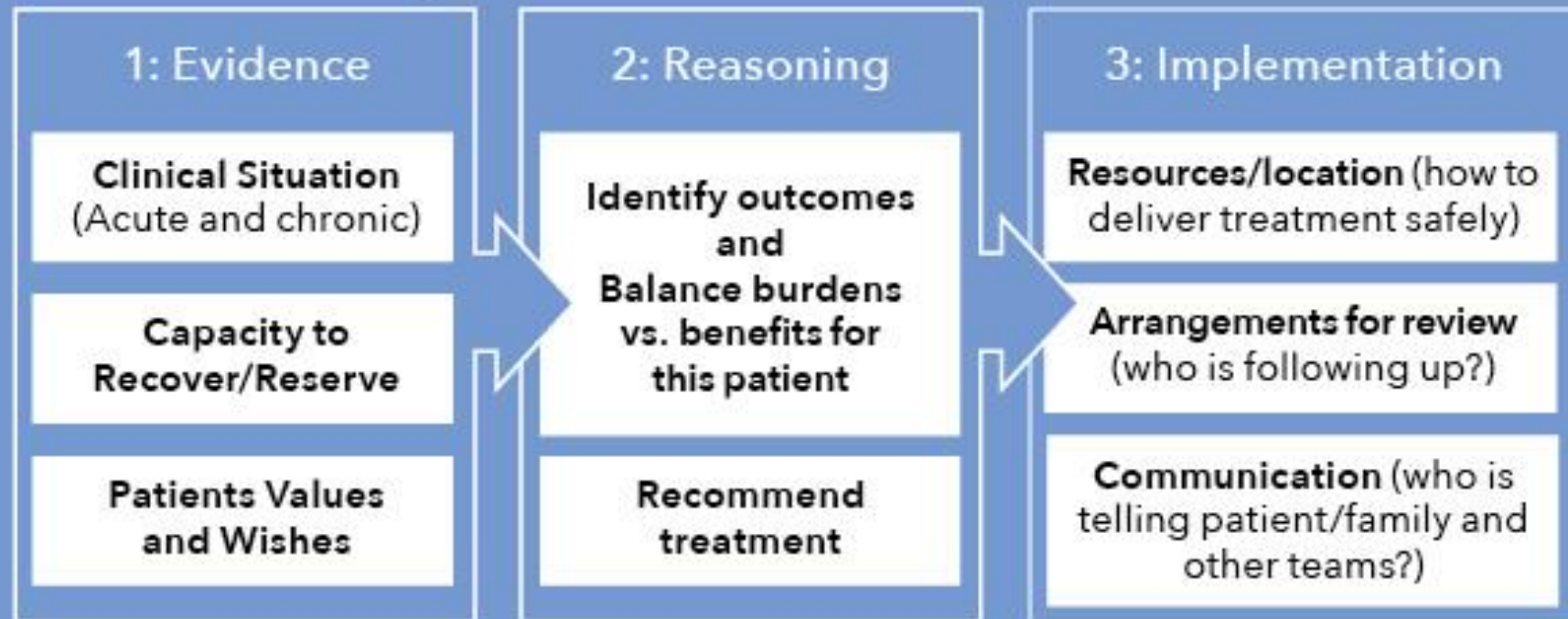
- Provide a structured framework for decision-making that:
 1. Is based on relevant clinical evidence and patient wishes
 2. Prompts patient centred, ethically justified decision making
 3. Guides implementation, communication, and review



WARWICK

MEDICAL SCHOOL

Decision-making for escalation of treatment



Decision-making for Intensive care unit admissions 2016. REC: 15/WM/0025

Providing a structured framework

- Referral form
- Patient and family Information Leaflets
- Decision support framework

How to use them?

- **Their use should not delay timely urgent treatment of seriously ill patients**
- Some boxes may require little information in some patients (or information may not be available)
- But noting absence of information provides a prompt to revisit this at a later time and obtain relevant information for further review and decision making