AUGMENTING ICU CAPACITY U.S.A Experience

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AUGMENTING CAPACITY * STAFF

* STUFF

* SPACE

* STRUCTURE

MEDICAL SERVICE

What Doctors
Are
Available?

Who is doing what?

Advanced Registered Nurses

Emergency Privileges

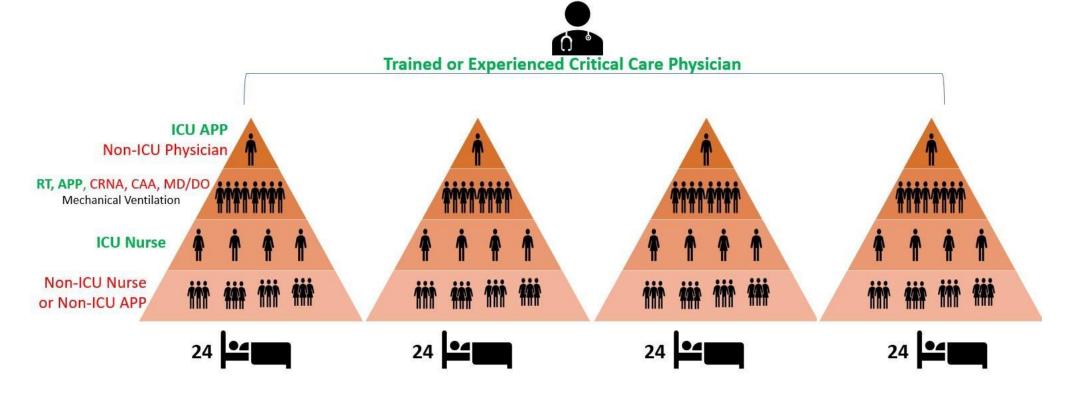
Training

CAPACITY CAPABILITY



Tiered Staffing Strategy for Pandemic

Requiring Significant Mechanical Ventilation



Modified from the Ontario Health Plan for an Influenza Pandemic Workgroup. Critical Care During a Pandemic.

NURSING AND OTHER PERSONNEL

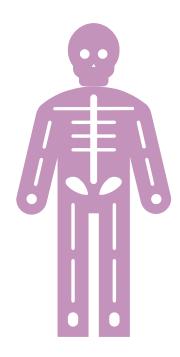
1 ICU Nurse

4 Ward Nurses

Respiratory Therapies

OR assistant personnel

Outpatient assistant personnel



EQUIPOS Y SUMINISTROS

Ventilators	
Oxygen	
Sedation	
Research drugs	
Common medications	

Ventilators

Standard Ventilators * Transport and Portable ventilators (includes Strategic National Stockpile)

* Anesthesia Machines

* Converted BiPAP

* Additional Solutions

Medications

* COMMON

- Restrictions
- Protocols
- Privilege limitations

* RESEARCH

- Task Force
- Protocols
- Ethics Committee



* Limit heroic treatments (ECMO, NO, etc.)



* Quantify and Distribute



* Plan.

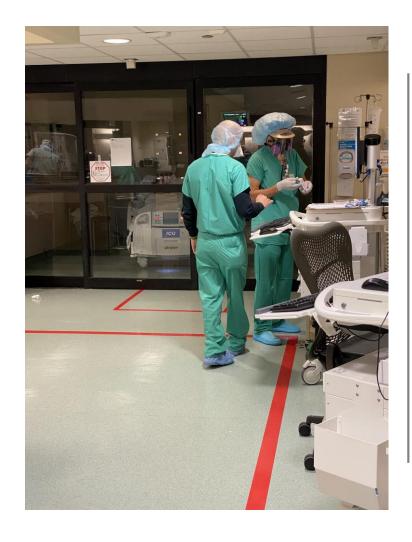


Ethics Committee

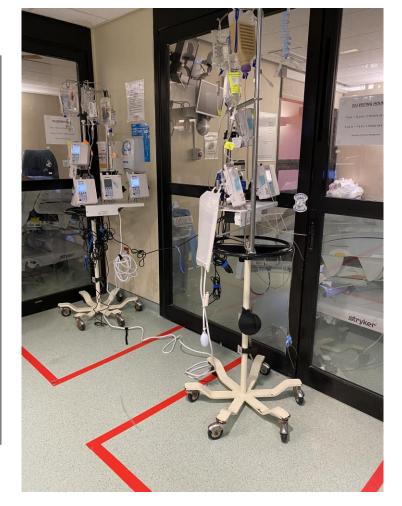
Other Elements

* Where is the Expansion going? * Design and Plan Contain **Supplies** Protect

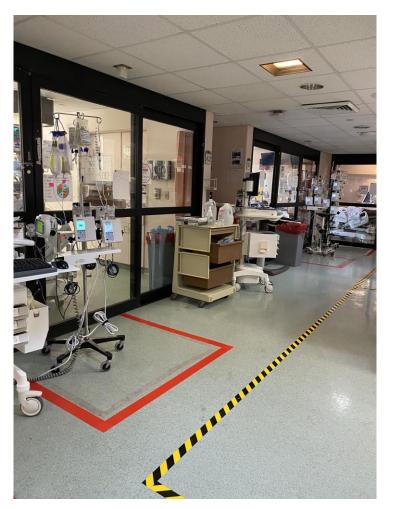
SPACE

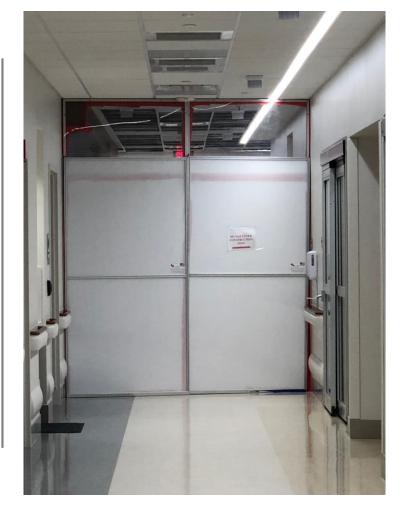












* Enough to transfer a patient from bed to bed

* Enough to allow Resuscitation Efforts

* Enough to allow for Ambu usage

Enough for procedures

Adequate Space?

Structure

Incident Command Center Communications **Ethics Committee** Command Structure External Help

DISTRIBUTIVE JUSTICE?

M-SOFA?

Triage and Allocation of ICU resources during a catastrophe

TRIAGE AND THE ALLOCATION OF ICU RESOURCES DURING CATASTROPHIC EVENTS

Recommendations of the Task Force of the System-Wide Adult Critical Care Committee (SWACCC) Baptist Health South Florida 12/10/2009 Reviewed: July 2014

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AUGMENTING CRITICAL CARE CAPACITY DURING DISASTERS			

