UNC PICU Guidelines for FLOOR BOARDERS

****FLOOR BOARDER**: A floor status patient in the PICU that is *not* followed by the Pediatric Critical Care physician team. This patient is managed by the primary medical team just as if the patient were admitted to the acute care wards.

1. Utilization of PICU beds should include consideration of the American Academy of Pediatrics Guidelines for Admission and Discharge Policies for the Pediatric Intensive Care unit and Admission and Discharge Guidelines for the Pediatric Patient Requiring Intermediate Care when applicable
2. PICU floor status patients are always top priority for transfer to wards if PICU is at high capacity (always have plan for unexpected PICU admission if full… See PICU Capacity Algorithm)
3. Guidelines for PICU bed utilization by FLOOR BOARDERS*
    a. A FLOOR BOARDER* may be admitted to PICU if the Children's Hospital is at full capacity with no floor beds available and PICU has 2 or more available beds (thus leaving one bed available for PICU admission)
    b. FLOOR BOARDERS* will be followed by the primary admitting service for all orders and care in the same manner as on the wards
    c. FLOOR BOARDERS* can have PICU team involvement through requested formal consultation or rapid response team activation in the same manner as on the wards
    d. Admission of FLOOR BOARDERS* to the PICU must be discussed with the on service PICU attending at the time of bed assignment
        i. It is recommended that the bed supervisor, PICU charge RN, PICU MD (fellow or attending), and PAC discuss the possibility of floor boarder* admit to PICU. If PICU attending is not present for this initial discussion, PICU fellow must communicate decision with attending *prior* to bed assignment

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ii. Consideration should be given to the possibility of a high acuity patient in Intermediate Care Status or wards that may be more suitable for transfer to the PICU under the PICU service prior to allocating a PICU bed for a floor boarder* admit to PICU.

1. For example, a higher acuity patient on the wards is identified by the bed supervisor (such as a patient with increasing respiratory distress on the general pediatric service), and a bed is needed for a stable patient who requires a floor bed. It may be more suitable to transfer the higher acuity or intermediate care patient *(see AAP guidelines for intermediate care)* to the PICU on the PICU service than admit a stable floor patient to the PICU. This should be discussed with the primary services on a case by case basis.

e. Reasonable attempts will be made to cluster lower acuity patients on the low end of the unit (section closest to the waiting room entrance) but this may not always be possible and patients may be of different levels distributed throughout unit.

f. FLOOR BOARDER* patients must be confirmed as such during morning briefings and charge RN and PICU MD handoffs

i. In addition, FLOOR BOARDER* designation should be indicated on the white board and the PICU patient list that is prepared every shift by the HUC

ii. To avoid confusion and assure patient safety, patients who have been on the PICU service and have *transfer to floor* orders written will remain on the PICU service until an acute care bed outside of the PICU is available. These patients are therefore not considered floor boarders*.

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