| System | 9W Stepdown | Needs ICU |
|---|---|---|
| Monitoring or patient care | • Q2 hr vital signs<br>• Q2 hr nursing interventions<br>• Q2 hr nursing assessments<br>• Q4 hr labs<br>• New initiation of NIV<br>• Won't benefit from ICU level of care | • Q1 hr vital signs<br>• Q1 hr monitoring<br>• Critical care medications |
| ID | • Sepsis including fluid-responsive hypotension, organ failure | • Septic shock |
| Cardiac | • Tachyarrhythmia with sustained heart rate >130 bpm<br>• Recently weaned off vasopressors (>6h) | • Hemodynamic instability requiring vasopressors or hypertensive emergency requiring continuous intravenous medications |
| Pulmonary | • non-invasive positive pressure ventilation: BIPAP, CPAP, HFNC, FiO2<60%, RR<35<br>• *Sub-massive* pulmonary embolism (SBP>90, no vasopressor/inotropic support) with right heart strain on echocardiogram or elevated troponins/BNP | • high risk for intubation<br>• Intubated<br>• *Massive* PE and/or s/p catheter directed or systemic thrombolysis<br>• non-invasive positive pressure ventilation: BIPAP, CPAP, HFNC with *altered mentation*<br>• Increasing NIV requirements<br>• NIV with FiO2>60% or RR>35<br>• Recent extubation with high-risk features requiring frequent monitoring or pulmonary physiotherapy |
| Neurology | • *Moderate* alcohol withdrawal<br>• chronic neuromuscular disorders: protecting airway, no impending respiratory failure | • severe alcohol withdrawal<br>• new onset stroke<br>• opioid overdose with respiratory failure or requiring naloxone drip |
| GI | • GI bleed requiring q4h labs | • Hemodynamically unstable GI bleed |
| Endocrine | • Hypo- or hypernatremia requiring q4 laboratory monitoring | • Diabetic ketoacidosis or hyperosmolar state requiring insulin drip |
| Renal | • Hyponatremia with Na <125<br>• Hyponatremia requiring hypertonic saline (2%) if lab draws q4h or less frequent | • CVVH or aquaphoresis<br>• Hyponatremia with Na < 120<br>• Hyponatremia requiring hypertonic saline (2% if lab draws more frequent than q4h or 3%) |

| MEDICATION | DOSE |
|---|---|
| **Amiodarone (Cordarone)** | Initial bolus (stable tachyarrhythmia):<br>150 mg in D5W 100 ml IVPB over 10 min<br>Maintenance dose: 1 mg/min x 6 hrs, then 0.5 mg/min x 18 hrs |
| **Argatroban** | Normal hepatic function: Start at 2 mcg/kg/minute<br>Hepatic impairment/critically ill: Start at 0.2-0.5 mcg/kg/minute |
| **Sodium bicarbonate gtt** | 6.25-50 mEq/hr |
| **Digoxin iv** | 500 to 1000 mcg generally given over 2-4 doses every 4 – 6 hours as load |
| **Hydromorphone (Dilaudid)** | ***For analgesia or for trach/vented patients***<br>Initial bolus: 0.2 – 0.4 mg over 2 min; Maintenance dose: start 0.2 mg/hour,<br>MD will determine dose of medication |
| **Morphine** | ***For analgesia or for trach/vented patients***<br>Bolus dose: 0.5-1mg IV push over 2 min; Maintenance dose: start at 1 mg/hr<br>MD will determine dose of medication |
| **Octreotide (Sandostatin)** | 25-50 mcg/hr |
| **Pantoprazole** | Loading dose: 80 mg IV<br>Maintenance dose: 8 mg/hr x72 hours |

Note: non-titrated vasopressors are permitted for Appropriate Care Escalation patients

Note: intubated patients are permitted for Appropriate Care Escalation patients