



Important - please read instructions overleaf

Section 1 - Patient and Hospital details (may be completed by hospital staff)

Hospital name

UR No. Certificate No.

Patient name

Date of birth / /

Entitlement No.

Admission to Unit

Elective Non-elective

Transfer in Time am/pm Date / /

Discharge from Unit to

Ward Home Deceased

Transfer out Time am/pm Date / /

Section 2 - Particulars of Admission (to be completed by treating intensivist/specialist)

I certify that it was necessary for this patient to receive treatment in a critical care unit and that the patient met the criteria for admission to this unit for the period shown.

Reason for admission to hospital

Surgical procedure performed (if applicable)

Reason for admission to unit

Co-morbidities/other complicating factors

Pathophysiology (please tick relevant box(es))

- Acute cardiac dysfunction
- Acute respiratory dysfunction
- Acute neurological dysfunction
- Acute severe metabolic disturbance
- Septic shock
- Hypovolaemic shock
- Other - please specify
- Acute CVS instability
- Acute hepatic dysfunction
- Acute renal dysfunction
- Major trauma
- Obstetrics emergencies

If the patient is still in the unit at day 10, what is the anticipated further LOS? days

Reason for this further LOS

Signature of treating cardiologist/specialist
 / /

Name (please print)

Section 3 - Supporting Data for Admission (may be completed by intensive care registered nurse)

Interventions (please write date and tick each day)

	1	2	3	4	5	6	7	8	9	10
1/2 hourly Glasgow Coma score (6-8 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute haemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPAP/BiPAP (excluding sleep apnoea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intra aortic balloon pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massive blood transfusion (5 litres/10 units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICP Ventricular catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous IV antiarrhythmic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Inotropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swan Ganz catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Vasodilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary pacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing ratio (1:1, 1:2, 1:3) (show ratio every day)										
Principal Patient Category (A, B, C - show each day)										

New Certificate to be completed if stay exceeds 10 days and 10 days thereafter

Additional comments/information (if required)

Signature of Nursing Unit Manager

/ /

Name (please print)

Contact telephone number

()

Instructions for Use of the Intensive Care Patient Certificate

Important

The Certificate design has been developed to assist hospitals to provide sufficient information for the Department of Veterans' Affairs to pay supplementary intensive care benefits. Where further information is available, please include additional comments in the space provided at the bottom of the form.

General

- This certificate can only be used in hospitals with a licensed intensive care unit.
- This certificate is required where additional **Critical Care** benefits are sought for patients admitted to an **Intensive Care Unit** at a private hospital. **Do not use this certificate for patients admitted to a Coronary Care Unit. A separate certificate is used for these patients.**
- This certificate is used by the Department of Veterans' Affairs to verify the complexity of a patient's care in an **Intensive Care Unit** for the payment of supplementary benefits, in accordance with individual hospital/Departmental contracts.
- Three classifications of care are recognised: Category A (the highest type of care), Category B (intermediate level of care) and Category C (**lowest** level of care).
- A patient may be classified as having received one or more categories of care during their stay in the **Critical Care Unit** (for example Category A care may be delivered for one day, and Category B for two days during a patient's three day stay in a Critical Care Unit).
- A new certificate is to be completed if the critical care episode exceeds 10 days and every 10 days thereafter.
- All original certificates are not to be submitted with claims but should be kept on the patient's file for audit purposes.

Section 1 - Particulars of Patient and Hospital

(to be completed by hospital staff)

- This section is used to record the patient and hospital details and to indicate the source of the patient and discharge destination, including the times and dates.
- Where Transfer In and Transfer Out details are shown, the relevant hospital should be shown.

Section 2 - Particulars of Admission

(to be completed and signed by the Treating Intensivist/Specialist)

- This section is to be completed as certification for the need for the patient to be admitted to the Intensive Care Unit, and to record the reason for the admission.

Section 3 - Supporting Data for Admission

(may be completed by the Intensive Care Unit Registered Nurse)

- This section is used to record the treatment details of the patient whilst in the Intensive Care Unit. Any of the interventions in this section which prevail during the patient's stay must be recorded by ticking the appropriate box.
- The interventions data together with the Nurse Ratio are intended to support the Principal Patient Category determinations as recorded on the certificate for each day of the stay.
- Where a patient's diagnosis, pathophysiology and other complicating factors are such that the patient requires a high level of nursing care (1:1), the patient may be classified as a Category A patient.
- Where the diagnosis, pathophysiology and other complicating factors of the patient have resulted in a 1:2 or 1:3 nurse/patient ratio the patient will be classified as Category B or Category C, depending on the reason for admission and level of care required.
- The nurse/patient ratio must relate to the resource intensity required for the patient's condition and not solely to the staffing ratio based on the occupancy of the Unit. This section of the form must be signed by the Nursing Unit Manager on behalf of the hospital Critical Care Unit (although the actual recording in this section may be done by a Registered Nurse in the Unit).

Explanatory Notes of the Intensive Care Certificate's Technical Terms

INTRODUCTION

Precise parameters of Severity of Illness, Intervention and the Relationship to Cost have been the study of many groups and at present there is no solution or recommendation that would indicate cost, the precise need for Intensive Care or its particular level of intensity.

A patient must be admitted to Intensive Care when that patient cannot be cared for at ward level by reason of:

- The clinical observation required
- The intensity of physiological monitoring
- the treatment required.

It is the responsibility of the Nurse and/or the Doctor to initiate the ICU consultation regarding admission when clinically appropriate and not in response to social or personal pressures.

It is with these principles in mind that the following guidelines are presented with a clinical statement and not a defined pathological criteria.

INTERVENTIONS

<i>Item</i>	<i>Technical terms</i>	<i>Category</i>
1/2 hourly GCS for 6-8 hours	Glasgow Coma Score assessment, for intracranial aneurysm, AV malformation, tumour, acoustic neuroma or acute trauma as stated in the Acute Neurological Dysfunction section.	A
Acute Haemodialysis	Includes acute intermittent haemodialysis when performed in the Intensive care Unit. Includes all forms of Continuous Dialysis Haemoperfusion Ultrafiltration CVVHD, CAVHD, but excluding patients solely admitted to the ICU for permanent dialysis.	A
CPAP (excluding Sleep Apnoea)	Includes CPAP by mask to improve gas exchange associated with Acute Cardiac or Respiratory Dysfunction.	A or B
Intra Aortic Balloon Pump	Includes a pump inserted percutaneously or intraoperatively.	A
Massive Blood Transfusion	Includes 10 units or more given within a 48 hour period, or equivalent volume dependent on the patient body weight.	A
Ventilation	Includes ventilation by endotracheal tube or tracheostomy tube.	A
Temporary Pacing	Includes - External cardiac pacing, Swan Ganz catheter pacing or pacing post operatively where there is an unstable underlying rhythm.	B or C
Arterial Catheter	Includes an arterial catheter in any artery for blood pressure measurement. (Does not include a catheter placed for access alone).	A, B or C
ICP Ventricular Catheter	Includes the monitoring of intracranial pressure by catheter (with the ability to control intracranial pressure as indicated).	A or B
IV Anti-Arrhythmic	Continuous anti-arrhythmic drugs given intravenously.	A, B or C
IV Inotropes	Includes IV adrenaline, noradrenaline, dobutamine, isoprenaline, amiodarone, milrinone. Includes dopamine in cardiac dose, not renal dose.	A, B or C
Swan Ganz Catheter	Includes pressure measurements, cardiac output, mixed venous oxygen saturation measurements and derived haemodynamic variables and pacing.	A, B or C
IV Vasodilator	Includes sodium nitroprusside (SNP), glyceryl tri-nitrate (GTN), or any vasodilator given by infusion.	A, B or C
Hypovolaemic Shock	Includes: Major Haemorrhage Major Loss of Plasma Loss of protein - free Extracellular Fluid	A, B or C
Obstetric Emergencies	Eclampsia.	A, B or C

PATHOPHYSIOLOGY

<i>Item</i>	<i>Technical terms</i>	<i>Category</i>
Acute Cardiac Dysfunction	Includes: Acute pulmonary oedema Acute arrhythmia Acute or unstable ischaemia Haemodynamic instability Cardiogenic shock	A, B or C
Acute CVS Instability	Includes unstable rhythm, myocardial function or myocardial ischaemia requiring continuous monitoring with or without intervention or uncontrolled Hypertension requiring intervention.	B or C
Acute Respiratory Dysfunction	Includes: Failure of control of respiration sufficient to need airway protection or control Failure of gas transfer sufficient to need intensive care facilities to maintain pO ₂ , pCO ₂ Failure of lung mechanics with increased work of breathing needing intervention Anaphylaxis Poisoning and drug intoxication	A or B
Acute Hepatic Dysfunction	Includes: Fulminant hepatic failure Encephalopathy Bleeding oesophageal varices Abnormal liver function with associated organ failure needing ICU care	A, B or C
Acute Renal Dysfunction	Includes renal failure needing ICU support. Does not include uncomplicated acute renal failure requiring non-urgent therapy.	A, B or C
Acute Neurological Dysfunction	Includes: Head injury requiring intervention as indicated on the certificate Coma Uncontrolled fitting Recent CVA for thrombolysis or heparin Postoperative neurosurgery with oedema, bleeding, coma, unstable Glasgow coma score (1/2 hourly for 6-8 hours) or high risk patient Acute Intracranial Haemorrhage	A, B or C
Acute Severe Metabolic Disturbance	Includes metabolic disturbance requiring ICU care; metabolic disturbance with associated organ failure needing ICU care.	A, B or C
Major Trauma	Includes: Trauma with associated organ failure needing ICU support Trauma with major blood loss and/or tissue damage Does not include uncomplicated fractures	A or B
Septic Shock	Includes infections with one or more organ failure which requires ICU support	A, B or C