

Definitions of Levels of Care

Level 2 Criteria	Examples
<p>1. Patients needing pre-operative optimisation</p>	<p>1.1 Haemodynamic, renal or respiratory optimisation required prior to surgery.</p> <p>1.2 Invasive monitoring inserted (arterial line, CVP as a minimum).</p>
<p>2. Patients needing extended postoperative care</p>	<p>2.1 Immediate care following major elective surgery</p> <p>2.2 Emergency surgery in unstable or high risk patients.</p> <p>2.3 Patients where there is a risk of postoperative complications or a need for enhanced interventions and monitoring</p>
<p>3. Patients stepping down to Level 2 care from Level 3</p>	<p>3.1 Requiring a minimum of hourly observations</p> <p>3.2 At risk of deterioration and requiring level 3 care again</p>
<p>4. Patients receiving Basic Respiratory Support</p> <p>NB When Basic Respiratory and Basic Cardiovascular support are provided at the same time during the same critical care spell and no other organ support is required, the care is considered to be Level 2 care</p>	<p>Indicated by one or more of the following:</p> <p>4.1 More than 50% oxygen delivered by face mask. (<i>Note, 50% has been chosen to identify the more seriously ill patients in a hospital and should not be recorded for short term increases in FIO2 such as for transfers or physiotherapy</i>).</p> <p>4.2 Close observation due to the potential for acute deterioration to the point of needing advanced respiratory support. (<i>e.g. severely compromised airway or deteriorating respiratory muscle function</i>).</p> <p>4.3 Physiotherapy or suction to clear secretions at least 2 hourly, whether via tracheostomy, minitracheostomy, or in the absence of an artificial airway.</p> <p>4.4 Patients recently extubated after a prolonged period of intubation and/or mechanical ventilation via an endotracheal tube for more than 24 hours.</p> <p>4.5 Mask CPAP or pressure supported ventilation.</p> <p>4.6 Patients who are intubated to protect the airway but needing no ventilatory support and who are otherwise stable</p>
<p>5. Patients receiving Basic Cardiovascular Support</p>	<p>Indicated by one or more of the following:</p> <p>5.1 Use of a CVP line for monitoring of central venous pressure and/or the provision of central venous access to deliver titrated fluids to treat hypovolaemia.</p> <p>5.2 Treatment of circulatory instability due to hypovolaemia from any cause.</p> <p>5.3 Use of a CVP line for basic monitoring or central venous access to deliver therapeutic agents.</p> <p>5.4 Use of an arterial line for basic monitoring of the arterial pressure and/or sampling of arterial blood.</p> <p>5.5 Single intravenous vasoactive drug used to support or control arterial pressure, cardiac output or organ perfusion.</p> <p>5.6 Intravenous drugs to control cardiac arrhythmias.</p>

<p>6. Renal Support</p>	<p>Indicated by:</p> <p>6.1 Acute renal replacement therapy (eg.haemodialysis, haemofiltration etc.)</p> <p>6.2 Provision of renal replacement therapy to a chronic renal failure patient who is requiring other acute organ support in a critical care situation.</p>
<p>7. Neurological Support</p>	<p>These patients should continue to require a minimum of hourly observations and be at risk of needing to step up to level 3 care to fulfil this definition.</p> <p>Indicated by one or more of the following:</p> <p>7.1 Central nervous system depression sufficient to prejudice the airway and protective reflexes.</p> <p>7.2 Invasive neurological monitoring or treatment eg. ICP, jugular bulb sampling, external ventricular drain.</p> <p>7.3 Continuous intravenous medication to control seizures and/or continuous cerebral monitoring.</p> <p>7.4 Therapeutic hypothermia using cooling protocols or devices.</p>
<p>8. Dermatological Support</p>	<p>Indicated by one or more of the following:</p> <p>8.1 Patients with major skin rashes,exfoliation or burns. (<i>e.g. greater than 30% body surface area affected</i>).</p> <p>8.2 Use of multiple, large trauma dressings (<i>eg. multiple limb or limb and head dressings</i>).</p> <p>8.3 Use of complex dressings (eg. Open abdomen or large skin area greater than 30% of body surface area large skin area greater than 30% of body surface area, open abdomen, vacuum dressings or large trauma such as multiple limb or limb and head dressings).</p>
<p>9. Hepatic Support</p>	<p>Patients should require a minimum of hourly observations consequent on the risk of clinical deterioration and fulfil one of the following categories</p> <p>9.1 Acute or chronic hepatocellular failure requiring management of coagulopathy and/or portal hypertension (including hepatic purification and detoxification techniques)</p> <p>9.2 Primary acute hepatocellular failure patients who are being considered for transplantation and require management of coagulopathy and/or portal hypertension (including hepatic purification and detoxification techniques).</p>

Derived from:

Intensive Care Society. Levels of Critical Care for Adult Patients – Standards And Guidelines (2009).

Numbering added to allow recording of level 2 characteristics of care delivered to outreach patients

Balance of Care Group, 16 December 2009