

Management of the critically ill patient transferred to LTHT for Primary Percutaneous Coronary Intervention

- Acceptance of a patient for PPCI should not be dependent on Critical Care bed availability.
- On acceptance of any patient for PPCI who requires Critical Care support, or in the event of peri procedure deterioration, the Catheter Lab Coordinator is to alert and provide patient details to:
 - The Acute anaesthetist (bleep 2507).
 - The LGI ACC Patient Flow team (bleep 2244).
- If the patient has been transferred in from another Trust - ACC patient flow team to contact referring hospitals Critical Care Unit. This is to:
 - Provide patient details.
 - Alert them to the need to create capacity in 24 hrs time.
- On completion of procedure, if patient is safe to move, patient to be transferred to LGI ICU. Handover from anaesthetic and cardiology teams to ICU team required.
- Should there be no Critical Care capacity then management should be as per standard protocol.
- ICU team to initiate/continue standard OOHCA protocols if clinically appropriate.
- Next day, if patient has been referred in from another trust:
 - ACC Patient Flow team to contact referring hospital with an update before 0800.
 - Following review by ICU Consultant, if deemed clinically and logistically appropriate, patient to be transferred back to referring centre at approximately 24 hours post procedure. Further Cardiology review may be required first.
 - If patient not suitable at 24 hours then ICU consultant to give approximate expectation of when patient will be suitable for transfer to allow referring centre to ensure bed availability. PFT team will communicate this to referring hospital
 - Decision to be reconsidered at C-floor huddle every morning
 - Referring hospital must accept transfer back when deemed suitable for repatriation. Referring hospital to cancel/delay elective work and move all patients awaiting step down in order to accept repatriation. If repatriation is deemed impossible (decided at Chief Operating Officer level) then patient to be kept at LTHT until bed available. This should be reviewed daily.

- If another patient from the same referring hospital is in the Critical Care bed base and is more stable/suitable to transfer than the OOHCA patient then this patient should be expedited instead, under the same stipulations above.