



**College of Intensive Care Medicine
of Australia and New Zealand**
ABN: 16 134 292 103

**RECOMMENDATIONS ON STANDARDS FOR
HIGH DEPENDENCY UNITS FOR TRAINING
IN INTENSIVE CARE MEDICINE**

INTENSIVE CARE TRAINING

College of Intensive Care Medicine trainees can be involved in routine patient care in a High Dependency Unit (HDU) which meets all the criteria described in this document. Trainees from associated accredited intensive care units rostered to accredited HDU's continue to have training time recognized.

The supervision of trainees in the HDU will comply with Document IC-4, "The Supervision of Vocational Trainees in Intensive Care Medicine". Trainees must work adequate hours in the Intensive Care Unit (ICU) as opposed to HDU or other activities. If inadequate hours are worked in intensive care, the Censor may rule that the trainee must extend the duration of core training (refer Document IC-3 "Guidelines for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine"). The College will review HDU's in which intensive care trainees work as well as the ICU during the accreditation visit.

INTRODUCTION

An HDU is a specially staffed and equipped section of an intensive care complex that provides a level of care intermediate between intensive care and general ward care.

Patients may be admitted to the HDU:

- (a) from the ICU as a step-down prior to transfer to the ward, or
- (b) directly from the ward, recovery or emergency areas.

Typically patients in HDU will have single organ failure and are at a high risk of developing complications. An HDU should have resources for immediate resuscitation and management of the critically ill. Equipment should be available to manage short term emergencies, eg. the need for mechanical ventilation.

In stable patients routine monitoring and support may include ECG, oximetry, invasive measurement of blood pressure, lowlevel inotropic or pressor support and non-invasive ventilation.

RECOMMENDED GUIDELINES

1. OPERATIONAL

The HDU must:

- 1.1 Be geographically part of the intensive care complex of that hospital.
- 1.2 Be operationally linked to the ICU which must be a level II or III ICU (refer Document IC-1 "Minimum Standards for Intensive Care Units").
- 1.3 Have all patients admitted to the HDU referred to the attending intensive care specialist for management.
- 1.4 Have defined admission, discharge, management and referral policies.
- 1.5 Have twenty-four hour access to intensive care services, pharmacy, pathology, operating theatres and imaging services and appropriate access to physiotherapy and other allied health services.

The HDU should have:

- 1.6 Formal audit of its activities and outcomes.
- 1.7 Suitable infection control and isolation procedures.
- 1.8 Technical and clerical support services.

2. STAFFING

The HDU staffing must include:

- 2.1 A medical director who is a Fellow of the College of Intensive Care Medicine (FCICM).
- 2.2 In addition to the attending intensive care specialist, at least one registered medical practitioner with an appropriate level of experience immediately available at all times.
- 2.3 A nurse in charge of the HDU who has a post registration qualification in intensive care.

The HDU staffing should include:

- 2.4 At least one other specialist who is a Fellow of the College of Intensive Care Medicine.
- 2.5 Sufficient specialist staff to provide reasonable working hours and leave of all types to allow the duty specialist to be rostered and available to the HDU.
- 2.6 All nursing staff in the HDU responsible for direct patient care being registered nurses and the majority of all senior nurses having a post registration qualification in intensive care or high dependency nursing.
- 2.7 A nursing staff to patient ratio of 1:2.

- 2.8 A minimum of two registered nurses present in the unit at all times when there is a patient present in the unit.
- 2.9 Educational programs for both medical and nursing staff, and access to a nursing educator.
- 2.10 An orientation program for new staff.

3. STRUCTURE

The minimum size for an HDU should be four beds.

HDUs covered by this document are geographically and operationally linked to a level II or III ICU. Both the parent ICU and the HDU should meet the minimum standards in Document IC-1 paragraph 7 for structure with the following changes:

Patient Area

- 3.1 At least 16m² floor area is required for each bed space in an open area exclusive of service areas.
- 3.2 A typical HDU will require at least two oxygen, one air and two suction outlets, and at least twelve power points for each bed space.

Many facilities may be common between the ICU and the HDU eg. seminar room, library, staff offices.

4. EQUIPMENT

The type and quantity of equipment will vary with the size and function of the HDU and must be appropriate to its workload, judged by contemporary standards.

There must be a regular system in force for checking the safety equipment.

Protocols and inservice training for medical and nursing staff need to be available for the use of all equipment, including the steps that should be taken in the event of malfunction.

Basic equipment should include:

- 4.1 Hand-ventilating assemblies.
- 4.2 Suction apparatus.
- 4.3 Airway access equipment.
- 4.4 Vascular access equipment.
- 4.5 Monitoring equipment, both non-invasive and invasive.
- 4.6 A defibrillator.
- 4.7 Equipment to control a patient's temperature.

- 4.8 Chest drainage equipment.
- 4.9 Infusion and specialised pumps.
- 4.10 Portable transport equipment.
- 4.11 Specialised beds.
- 4.12 A system capable of delivering non invasive ventilation.
- 4.13 A ventilator capable of delivering invasive positive pressure ventilation and easy access to a second.

5. MONITORING

The level of monitoring should be appropriate to the role of the HDU and the physiological status of the patient and should comply with the minimum standards guidelines of Document IC-1 paragraph 9.

These guidelines should be interpreted in conjunction with the following Documents of the College of Intensive Care Medicine:

- IC-1 "Minimum Standards for Intensive Care Units"
- IC-3 "Guidelines for Hospitals seeking Accreditation for Training in Intensive Care Medicine"
- IC-4 "The Supervision of Vocational Trainees in Intensive Care Medicine"

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Policy Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Policy Documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

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