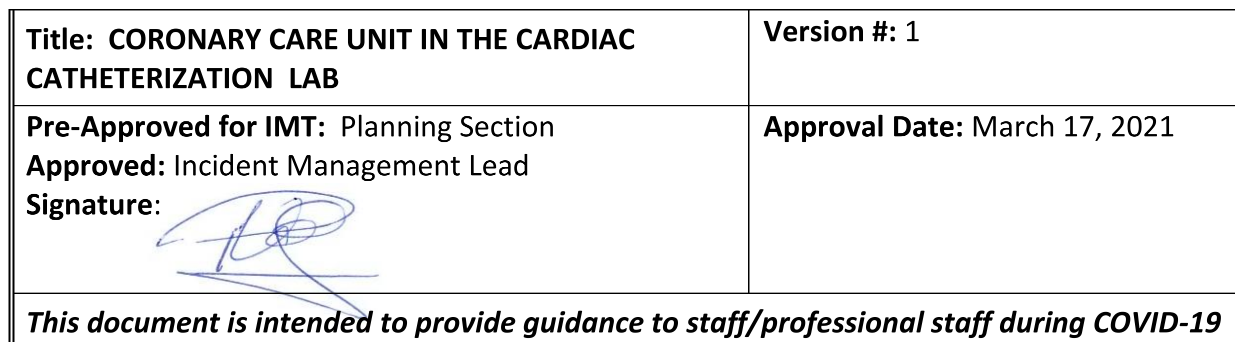
Guidance Document for COVID-19



Title: CORONARY CARE UNIT IN THE CARDIAC CATHETERIZATION LAB	**Version #:** 1
Pre-Approved for IMT: Planning Section **Approved:** Incident Management Lead **Signature**:	**Approval Date:** March 17, 2021
This document is intended to provide guidance to staff/professional staff during COVID-19	

1. **PURPOSE**
   Coronary Care Unit in the Cardiac Catheterization Lab, to support the ICU Pandemic Surge Plan

2. **GUIDELINES (e.g. background, definitions, procedure, etc.)**

   Refer to the ICU Pandemic Surge Plan

3. **RELATED POLICIES, PRACTICES AND/OR LEGISLATIONS: N/A**

4. **REFERENCES: N/A**

Coronary Care Unit in the Cardiac Catheterization Lab

Location: 4 Beds, Beds 1-3 in the Cath Lab
Staffing: **Days** 7-3 – Two Cath Lab Nurses
Evenings 3-11 – One Cath Lab Nurse, One Cardiology Nurse
Nights – Two Cath Lab Nurses

Admission Criteria for Cath Lab (CCL)

***Note: Exclusion Criteria* – COVID 19+ patients or patients with requiring respiratory isolation.**

The Cath Lab Nurses staffing the CCU do not have the skill set to care for Ventilated patients, patients on BiPAP or patients on multiple infusions of medications. Space will be made available to the ICU team (physicians and nurses) to care for these patients in the CCL as needed Monday to Friday. The ICU team is staffing the CCU in the CCL on the weekends and therefore would be able to accommodate any non-COVID + patient within their scope of practice.

Cardiac Admissions

Inclusion Criteria

- Post STEMI patients - Stable – To be monitored in CCU for 24 hours
  Definition of an Unstable STEMI - a patient requiring intubation, insertion of an IABP, BiPAP, high grade block (2nd degree type two or 3rd degree), requiring a temporary pacemaker wire, cardiac arrest or arrhythmia associated with hemodynamic instability
- Thrombolyzed STEMI patients from the region who are hemodynamically stable.
- Heart Failure patients requiring the support of inotropes or vasodilators
- Early phase complicated AMI with heart failure (post-extubation, removal of IABP)
- Patients Awaiting Pacemaker Implantation – with a temporary wire insitu or with an infusion of dopamine or epinephrine, that are hemodynamically stable with the insertion of permanent pacemaker planned within the next 24 hours
- Post complicated pacemaker insertions (stable post pacemaker insertions are discharged or returned to their inpatient bed)
- Potential Cardiac Admission That Require Individual Cardiologist Assessment

  - Hemodynamically stable arrhythmias managed with an infusion
  - Hypotension requiring vasopressor/inotropes
  - Unsuccessful PCI attempt
  - Stable patient with a critical left main awaiting CABG but does not require IABP

Regional Cardiac Admissions

A communication will go out to the regional physicians requesting that they go through our Switchboard and request to speak to the Interventional Cardiologist or the General Cardiologist. During the discussion and the assessment of the patient, if the TBRHSC Cardiologist determines that the patient is potentially unstable; they will request the sending physician call back going through CritiCall. The Intensivist will determine the best course of action. If the patient is assessed to be stable by the Interventional Cardiologist or the General Cardiologist, they can proceed with a direct admission of a regional patient to the CCU beds. **(Appendix 1)**

Stroke Patients

Inclusion Criteria

- Inpatient tPA administration and monitoring 24 hours post infusion (tPA Kit to be transferred from 290 to the CCL)

Education Supports

- *2C Float nurses coming to the CCU (24/7) are RSU trained nurses. They will work collaborating with the Cath Lab to provide acute stroke care to these patients.*
- *The Stroke Nurses will be rounding on these patients and provided support as well.*

Complications

- Neurologists will be the MRP's and will be available
- MET is available for urgent issues

Admission of other patients

This area will NOT be used as an Emergency overflow area. CCU nurses will contact the Admin Co-ordinator if Admitting attempts to do same. If the matter isn't resolved, the Cath Lab Manager will be contacted on off hours as needed.

Care Model

- *Critical Care Standard (CCS-1-02)* (CNS and 2C float nurse to support CCL nurses with same)
- *Telemetry Standard and Inpatient Standard* (CNS and 2C float nurse to support CCL nurses with same)

Physician Model

- Cardiologists &/or Neurologists will be the MRP
- The General Cardiologist who admits the patient will be their MRP
- The Interventional Cardiologist who comes in for the STEMI or accepts the patient will be the MRP
- The Intensivist will support General Cardiologists with the insertion of a temporary pacemaker wire as needed
- The Intensivist will support the Interventional Cardiologist on call from 2200 – 0700. They will perform a quick visual inspection of the patient and write some basic overnight orders. (note if note reperfused the STEMI team will be coming in)

Additional Team Supports

- Cardiology NP to support cardiac Patients, the Stroke Nurse will support the Neurology patients
- Cardiology and Critical Care CNS will provide support Monday to Friday from 0800-2100
- MET Team – will call or come over once a night to see if there is any support/advice they can provide. The MET team will be available to CCU if any of the patients decompensate as per MET criteria

Patient Flow

- Patients will be prepped in 290 with the exception of cardioversions and the first 2 patients of the day
- All regional patients will be prepped in 290
- Radial Approach Patients – if human and physical resources allow, patients will be observed in the CCL Recovery for 1 hour post procedure. 290 Nurses will remove the TR Bands and recovery as per CCL protocol
- Femoral Approach Patients – Patient who require sheath pulls will remain in the CCL until completed. If possible, Interventional Cardiologists will be encouraged to use seals.
- The number of Cardioversions, TEE guided cardioversions and Regional TEE's done in the Cath Lab will need to be reduced as the number of beds and staff is being dramatically reduced. The Cath Lab will need support triaging which patients are the priority.

Medication Resources

- Access to OMINCELL in ICU for after hours med access
- Pharmacy is getting a cart for the Cath Lab and will set up drawers in same. Pharmacy will deliver meds to the Cath Lab and will increase the Cath Lab the Cath Lab and deliver meds as they were doing in 290

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Charting Resources

- Cardiac Cath Lab nurses will complete the 2 hour on line Meditech Course
- Admission Process – 2C float nurses to assist with same. Admission must be completed within 24 hours and therefore may be delayed if necessary

Hospital Support Services

- **Laundry**
  8-10 extra towels and face cloths
  8-10 Sheets
  6 Blankets
  8 - Pillow cases
  6 more patient gowns
  7 day rather than 5 day a week delivery

- **Housekeeping**
  7 day rather than 5 day a week support

- **Stores**
  Increase soap
  Attends
  Increase support from 5 to 7 days

- **MDR**
  6 more basins per day for patient washing
  Increase support from 5 to 7 days

Physical Equipment

- A commode
- 4 beds to be exchanged with 4 stretchers in the CCL
- Emergency Department style alarms that go directly to the security department
- IV pumps – extra IV pumps in 290 transferred to the CCL

Visiting Restrictions

The CCL is designed as an outpatient diagnostic procedure area with the stretchers approx. 6 feet apart. When the stretchers are replaced with beds, the 6 feet separation will barely be met. The environment will unfortunately not support social distancing of visitors. The Cardiac Cath Lab will also continue to function which will require a quiet environment and confidential environment for patients having their procedures.
Visitors will be accommodated in extreme circumstances. Patients requiring the support of an essential partner will be transferred as soon as possible.