

Suggested text for non-ICU doctors

Admission to intensive care: early and clear decision-making

As the covid-19 pandemic develops in the UK it is anticipated that the demand for intensive care beds will increase. In such circumstances it is essential that this resource is used to the greatest effect, with patients being admitted to intensive care only when there is a realistic chance of them benefitting from such intervention. Decisions regarding whether or not to admit to ICU and initiate invasive organ support are complex, difficult and the consequences are clearly of great importance to a patient and their family.

Intensive care consultants have training and experience in this decision-making; as well as responsibility for the patients admitted to intensive care. In circumstances of extreme pressure on the intensive care service, whether a patient is admitted to intensive care or not will only be the decision of the intensive care consultant.

We would be grateful for your assistance with the process of decision-making in the following ways:

1. All acute specialty consultants should feel able to make decisions surrounding escalation of treatment: Please consider escalation of treatment, cardiopulmonary resuscitation and intensive care on admission for all patients. If you are able to make a decision that a patient should not be admitted to intensive care please document a ReSPECT form: this will prevent emergency decision-making at a later point which may result in patient harm.
2. Please do not postpone decision-making: Due to restrictions on visiting and isolation, contacting family and friends at a later time may be difficult, and patients may not be able to participate in discussions later. Please ensure appropriate conversations are had before intensive care becomes involved.
3. Please ensure the right information to make escalation decisions is collected at the earliest opportunity: specifically information related to a patient's ability to survive a prolonged critical illness (such as: past medical history, frailty, trajectory of health status, functional status and exercise tolerance) as well as the patient's values and wishes. Delaying collecting this information will make the task of making decisions more difficult if it needs to be done in an emergency.
4. If you feel a patient should be considered for ICU admission please do not document what specific interventions they should receive or that they should *be "for everything"*. Rather, please document the information relating to their capacity to recover from critical illness and: *"Please consider for organ support on intensive care if needed"*.