In the event that the STICU is full and the hospital is on trauma diversion, the following transfer pattern should be utilized.

The priority for transfer out of the STICU is as follows:

1. Floor status patients that are boarding in the STICU should be transferred out of the STICU. In the event that 6 Jones and SIMU are both full, the default unit for transfer should be 8 Jones (Burn unit). The process for initiating a transfer to the burn unit is as follows:
   i.) The STICU attending or fellow should communicate with the STICU charge nurse. If the charge nurse is not available, the unit manager should be notified to facilitate this process.
   ii.) The STICU charge nurse or unit manager will contact the Burn unit to check bed availability.
   iii.) If a bed is available on 8 Jones, the STICU team will write the transfer orders and call the trauma chief and notify them that the patient is being transferred.

If the burn unit is full, 3 Jones is willing to accept floor status patients with isolated orthopedic injuries. However, any patient with lines, chest tubes, or other surgically placed tubes or drains cannot be transferred to 3 Jones.

2. SIMU status patients that are boarding in the STICU should be transferred out of the STICU. The default unit for transfer should be 8 Jones (Burn unit). The process for transfer to the Burn Unit is the same as described above.

If the burn unit is full, the TSICU can accept SIMU overflow patients. However, an attending to attending phone call needs to be initiated prior to sending any STICU patients to the TSICU. Patients transferred to the TSICU will continue to be managed by the STICU team.

3. In the event that there are no floor or IMU status patients in the STICU, then transfer of an ICU status patient to another ICU should be initiated. Non-trauma ICU patients should be transferred if possible. Hemodynamically unstable patients should not be transferred to another unit. Any ICU to ICU transfer must involve attending to attending communication between the STICU attending, the patient’s primary attending, and the accepting ICU attending.

The process for initiating a transfer of a non-Trauma ICU patient to another ICU is as follows:
   i.) The STICU attending or fellow should communicate with the STICU charge nurse. If the charge nurse is not available, the unit manager should be notified to facilitate this process.
   ii.) The STICU charge nurse or unit manager will discuss bed availability in other ICU’s with the on duty administrator.
   iii.) Non-trauma surgical patients (example ENT, urology, general surgery) patients should be transferred to the TSICU if a bed is available. ENT patients can also overflow to the MICU.
a. Prior to transferring a patient to another ICU, the STICU attending should discuss the transfer with the patient’s primary attending.

b. If the primary attending agrees to transfer the patient, then the STICU attending or fellow should directly communicate with ICU attending or fellow in the accepting unit and transfer care of the patient.

c. In the event that the primary attending refuses to allow transfer of the patient and there are no other patient’s that can be transferred then the medical director of the STICU should be notified. The STICU director will then review the case and determine if transfer is appropriate. If both the STICU director and the STICU attending agree that transfer is appropriate, then the primary physician will be recontacted regarding transfer. In the event that the primary attending still refuses, then the STICU medical director will notify the director of critical care at Memorial Hermann Hospital to address the issue further and facilitate transfer.

Trauma ICU patients with significant head injuries can be transferred to the NTICU if their acute non-neurosurgical trauma issues are stable. The process for initiating a transfer of a Trauma ICU patient to the NTICU is as follows:

i.) The STICU attending or fellow should communicate with the STICU charge nurse. If the charge nurse is not available, the unit manager should be notified to facilitate this process.

ii.) The STICU charge nurse or unit manager will discuss bed availability in the NTICU with the charge nurse/unit manager in the NTICU.

iii.) If a bed is available, the STICU attending should discuss the patient with NTICU attending. If the NTICU attending is willing to accept the patient in transfer, then the STICU team will write transfer orders and notify the trauma chief of the transfer.

Trauma ICU patients without significant head injuries should remain in the STICU. Under no circumstance should Trauma ICU patients be transferred to the Burn ICU.