

ICU Management Protocol No. 2

INVESTIGATIONS AND MICROBIOLOGICAL SURVEILLANCE

No routine investigations are to be done for patients admitted to the ICU

Basic investigations on admission

- Full blood count (includes haemoglobin, total white and differential counts, platelet count)
- Serum creatinine, blood urea and electrolytes (including Na⁺, K⁺, Cl⁻, Ca²⁺, Mg²⁺, Phosphate³⁻)
- Liver function test
- Prothrombin time (PT), activated partial thromboplastin time (APTT), coagulation screening
- Arterial blood gas
- Blood glucose level (hand held blood glucose analyser is acceptable)

Additional tests on admission when indicated

- Septic / microbiology screen as indicated
- CXR (after placement of appropriate lines e.g. central venous line, nasogastric tube)
Patients requiring post-operative ventilation for a few hours may not require a routine CXR
- ECG

Tests ordered daily

- FBC: Hb, TWDC, platelet count
- BUSE, creatinine
- Other tests only when indicated

Microbiological Surveillance

- MRSA screening (nasal swab only) on admission to ICU may be indicated in the following:
 - Patients who have been admitted for > 5 days in the ward
 - Patients with previous positive cultures for MRSA either in the blood, tracheal aspirate or urine
 - Patients admitted from other hospital
 - Patients admitted from long-term care institutions e.g. nursing homes
 - Patients on chronic renal dialysis
- Tracheal aspirate for C&S
May be done once a week in intubated patients. (Note: not all positive cultures on routine surveillance are infective)