I. PURPOSE:
To provide standardized approaches to the care of surgical critical care patients.

II. POLICY:
Clinical Practice Guidelines (CPG) are meant to standardize and optimize care and decrease variability in practice. They are intended to be used as framework for the delivery of patient care in the surgical critical care units. CPG's are a combination of evidence-based medicine and accepted practices in critical care medicine. CPG's are intended to provide decision support for the management of the majority of patients, and are not proposed as directives, rules, or policies. They are not substitutes for clinical judgement. Deviations from the CPG's are expected when deemed medically necessary; all exceptions should be documented in the medical record and require discussion between the Surgical Critical Care attending and the attending of the primary or consulting service.

III. PROCEDURE:
A. Topics for the development of CPG's are determined by both the Surgical Critical Care staff and the surgical services. CPG's are directed at high-volume clinical situations, complex multi-disciplinary management issues, or problems identified through the Performance Improvement program.
B. CPG development will be based on accepted professional practice and review of the pertinent medical literature. Multidisciplinary representation will be solicited in the developmental phase, as indicated. This may include input from a variety of surgical and nonsurgical specialities, nursing staff, and allied health professionals as appropriate to the CPG.
C. The format for CPG's will include an introduction, pertinent review of the literature, purpose, and interventions.
D. CPG's will be reviewed in appropriate inter-disciplinary forums, and approved for the Department of Surgery & Anesthesia during a monthly critical care faculty meeting. The medical directors of the Surgical Critical Care Services will be responsible for approval of CPG's.
E. Implementation of CPG's will require inserviceing of nursing staff on Surgical Critical Care units, faculty, Advanced Practice Nurses, fellows, residents, and allied health
professionals. Approved CPG’s will be available to the Surgical Critical Care units either through the intranet at pennsicu.com.

F. Change of therapy or practice from CPG’s will be documented by the attending Surgical Critical Care physician or designee in agreement with the primary or consulting service.

G. Compliance with CPG’s will be monitored by the Surgical Critical Care Nurse Practitioners as part of the Performance Improvement program. Complications will be reviewed relative to the established CPG, and filtered through the performance improvement process, as indicated.

H. CPG’s will have an assigned faculty member responsible for keeping the document current based on changes in standard practice and/or the medical literature. A formal review and update by this faculty member will be performed every 3 years at minimum.
<table>
<thead>
<tr>
<th>POLICY MANUAL</th>
<th>UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA</td>
</tr>
<tr>
<td></td>
<td>Surgical Critical Care</td>
</tr>
<tr>
<td></td>
<td>Department of Surgery</td>
</tr>
<tr>
<td>X</td>
<td>ADMINISTRATIVE</td>
</tr>
<tr>
<td></td>
<td>SUBJECT:</td>
</tr>
<tr>
<td></td>
<td>CLINICAL PRACTICE GUIDELINES</td>
</tr>
<tr>
<td></td>
<td>Reference: UPMC Policy: 1-12-01 Development, Maintenance, and Approval of Medical Center Policy and Surgical Critical Care Policy Manual</td>
</tr>
<tr>
<td></td>
<td>NUMBER A.01</td>
</tr>
<tr>
<td>CLINICAL</td>
<td>Page 3 of 3</td>
</tr>
</tbody>
</table>

Last Review: September 2013, Tara Collins, CRNP & Niels Martin, MD

IV. Approved by:

Niels D. Martin, MD
Co-Medical Director, Surgical Critical Care
Department of Surgery

[Signature]

Date: 12/5/13

Benjamin Kohl, MD
Co-Medical Director, Surgical Critical Care
Department of Anesthesia

[Signature]

Date: 2/5/13