

## 4. Pre-ICU care

### Recommendations

- Trusts should ensure that consultant job plans reflect the pattern of demand of emergency medical admissions and provision should be made for planned consultant presence in the evenings (and perhaps at night in busier units).
- A consultant physician should review all acute medical admissions within 24 hours of hospital admission <sup>8</sup>. Regular audit should be performed against this standard.
- Trusts should ensure that consultant physicians have no other clinical commitments when on take. This may be through the development of acute physicians <sup>8</sup>. This will allow for greater involvement in the assessment and treatment planning of new admissions and the review of deteriorating inpatients.
- More attention should be paid to patients exhibiting physiological abnormalities. This is a marker of increased mortality risk.
- Robust track and trigger systems should be in place to cover all inpatients. These should be linked to a response team that is appropriately skilled to assess and manage the clinical problems.