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Altered Standards of Care

Office of Health Affairs
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Homeland Security

Types of Disasters

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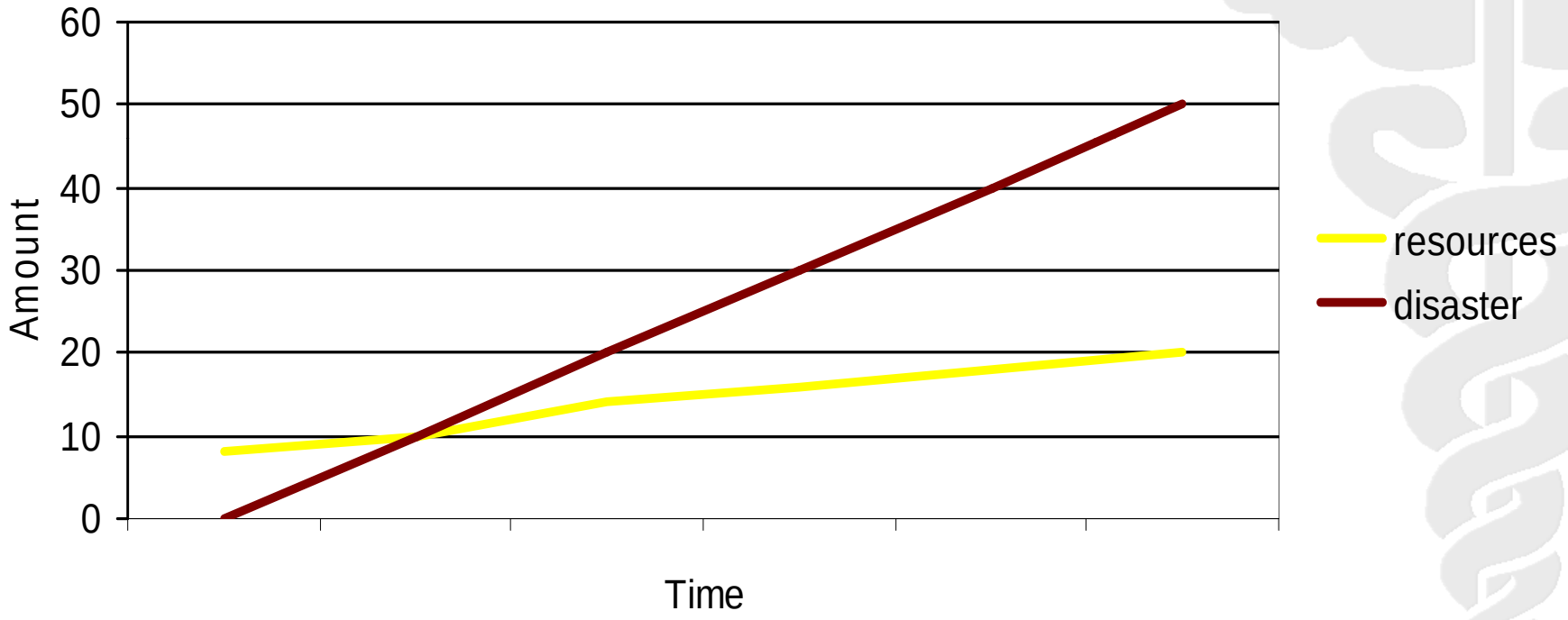
When do we go to ASC?



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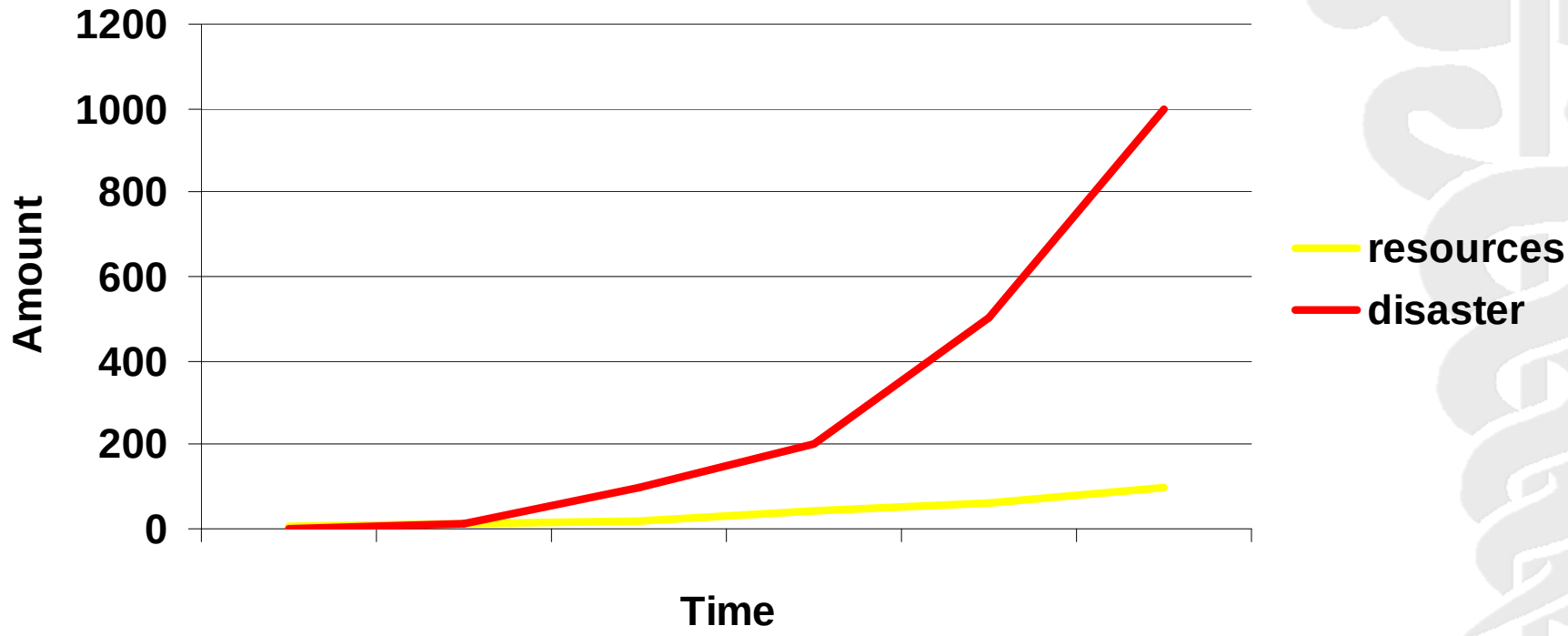
What if it is a Catastrophe?



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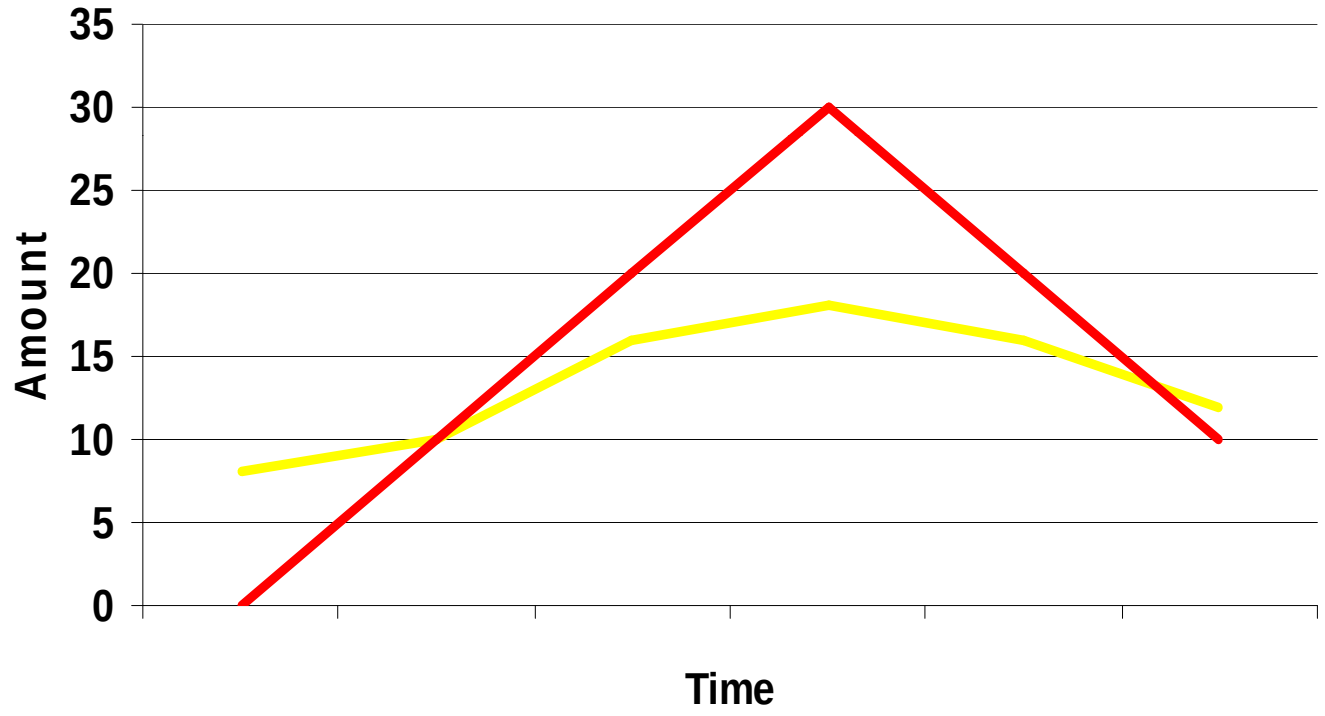
How Does it Really Look?



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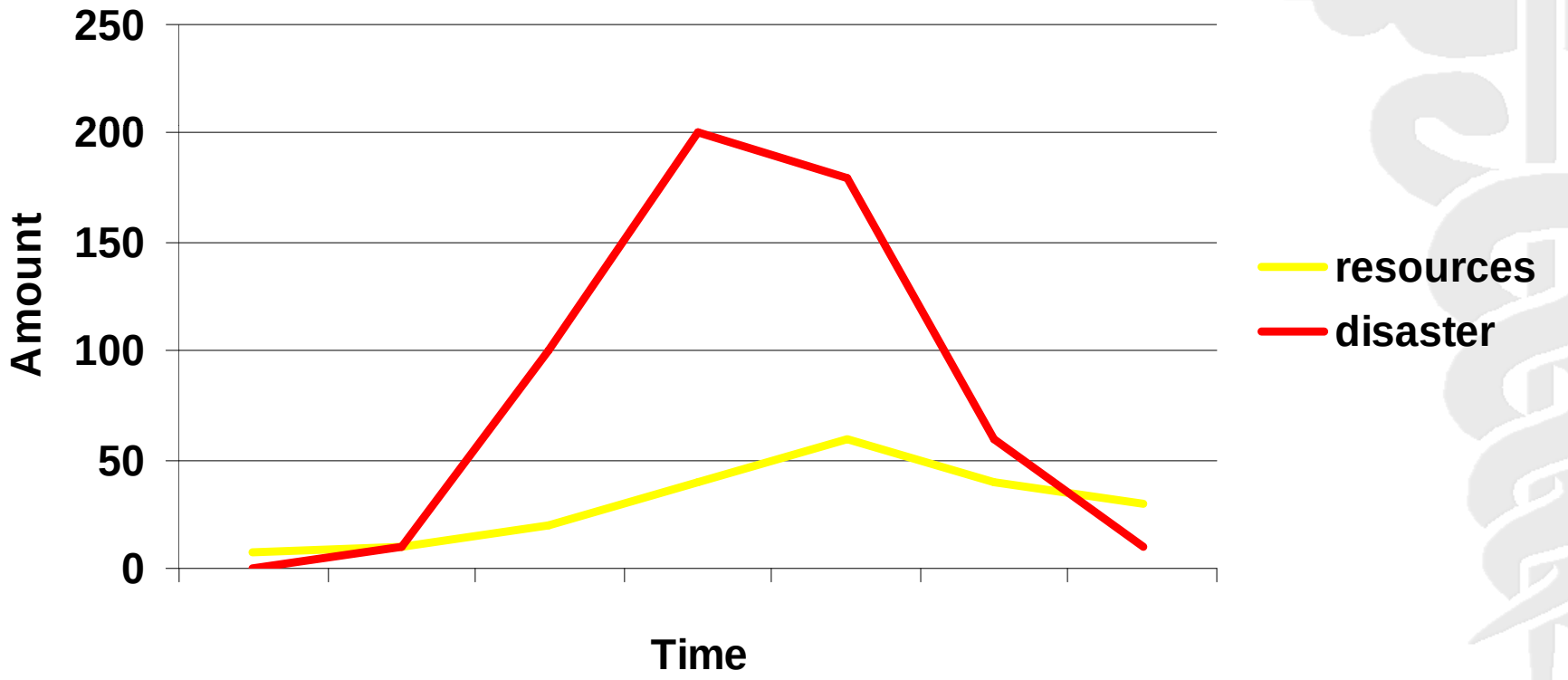
Or Like This?



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Propose a Matrix

- Across Top
  - A: Normal Operations
  - B: Normal Surge, MCI
  - C: Disaster: overwhelms local/regional capacity
  - D: Catastrophe: unable to meet needs

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Propose a Matrix

- Along Side
  - Ventilators
  - Beds
  - Elective Surgery
  - Outpatient Services (Dialysis)

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Builds on Work That Has Been Done…

- Hick article
- Chest article
- Tia Powell article

- Takes into account other areas of concern
- Takes into account matching available resources to patient volume and needs

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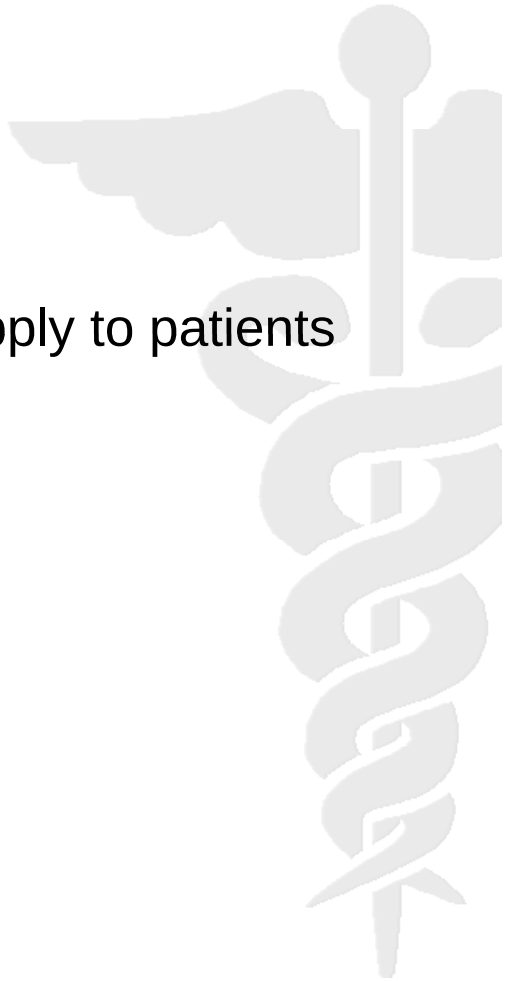
SOFA Scores

	0	1	2	3	4
Respiratory: PaO_2/FiO_2	>400	≤400	≤300	≤200	≤100
Renal: creatinine (μmol/l)	≤110	110–170	171–299	300–440; urine output ≤500 ml/day	>440; urine output <200 ml/day
Hepatic: bilirubin (μmol/l)	≤20	20–32	33–101	102–204	>204
Cardiovascular: hypotension	No hypotension	MAP <70 mmHg	Dopamine ≤5[a], dobutamine (any dose)	Dopamine >5[a] or epinephrine ≤0.1[a] or norepinephrine ≤0.1[a]	Dopamine >15[a] or epinephrine >0.1[a] or norepinephrine >0.1[a]
Hematologic: platelet count	>150	≤150	≤100	≤50	≤20
Neurologic: Glasgow Coma Scale score	15	13–14	10–12	6–9	<6

Areas of Controversy

- Age limit
- Hard limits on Sofa Score
- CRF on Dialysis (acute vs chronic)
- Only apply to new patients needing ventilators, or apply to patients already on ventilators



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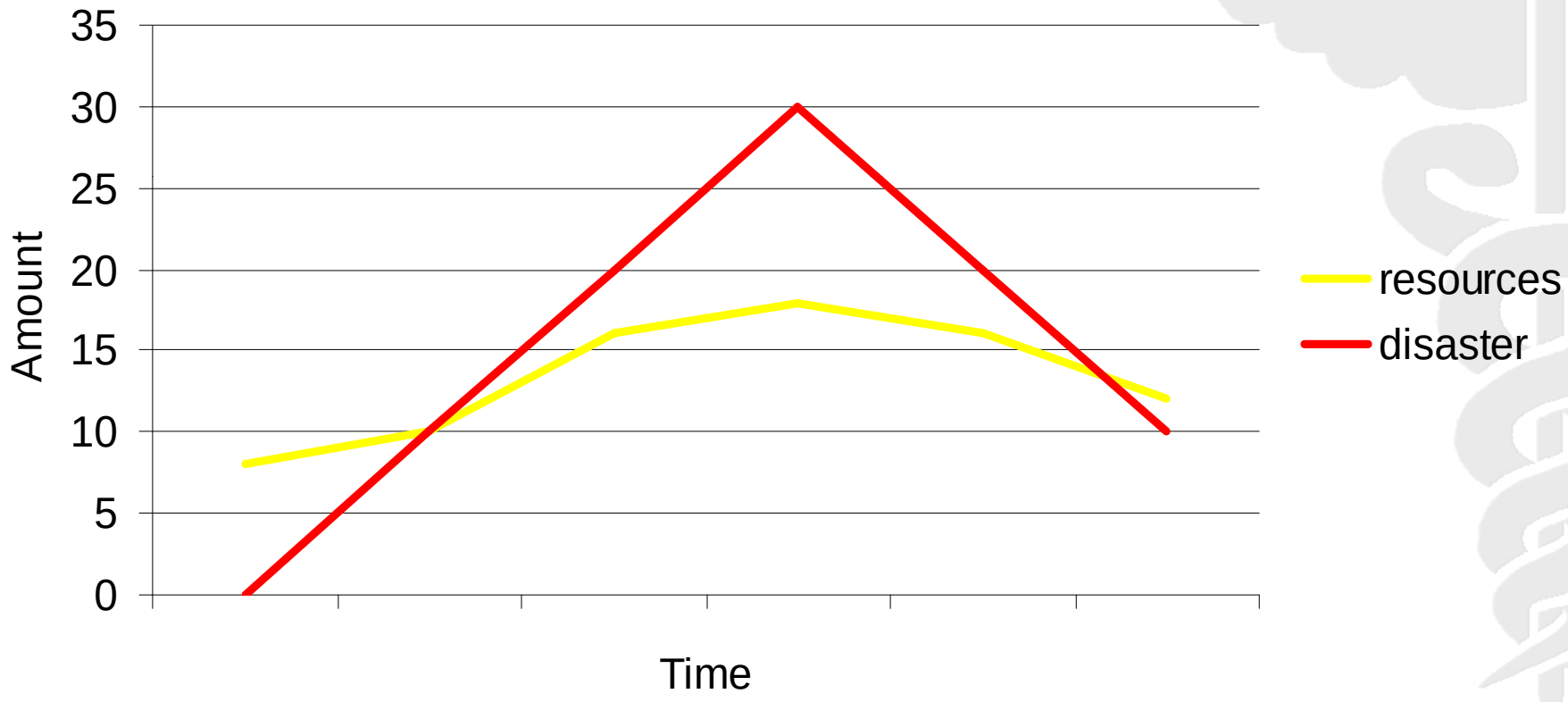
MCI: Level B



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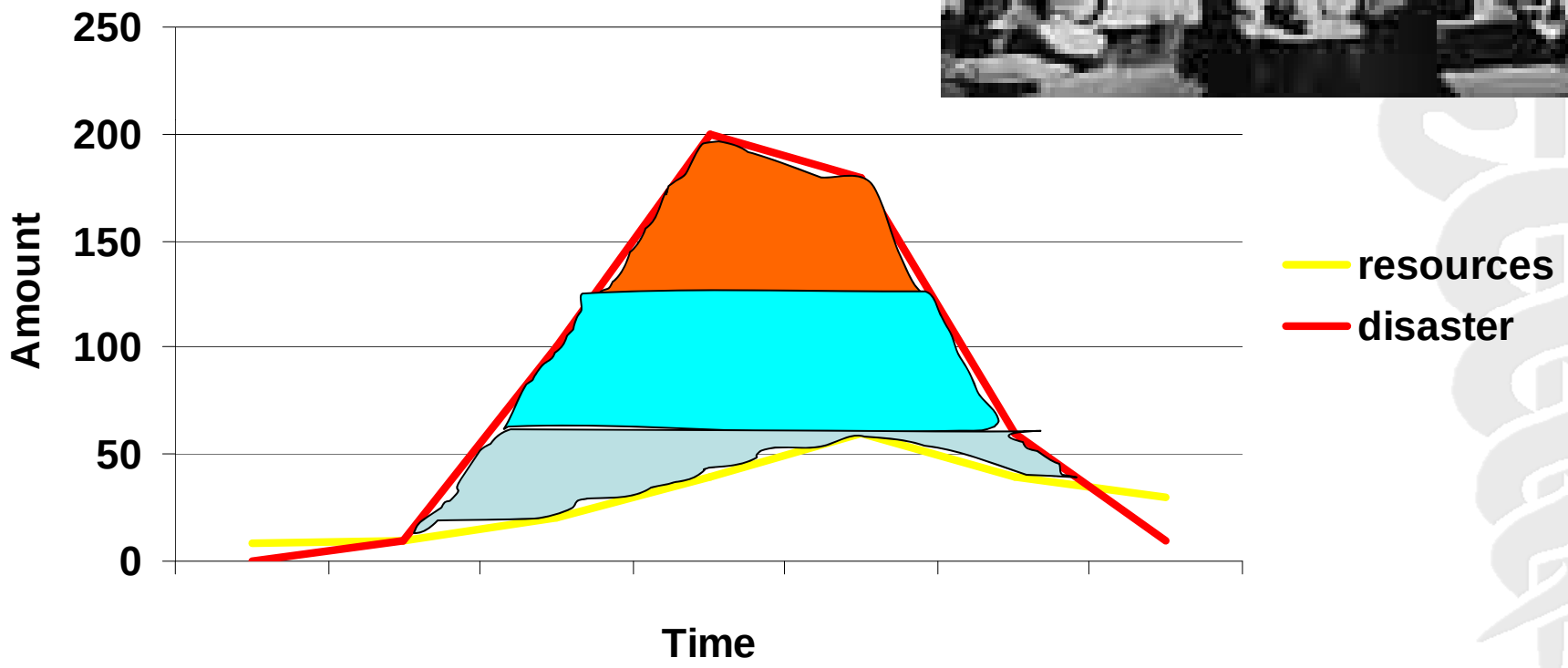
Catastrophe: Reaches Level D



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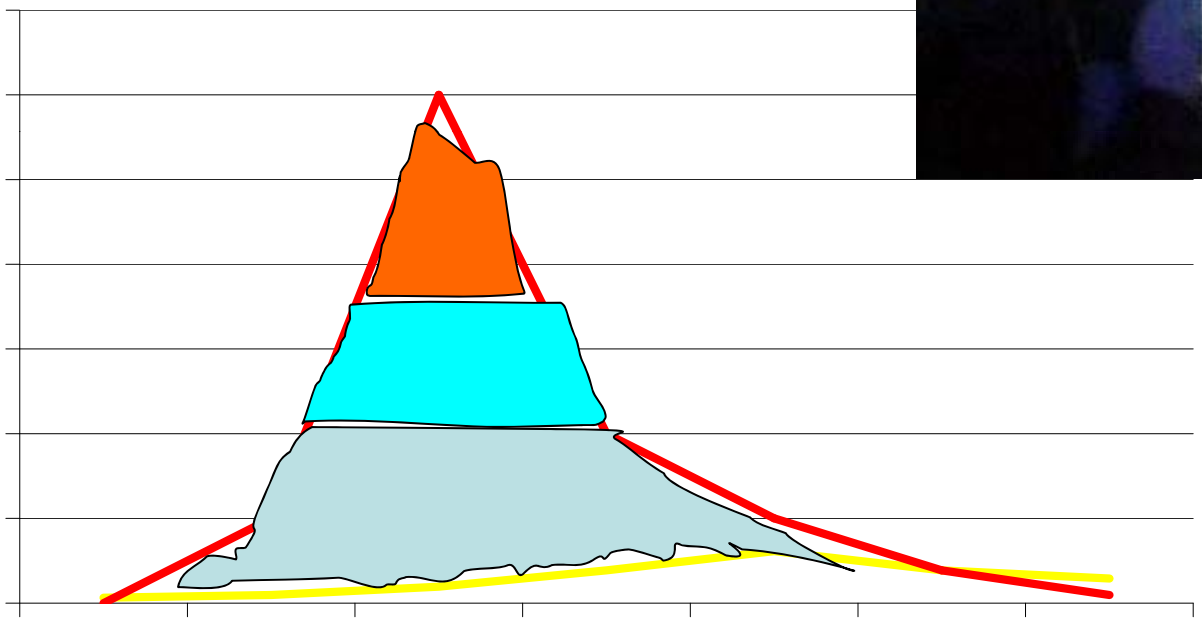
Acute Catastrophe: Reaches Level D



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Alternate Standard of Care Matrix

	1: Normal	2: Seasonal/MCI	3: Disaster, overwhelms local resources	4: Catastrophe, overwhelms all resources or destroys infrastructure
I. RESOURCE ALLOCATION / ACUTE CARE				
A. Ventilators	Current Criteria	Ventilators offered to patients with Sofa Scores < or =3, unwitnessed or recurrent arrests	Ventilators excluded for arrests, met. Malignancy, burn >40%, esrd on hd, meld>20, nhya class III or IV, sofa>11	Ventilators excluded for arrests, met. Malignancy, burn >40%, esrd on hd, meld >20, nyha class III or IV, sofa > or = to 8
B. Inpatient Beds	Current	Level II surge Alternate in house sites/ w/ wall gasses, nl inpt criteria met. May exceed licensed beds	Level III surge Conversion of sites such as PACU/EGD, beds or gurneys, >5ft between beds, privacy curtains	Level IV surge Cafeteria/hallways Cots, 3 ft between, no privacy considerations, may cohort
C. Elective Surgery	Normal Operations	Cosmetic and elective ortho, etc. procedures postponed	Cancer/Cardiac/ Emergent orthopedic only	All nonessential services held
D. Blood Products	Normal Operations	Postpone high need elective Surgery, elective transfusions	Limit to life saving transfusions	Consider warm whole blood transfusion if life saving
E. Labs/ Radiology	Normal Ops	Hold if clinical correlation	Trauma, ICU only	Only emergent case by case
II. RESOURCE ALLOCATION / PHARMACEUTICAL INTERVENTION				
A/B. Vaccines and Prophylaxis	Available to all	Prioritized to those known exposed and/or at risk pops and Healthcare /	Prioritized to those know exposed and/or risk populations	Prioritized to those known exposed and also are at risk population.
C. Outpatient Services	Normal Operations	Schedule curtailed	Sunday Schedule	All nonessential or non emergent services held
III. WORFORCE ISSUES				
A. Scope of Practice	Normal	Increased scope for pharmacists/ EMTs	Changed rn and pharmD student to supervisor ratio	Family and volunteers provide nurse assistant services
B. Care Ratios	Normal	Increased short term, or RN assts to balance	Increased up to ½, Minimal extra help	Doubled and above as situation dictates

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