



## minimum NURSE-TO-PATIENT RATIO

### CRITICAL CARE: ADULT INTENSIVE CARE UNIT (ICU) DEFINITION

Approved by Ministry of Health: March 2024

#### PREAMBLE STATEMENT

B.C.'s minimum nurse-to-patient ratios (mNPR) are grounded in a commitment to continuous improvement and ongoing learning, prioritizing the well-being of nurses and patients. As these ratios are implemented, we will engage in continuous improvement cycles to better understand their impact on nursing outcomes and patient care. This will enable us to make informed adjustments, ensuring that we meet the needs of nurses and patients effectively.

#### DEFINITION –Adult intensive care unit refers to:

- a multi-day inpatient unit which is organized, operated, and maintained to provide specialized care for patients who:
  - (i) have complex, life threatening medical problems requiring urgent and intensive treatment using life support technologies and interprofessional collaboration among clinicians; and
  - (ii) meet Levels 2 or 3 of Adult Critical Care

**RATIO – 1:1**

#### GUIDELINES

Level 2 refers to patients who require continuous monitoring (Q1-2hr VS) with technological support for one system and monitoring of another, which may involve chronic failure. Patients may require ventilation (invasive or non-invasive). Patients may have experienced major trauma or surgery but have stable vasopressor requirement, resolving delirium, stable complex wound management, or require extended and frequent post operative monitoring.

Level 3 refers to patients who require intensive and continuous monitoring (Q15 min - 1hr Vital Signs (VS)) with technological support for two or more systems, such as advanced ventilation (invasive or non-invasive), Continuous Renal Replacement Therapy (CRRT), Extracorporeal Membrane Oxygenation (ECMO), or acute specialized neurological monitoring and treatment. Patients may have multisystem failure with co-morbidities, fluctuating vasopressor dependence, acute delirium, or have experienced major trauma or surgery and require specialized interdisciplinary involvement, including complex wound management.