Intensive care unit

Identifying and definitional attributes

**Metadata item type:** Glossary Item

**METEOR identifier:** 327234

**Registration status:**
- Health, Standard 01/03/2005
- Tasmanian Health, Standard 10/01/2018

**Definition:** An intensive care unit (ICU) is a designated ward of a hospital which is specially staffed and equipped to provide observation, care and treatment to patients with actual or potential life-threatening illnesses, injuries or complications, from which recovery is possible. The ICU provides special expertise and facilities for the support of vital functions and utilises the skills of medical, nursing and other staff trained and experienced in the management of these problems.

**Context:** Admitted patient care.

Collection and usage attributes

**Comments:** There are five different types and levels of ICU defined according to three main criteria: the nature of the facility, the care process and the clinical standards and staffing requirements. All levels and types of ICU must be separate and self-contained facilities in hospitals and, for clinical standards and staffing requirements, substantially conform to relevant guidelines of the Australian Council on Healthcare Standards (ACHS). The five types of ICU are briefly described below:

- Adult intensive care unit, level 3: must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for patients in need of intensive care services and have extensive backup laboratory and clinical service facilities to support the tertiary referral role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period; or care of a similar nature.
- Adult intensive care unit, level 2: must be capable of providing complex, multisystem life support and be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for a period of at least several days, or for longer periods in remote areas or care of a similar nature (see ACHS guidelines).
- Adult intensive care unit, level 1: must be capable of providing basic multisystem life support usually for less than a 24-hour period. It must be capable of providing mechanical ventilation and simple invasive cardiovascular monitoring for a period of at least several hours; or care of a similar nature.
- Paediatric intensive care unit: must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for children needing intensive care; and have extensive backup laboratory and clinical service facilities to support this tertiary role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age; or care of a similar nature.
- Neonatal intensive care unit, level 3: must be capable of providing complex, multisystem life support for an indefinite period. It must be capable of providing mechanical ventilation and invasive cardiovascular monitoring; or care of a similar nature. Definitions for high-dependency unit and coronary care unit are under development.
Source and reference attributes


Relational attributes

Related metadata references: Supersedes Intensive care unit, version 1, DEC, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.9 KB) No registration status

Metadata items which use this glossary item:

Admitted patient care NBEDS 2020-21
- Health, Superseded 05/02/2021

Admitted patient care NBEDS 2021-22
- Health, Superseded 17/12/2021

Admitted patient care NBEDS 2022–23
- Health, Standard 17/12/2021

Admitted patient care NBEDS 2023–24
- Health, Qualified 15/09/2022

Admitted patient care NMDS 2013-14
- Health, Superseded 11/04/2014

Admitted patient care NMDS 2014-15
- Health, Superseded 13/11/2014

Admitted patient care NMDS 2015-16
- Health, Superseded 10/11/2015

Admitted patient care NMDS 2016-17
- Health, Superseded 05/10/2016

Admitted patient care NMDS 2017-18
- Health, Superseded 25/01/2018

Admitted patient care NMDS 2018-19
- ACT Health (retired), Candidate 09/08/2018
- Health, Superseded 12/12/2018

Admitted patient care NMDS 2019-20
- Health, Superseded 18/12/2019

Admitted patient care NMDS 2020–21
- Health, Superseded 05/02/2021

Admitted patient care NMDS 2021–22
- Health, Superseded 20/10/2021

Admitted patient care NMDS 2022–23
- Health, Standard 20/10/2021

Admitted patient care NMDS 2023–24
- Health, Qualified 15/09/2022

Admitted subacute and non-acute hospital care NBEDS 2021–22
- Health, Superseded 20/10/2021
  Admitted subacute and non-acute hospital care NBEDS 2022–23
- Health, Standard 20/10/2021
  Admitted subacute and non-acute hospital care NBEDS 2023–24
- Health, Qualified 16/09/2022
  Episode of admitted patient care—length of stay (special/neonatal intensive care), total days [NN]
- Health, Standard 01/03/2005
  Episode of admitted patient care—length of stay in intensive care unit
- ACT Health (retired), Candidate 09/08/2018
  Episode of admitted patient care—length of stay in intensive care unit, total hours [NNNN]
- Health, Superseded 05/02/2021
  Episode of admitted patient care—length of stay in intensive care unit, total hours [NNNN]
- Health, Standard 05/02/2021
  Episode of admitted patient care—rapid response outcome, code [N[N]
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following elective surgery indicator
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following elective surgery indicator, Yes/no/not stated/inadequately described code N
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following emergency surgery indicator
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following emergency surgery indicator, Yes/no/not stated/inadequately described code N
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following other surgery indicator
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following other surgery indicator, Yes/no/not stated/inadequately described code N
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following other surgery indicator
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following other surgery indicator
- Health, Standard 04/09/2015
  Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) following other surgery indicator
(ICU) not following surgery indicator
- Health, Standard 04/09/2015

Episode of admitted patient care—unplanned admission to Intensive Care Unit (ICU) not following surgery indicator. Yes/no/not stated/inadequately described code N
- Health, Standard 04/09/2015

Episode of intensive care—episode start mode
- Health, Recorded 14/07/2006

Episode of intensive care—episode start mode, code N[N]
- Health, Recorded 14/07/2006

Episode of intensive care—length of stay
- Health, Recorded 14/07/2006

Episode of intensive care—length of stay, total days N[NNN]
- Health, Recorded 14/07/2006

Establishment—gross capital expenditure (accrual accounting) (major medical equipment)
- Health, Standard 01/03/2005

Establishment—gross capital expenditure (major medical equipment)
- Health, Standard 01/03/2005

Establishment—net capital expenditure (accrual accounting) (major medical equipment)
- Health, Standard 01/03/2005

Health establishment accrual accounting capital expenditure code N
- Health, Standard 01/03/2005

High priority hospital complications (patient clinical deterioration) NBPDS 2015-
- Health, Standard 04/09/2015

Intensive care liaison nurses
- Health, Standard 04/09/2015

Length of stay in intensive care unit
- ACT Health (retired), Candidate 09/08/2018
- Health, Standard 07/02/2013
- Independent Hospital Pricing Authority, Standard 31/10/2012
- Tasmanian Health, Standard 10/01/2018

Medical emergency team
- Health, Standard 04/09/2015

Rapid response team
- Health, Standard 04/09/2015

Start mode code N[N]
- Health, Recorded 14/07/2006

Unplanned admission to Intensive Care Unit (ICU) following elective surgery indicator
• **Health**, Standard 04/09/2015
  
  **Unplanned admission to Intensive Care Unit (ICU) following emergency surgery indicator**

• **Health**, Standard 04/09/2015
  
  **Unplanned admission to Intensive Care Unit (ICU) following other surgery indicator**

• **Health**, Standard 04/09/2015
  
  **Unplanned admission to Intensive Care Unit (ICU) not following surgery indicator**

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