

Intensive care unit

Identifying and definitional attributes

Metadata item type:	Glossary Item
METEOR identifier:	327234
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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

Submitting organisation: National Intensive Care Working Group.

Relational attributes

Related metadata references: Supersedes  [Intensive care unit, version 1, DEC, NHDD, NHMG, 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

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[Admitted subacute and non-acute hospital care NBEDS 2022–23](#)

- [Health](#), Standard 20/10/2021

[Episode of admitted patient care—length of stay \(special/neonatal intensive care\), total days N\[NN\]](#)

- [Health](#), Standard 01/03/2005

[Episode of admitted patient care—length of stay in intensive care unit](#)

- [ACT Health \(retired\)](#), Candidate 09/08/2018
- [Health](#), Standard 07/02/2013
- [Independent Hospital Pricing Authority](#), Standard 31/10/2012
- [Tasmanian Health](#), Standard 10/01/2018

[Episode of admitted patient care—length of stay in intensive care unit, total hours NNNN](#)

- [ACT Health \(retired\)](#), Candidate 09/08/2018
- [Health](#), Superseded 05/02/2021
- [Independent Hospital Pricing Authority](#), Standard 31/10/2012
- [Tasmanian Health](#), Standard 10/01/2018

[Episode of admitted patient care—length of stay in intensive care unit, total hours NNNNN](#)

- [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 \(ICU\) 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

[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](#)

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[Length of stay in intensive care unit](#)

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- [Tasmanian Health](#), Standard 10/01/2018

[Medical emergency team](#)

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[Rapid response team](#)

- [Health](#), Standard 04/09/2015

[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](#)

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- [Health](#), Standard 04/09/2015

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