EDITORIAL

Waste not, want not

Joshua E. Medow, MD, MS

Department of Neurosurgery, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

THIS retrospective study by Chartrain and colleagues identifies a subgroup of subarachnoid hemorrhage (SAH) patients who might be able to safely be moved to a step-down care setting, thereby freeing up ICU beds for other patients.¹ In the intervention group, 79.2% of patients moved to the step-down unit, although 29.8% of these patients required transfer back to the ICU. The overall ICU length of stay decreased by (a nearly significant) 1.95 days, possibly at the expense of a trend toward (but not significant) increase in hospital length of stay by 2.7 days. There were no differences in the 90-day readmission rate.

This article tackles the dogma of needing an ICU bed for every SAH patient regardless of level of cognitive function or physiological status. While there are clearly patients who belong in the ICU setting, others might not meet that acuity need. This subset of patients can therefore possibly be observed in a step-down unit, resulting in lower total ICU costs while simultaneously freeing up beds for other, more critically ill, patients. The limitations of this study are many. Key limitations include its retrospective approach and the small number of patients; however, it is a step in the right direction to understanding the appropriate use of limited resources. Other authors have discussed ICU utilization in traumatic brain injury and different

critical care settings.^{2–4} This paper is in line with those articles and serves as an early study on the feasibility and safety of an early ICU transfer protocol in SAH and should be looked at as a pilot for a more robust study in the future.

<https://thejns.org/doi/abs/10.3171/2017.8.FOCUS17536>

References

1. Chartrain AG, Awad AJ, Sarkiss CA, Feng R, Liu Y, Mocco J, et al: A step-down unit transfer protocol for low-risk aneurysmal subarachnoid hemorrhage. **Neurosurg Focus** 43(5):E15, 2017
2. Nishijima DK, Sena MJ, Holmes JF: Identification of low-risk patients with traumatic brain injury and intracranial hemorrhage who do not need intensive care unit admission. **J Trauma Inj Infect Crit Care** 70:E101–E107, 2011
3. Nishijima DK, Shahlaie K, Echeverri A, Holmes JF: A clinical decision rule to predict adult patients with traumatic intracranial haemorrhage who do not require intensive care unit admission. **Injury** 43:1827–1832, 2012
4. Sinuff T, Kahnamouy K, Cook DJ, Luce JM, Levy MM: Rationing critical care beds: A systematic review. **Crit Care Med** 32:1588–1597, 2004

Disclosures

Dr. Medow reports having ownership in iVMD.