1. Steps of using the ICON after accessing a critically ill patient in general wards by ICU doctor are stated as follows:

1. Approach a computer in general ward
2. Click “Department of Anaesthesia and Intensive Care”
3. Click “ICU consultation database”
4. Login by user name and password
5. Submit the hospital number (HN)
6. Choose name of the general ward, enter patient’s age, and parent team specialty
7. Change consultation date and time if appropriate
8. Classify Society of Critical Care Medicine (SCCM) class
9. Submit patient’s quality of life, physiology, chronic diagnosis, and acute diagnosis. These are parameters used to calculate the MPM0-III
10. Clearly summarize patient’s history, physical examinations, relevant investigation results, intervention done by ICU doctor in progress note column
11. Click “Intubation by ICU” if endotracheal intubation has been performed
12. Correctly choose the ICU admission decision by choosing appropriate categories under ICU admission decision tree
13. Correctly choose the final ICU admission decision
14. Click “save & print”
15. Stick a patient’s gum label on the right upper corner of the printed ICU consultation reply
16. Sign on the last page of ICU consultation form
17. Place the form into patient’s case record

There are few standard lines printed on every consultation reply. These include:
1. "ICU consultation reply"
2. Printed date/time which is the time when doctor click “save and print"
3 Consultation date/ time
4 "Thank you for your consultation"
5 Opinion which states the category chosen under the ICU admission decision tree in step 12
6 "Should a second opinion be considered necessary, please kindly page our senior on-call through operator."
7 "Thank you."
8 A space for signature
9 Name, hospital, grade, department of the ICU doctor

2. ICU decision tree:
1 The patient’s quality of life was reasonable before this admission.
2 The outcome, in terms of survival or quality of life, with the acute illness could not be ascertained.
   i) Patient now requires advanced life support therapy
      a) We would admit the patient to ICU for further care.
      b) There is no bed available in ICU and request for inter-hospital transfer.
   ii) Close monitoring will be required for there is a significant risk of deterioration.
      a) We would admit the patient to ICU for further care.
      b) An ICU bed is being arranged. We would inform you once it is ready. Please inform us if patient deteriorates.
1 However, the quality of life would be poor after the acute illness.
   i) A trial of intensive care is considered advisable. Please transfer the patient to ICU when we are ready.
   ii) A trial of intensive care is not advisable on balancing the potential benefits/ risks versus the expected outcome of the patient.
1 However, the medium term survival is likely to be poor, owing to the underlying illness.
i) A trial of intensive care is considered advisable. Please transfer the patient to ICU when we are ready.

ii) A trial of intensive care is not advisable on balancing the potential benefits/risks versus the expected outcome of the patient.

1 There is no immediate need for advanced life support and the risk of deterioration does not justify immediate ICU admission.

i) We advise continuing management in general ward. Please inform us for review if patient’s condition changed.

II The patient’s quality of life was limited before this admission.

1 A trial of intensive care is considered advisable. Please transfer the patient to ICU when we are ready.

2 A trial of intensive care is not advisable on balancing the potential benefits/risks versus the expected outcome of the patient.

III High mortality is expected despite maximal intensive care.

1 Intensive care is unlikely to benefit this patient. Please continue management in general ward.

IV ICU was consulted for brainstem death test.

1 We would take the patient over for organ support.

2 Our current bed status could not support the patient’s admission. Please continue organ support in general ward.

V Please inform ICU once further management plan has been established.

VI The patient will be transferred to CCU for further management.

Final decision options are:

I Admit

II Reject for clinical reason

III Inter-hospital transfer

IV To HDU/CCU

V Patient refusal

VI Others