

**Fig. 2 Decision-making in case of insufficient intensive care resources**

**Interprofessional Multiple-Eyes Principle**

If possible two physicians experienced in intensive care, incl. practitioners from the involved clinical departments and specialties, a member of the nursing staff, if necessary further disciplines (e.g. clinical ethics)

**Step 1:**

Does the patient need **intensive care**?

YES

NO

**Step 2:**

Is there a realistic **clinical prospect of success** from intensive therapy at the current time?

YES

NO

**Step 3:**

Is the patient's **informed consent** available (current, declared in advance, afore orally expressed or presumed)?

YES (or patient\*s wishes cannot be determined)

NO

**Step 4: Prioritisation based on the Multiple-Eyes Principle after Evaluation of criteria for therapeutic success and of available resources**

**Criteria for poor prospect of success during initial or re-evaluation**

Current illness

**High severity** e.g. acute lung failure (ARDS, Acute Respiratory Distress Syndrome)

**Accompanying acute organ failure**

e.g. derived from a SOFA-Score

If appropriate, **prognostic markers for COVID-19 patients**

Comorbidities

**Presence of severe comorbidities, if they – due to their severity or combination – reduce the chance of survival of intensive care therapy significantly, e.g.:**

- severe organ-dysfunction
- advanced neurological disease
- advanced oncological disease
- severe and irreversible immune deficiency
- multimorbidity

General Health Status

**Increased frailty** (e.g. Clinical Frailty Scale CFS)

**Intensive Care**

(Intensive or Intermediate Care Unit)

**Non-intensive Care**

(e.g. General Ward)

Palliative care must always be provided

**Re-Evaluation of Intensive Care** at appropriate intervals, and **definitely** in the case of:

- clinically relevant changes in the clinical prospect of success, as well as
- changes in the ratio between demand and available resources

**Requirements for withdrawal of intensive care after re-evaluation**

- Continuation of intensive therapy contradicts (stated or presumed) patient's wishes
- Therapeutic goals can no longer be achieved on realistic assumptions
- Treatment attempt is unsuccessful after an observation period with previously defined criteria
- Progressive multi-organ failure