



Prince Sultan Military Medical City

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وزارة الدفاع
MINISTRY OF DEFENSE

Departmental Policy	Dept.: Intensive Care Services	Policy No: 1-2-9451-01-020 Version No: 05		
Title: Admission and Discharge Maternity Intensive Care Unit		JCI Code: ACC		
Supersedes 1-2-9451-01-020 Version No: 04; 30 September 2020	Issue Date: 25 OCT 2023	Effective Date: 24 OCT 2026	Revision Date: 24 OCT 2026	Page 1 of 4

1. INTRODUCTION

- 1.1 The Maternity Intensive Care Unit serves as a place for monitoring and care of patients with potentially severe physiological instability requiring technical and/or artificial life support.
- 1.2 As with any other treatment, the decision to admit a patient to the Maternity Intensive Care Unit should be based on the concept of potential benefit. Patients who are too well to benefit or those with no hope of recovering to an acceptable quality of life usually should not be admitted.
- 1.3 It is important to respect patient autonomy and patient should not be admitted to Maternity Intensive Care Unit if they have a clearly stated, or written, desire not to receive intensive care.

2. PURPOSE

To outline the Policy and Procedure of criteria for admission and required patient care.

3. APPLICABILITY

Intensive Care Services and Obstetrics & Gynecology Department

4. RESPONSIBILITIES

It is the responsibility of the Director of Intensive Care Services to implement and monitor the compliance of the policy and procedure.

5. POLICY

- 5.1 Intensive Care Services covers the Maternity ICU when patient is critically ill and is admitted under the service.
- 5.2 Intensive Care Services shall assume the responsibility for the care of critically ill patient in collaboration with the Obstetrics & Gynecology Department.



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- 5.3 Gynecology and Obstetrics Primary Physician shall inform the Consultant of Intensive Care Service responsible for Maternity ICU for any possible admission and/or emergency referrals.
- 5.4 For any obstetric-gynecological or fetal related problems, the nurse should communicate with the primary physician.
- 5.5 The ICS Team daily and more frequently if required will follow patient.
- 5.6 Maternity ICU is a closed unit.
- 5.7 Staff will be trained about the criteria during the departmental orientation.

6. DEFINITION OF TERMS

Maternity ICU is a 3 bedded unit which is located in Bldg. 4 at Ward 5B.

7. PROCEDURES

- 7.1 Admission Criteria
 - 7.1.1 Post-partum hemorrhage
 - 7.1.2 Antepartum hemorrhage
 - 7.1.3 Eclampsia
 - 7.1.4 Preeclampsia
 - 7.1.5 Complicated obstetrical/gynecological procedure
 - 7.1.6 Other obstetrical/gynecological patients who need special observation/care for her comorbid diseases.
- 7.2 All ICU diagnostic and/or lifesaving procedures shall be done in the unit.
- 7.3 In an event that Obstetrical & Gynecological procedure done in PSCC or in Operating Room in Building 5, the ICS Consultant shall decide where to admit the patient, either in Maternity ICU or in other ICU Services
- 7.4 Daily follow-up of the patient by the Intensive Care Services unless otherwise the patient is stable and release from the service



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7.5 Nursing and Respiratory Therapy coverage will be provided by the Intensive Care in case patient is critically ill.

7.6 Discharge Criteria

- 7.6.1 When a patients' physiologic status has stabilized and the need for ICU monitoring and care is no longer necessary. The parameters are:
- 7.6.2 HR > 50 and < 120 bpm.
- 7.6.3 SBP >90 mmHg and < 160 mmHg
- 7.6.4 SpO₂ > 90%
- 7.6.5 Oxygen Requirement \leq 40%
- 7.6.6 GCS > 8
- 7.6.7 Off Ventilator
- 7.6.8 These are guidelines, which does not replace the clinical judgment of the physician.

7.7 The ICU team should inform the primary team about the discharge.

7.8 If there is any concern from the primary team about the patient management or discharge from the ICU, that matter should be discussed with the ICU consultant.

8. REFERENCES

- 8.1. Joint Commission International (2021). Section II: Patient Centered Standards. Access to Care and Continuity of Care. JCIA Standards for Hospitals (7th Ed. pp39-40) Illinois, USA. Joint Commission International
- 8.2. Saudi Central Board for Accreditation of Healthcare Institutions (2016). CBAHI National Hospital Standards. Third Edition



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9. CONTRIBUTING DEPARTMENT

Intensive Care Services

Ad.112

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