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Departmental Policy	Dept.: Intensive Care Services		Policy No: 1-2-9451-01-027 Version No: 04	
Title: Standard Category of Care in Intensive Care Services			JCI Code: COP	
Supersedes: 1-2-9451-01-027 Version No.03; 15 February 2021		Issue Date:	Effective Date: 08 APR 2024	Revision Date: 07 APR 2027
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## 1. INTRODUCTION

An Intensive Care Unit (ICU) is a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions. It provides special expertise and facilities for support of vital functions and uses the skills of medical, nursing and other personnel experienced in the management of these problems.

Each patient's care is based on identified needs and patient's category. The patient care standards are consistent with the therapies of different disciplines.

## 2. PURPOSE



- 2.1 Each patient will have a tailored care plan utilizing category of care. The care plan will also guide staff in providing continuity of care.
- 2.2 Patient categorization of care will combine relevant data to predict medical and nursing requirements accurately, identify patient needs correctly and improve the quality of patient's care in a timely manner.

## 3. APPLICABILITY

All Intensive Care Services (ICS) Healthcare Providers

## 4. POLICY

- 4.1 Care of all patients admitted to the ICS is the direct responsibility of the ICS Consultant during his/her coverage time.
- 4.2 Care of ICU patient will be transferred back to the previous designated team once the patient is discharged from the ICU.
- 4.3 All patients in ICU must be assessed immediately upon admission using the following but not limited to:
  - 4.3.1 In-patient Medical Assessment and Reassessment (Refer to Policy No. 1-1-8062-03-032).

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4.3.2 Initial Nursing Assessment and Reassessment (Refer to Policy No. 1-1-8062-12-001).

- 4.4 Staff members will integrate information from patient assessments to identify and assign priorities to patient's care needs.
- 4.5 All invasive monitoring and investigations (i.e. laboratory tests) MUST be ordered by the ICS Physician.

## 5. DEFINITION OF TERMS

- 5.1 **Category A** – All acutely ill patient belonging to priority 1 & 2 of ICS admission which require active monitoring and management of their disease process.
- 5.2 **Category B** – Patients from Category A, who improved but still require closed observation and monitoring. They are hemodynamically stable and in the process of weaning or being weaned from the ventilator support.
- 5.3 **Category C** – These are the patients who are hemodynamically stable/and or might need ventilatory support but fit to be transfer or discharge from ICU.

## 6. PROCEDURE

- 6.1 Upon admission patient care will be categorized by the ICS Physician and will be reviewed in daily basis:
- 6.1.1 Category A
- 6.1.2 Category B
- 6.1.3 Category C
- 6.2 Monitoring and Investigations:
- 6.2.1 **CATEGORY A** – see Appendix 1
- 6.2.2 **CATEGORY B** – see Appendix 2
- 6.2.3 **CATEGORY C** – see Appendix 3



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### 7. REFERENCES

- 7.1 Joint Commission International (2020). Joint Commission International Accreditation Standards for Hospitals (7th Ed). *Care of Patient*. Joint Commission Resources, Oak Brook, Illinois 60523
- 7.2 Saudi Central Board for Accreditation of Healthcare Institutions (2015). National Hospital Standards (3rd Ed). *Critical Care Services*. CBAHI, Kingdom of Saudi Arabia

### 8. APPENDICES

- 8.1. Appendix 1: Category A
- 8.2. Appendix 2: Category B
- 8.3. Appendix 3: Category C





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### 9. CONTRIBUTING DEPARTMENT

- 9.1. Department of Intensive Care Services
- 9.2. Department of Nursing.

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