



Prince Sultan Military Medical City

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وزارة الدفاع
MINISTRY OF DEFENSE

Departmental Policy	Dept.: Intensive Care Services	Policy No: 1-2-9451-01-030 Version No: 03		
Title: Step down High Dependency Unit Admission & Discharge		JCI Code: ACC		
Supersedes: 1-2-9451-01-030 Version No.02; 27 January 2021	Issue Date:	Effective Date: 13 MAR 2024	Revision Date: 12 MAR 2027	Page 1 of 5

1. INTRODUCTION

- 1.1. Prince Sultan Military Medical City (PSMMC) being the largest tertiary care military hospital of the kingdom is one of the busiest health care institutions, which not only looks after the military personnel and their dependents but also accepts emergency cases from community. This put a lot of burden on the Critical Care Areas, which raise the demand for a level II unit (intermediate unit), where single organ failure, usually respiratory system, are look for preparation to discharge to ward or home care.
- 1.2. Using these units will allow the level III units to provide services to those patients who really need level III management.
- 1.3. In order to provide standard of care with privacy to these patients, Department of Intensive Care Services (ICS) establishes a Step-down High Dependency Unit (SHDU).
- 1.4. This unit will admit patients who have a single organ failure and needs further monitoring and management before shifting out from Intensive Care Services (ICS) care.

2. PURPOSE

- 2.1. To decompress the main units and decrease their Length of Stay (LOS) and prepare them for discharge to Chronic Ventilation Team or home if required.
- 2.2. To outline the policy and procedure. Define the criteria for admission and discharge and required patient care.

3. APPLICABILITY

All Intensive Care Services (ICS) Healthcare Providers

4. RESPONSIBILITIES

- 4.1. It is the responsibility of the Director of ICS to implement and monitor the compliance of this policy.



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5. POLICY

- 5.1. This is a **CLOSED** unit under Department of ICS.
- 5.2. Stable patient with single organ failure will be admitted.
- 5.3. This unit will receive patient from different units of ICS including General Intensive Care Unit 1 (GICU 1), General Intensive Care Unit 2 (GICU 2), Surgical Intensive Care Unit (SICU), Emergency Department- Intensive Care Unit (EDICU) etc.
- 5.4. ICS Consultant in charge of this unit must approve the admission of these patients to SHDU.
- 5.5. Expected LOS for these patients must be 5 to 7 days.
- 5.6. Vasopressors support can be initiated and maintained in this unit.
- 5.7. Intermittent Dialysis can be done in SHDU.
- 5.8. Infected patient can be admitted in this unit and different infections can be mixed after approval from Infection Control Department.
- 5.9. All investigations for SHDU patients will be done on urgent basis like any unit of ICS.
- 5.10. Patient can be discharge home directly from this unit.
- 5.11. If patient is expected to be ventilated for long time, Home Care Team will be involved for possible transfer to home.
- 5.12. Staff will be trained about the criteria during the departmental orientation.

6. DEFINITION OF TERMS

- 6.1. **Step- down High Dependency Unit (SHDU)** - it is a level II ICU, providing intermediate care to patient who have a single organ dysfunction and not stable enough to be shifted toward or Home Care. SHDU is an eight bedded unit situated in ward 3-1 of Building 5.
- 6.2. **Level I Unit**- these are the units which are capable of basic vital sign monitoring and can provide oxygen, IV medications and interventions. (i.e. Post-Surgical Care Unit).
- 6.3. **Level II Unit**- is an intermediate unit which usually provide care for single organ support for long term but also capable of providing other organ support in case of need for 24 to 48 hours. These units are providing all non-invasive monitoring.



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6.4. **Level III Unit**- is a tertiary referral unit for intensive care patients and should be capable of providing comprehensive monitoring and critical care including complex multi-system life support for an indefinite period. Level III units should have a demonstrated commitment to academic education and research

7. PROCEDURE

- 7.1. Any patient who needs admission to this unit will be accepted by the Consultant in charge of this unit.
- 7.2. After admission, the SHDU Team will take over and review the patient and put their clinical plan within 1 hour.
- 7.3. ICS Consultant along with multi-disciplinary team will do round to patient on daily basis.
- 7.4. Rounds should be finished by 12:00 noon so that orders and procedures should be carried out before the evening shifts.
- 7.5. Primary Team / Main Responsible Physician (MRP) should review their patient daily and discuss the management plan with the SHDU Team.
- 7.6. All diagnostic investigations and therapeutic interventions should be done on urgent basis the same as in other units of ICS depending upon patient's condition.
- 7.7. Discharge plan should be discussed with the Primary Team (MRP).
- 7.8. Patient who is expected to have low GCS for long and or those expected to require long-term ventilations should be refer to Home Care Team for possible discharge under their care.
- 7.9. Charge Nurse /Team Leader in SHDU will be responsible for the terminal cleaning of the bed after discharge and make it ready for admission within 2 hours from the discharge.
- 7.10. Documentation should be the same as any other unit of ICS including family updates, shift endorsement and daily progress notes etc.
- 7.11. **ADMISSION CRITERIA**
 - 7.11.1. Patient with Single organ failure who do not require Level III management.
 - 7.11.2. Patient from any Level III unit of ICS.



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7.11.3. DNR patient can be shifted for end-of-life care.

7.11.4. Patients in preparation for transfer to Long Term Facility or Home Care.

7.11.5. Patient with expected LOS up to 7 days.

7.12. DISCHARGE CRITERIA

7.12.1. The status of the patient admitted to SHDU should be reviewed continuously to identify patients who may no longer need SHDU care.

7.12.2. When patient is physiologic, status has stabilized and need for SDHU monitoring and care is no longer required. The parameters are:

7.12.2.1. Heart Rate more than 50 and less than 120 beats per minute.

7.12.2.2. Systolic Blood Pressure more than 90 and less than 160 mmHg.

7.12.2.3. Oxygen Saturation (SpO₂) more than 90%.

7.12.2.4. On room air.

7.12.2.5. Requiring long-term ventilation at Home or Long Term facility.

7.12.3. These are the parameters for guidelines and do not replace the clinical judgment of the ICS physician.

8. REFERENCES

8.1 Joint Commission International (2020).Joint Commission International Accreditation Standards for Hospitals (7th Ed). Access to Continuity of Care (ACC). Joint Commission Resources, Ork Brook,Illinois 60523



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9. CONTRIBUTING DEPARTMENT

9.1. Intensive Care Services

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