



Prince Sultan Military Medical City

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وزارة الدفاع
MINISTRY OF DEFENSE

Departmental Policy	Dept.: Intensive Care Services	Policy No: 1-2-9451-01-032 Version No: 04		
Title: Admission & Discharge for Emergency Department Intensive Care Unit (EDICU)		JCI Code: ACC		
Supersedes: 1-2-9451-01-032 Version No.03; 15 February 2021	Issue Date:	Effective Date: 05 MAR 2024	Revision Date: 04 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 with Emergency Department as one of the busiest units, which look after the acute cases belonging to different specialities including patients who have unstable physiology and needs advance support in terms of hemodynamic & ventilation and then will need to be admitted in a critical care unit.
- 1.2. To ensure that these patients admitted to the PSMMC receive quality and safe service to which they are entitled, resources must be efficiently and effectively utilized services are organized so that patients, depending on their needs can move smoothly between emergency care and the best/most appropriate patient care in a timely manner. That's why the Intensive Care Services created Emergency Department- Intensive Care Unit (EDICU) as reserved for patients with reversible medical conditions with reasonable prospect of substantial recovery.

2. PURPOSE

- 2.1. To provide guidelines for admission and discharge of adult patients to Intensive Care Unit and its appropriate utilization of critical beds.

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.

5. POLICY

- 5.1. All patient in building 8 & 9 who require intubation or are intubated and in need of advance hemodynamic, ventilation and other rescue therapy like but not limited to Molecular Adsorbent Recirculating System (MARS), Extracorporeal Membrane Oxygenation



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(ECMO), High-Frequency Oscillatory (HFO) ventilation etc. will be admitted in this unit.

- 5.2. Patients will stay in this unit for 2 to 4 days.
- 5.3. If patient needs further Intensive Care management, patient will be transferred to General Intensive Care Unit 1 (GICU 1) after 4 days in EDICU if bed is available in GICU 1.
 - 5.3.1 For proper utilization of resources and justification, Priority of admission policy will be applied. (GICU 1 & 2 Admission & Discharge Policy No: 1-2-9451-01-012 Version No: 03)
- 5.4. Patient in this unit will be reviewed twice a day by the ICS Consultant along with the ICS multidisciplinary team.
- 5.5. All patients will undergo a full daily review by the ICS Physician. This should include a full clinical examination and review of the chart, notes & investigations.
- 5.6. Patient can be discharge home directly from this unit.
- 5.7. Staff will be trained about the criteria during the departmental orientation.

6. DEFINITION OF TERMS

- 6.1. **Emergency Department Intensive Care Unit (EDICU)** - is an eight bedded unit situated in Area A (5I), Fifth floor of Building 9. It is a fully equipped Intensive Care Unit, which can provide all sort of hemodynamic, ventilatory and rescue therapies.

7. PROCEDURE

- 7.1. Patient in Building 8 & 9 who needs ICS admission will be referred to Rapid Response Team (RRT).
- 7.2. RRT will assess the patient and if needs admission to a higher level of care will coordinate with the EDICU Consultant in charge for transfer to that unit.
- 7.3. RRT Consultant will be responsible for the safe transfer of patient to EDICU.
- 7.4. If accepted in the EDICU, the Charge Nurse of the ED will communicate with the Charge Nurse of EDICU to arrange about the details of transfer and proper handover as per the PSMMC transfer of care policy.



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- 7.5. After the transfer to EDICU, patient will be reviewed by the ICS team and plan of care will be documented.
- 7.6. Multidisciplinary Team will review the patient once per shift.
- 7.7. Primary/ Referring teams will be encouraged to review patients on a daily basis or more frequently if desired. Recommendations of referring teams will be given consideration.
- 7.8. The critical care medical staff will communicate significant changes in a patient's condition to the referring team.
- 7.9. Relatives of a critical care patient should be kept fully informed of patient's condition and any formal interviews should be recorded, together with their views as well as the explanations offered by ICS staff. Discussion with relatives by referring teams should only occur once they have familiarised themselves with the content of previous discussions and should be well documented. All discussion must take place in the presence of a member of the critical care nursing staff. Joint family conference with different referring team with critical care staff can be arranged.
- 7.10. Once the patient is stable and met the discharge criteria, Primary Team will be informed about the discharge plan and properly documented.
- 7.11. Primary Team will be responsible for booking bed for their patients in other wards of PSMMC.

7.12. ADMISSION CRITERIA

- 7.12.1. Admission criteria will be the same as mentioned in the GICU 1 & 2 Admission & Discharge Policy. (Policy No: 1-2-9451-01-012 Version No: 03).

7.13. DISCHARGE CRITERIA

- 7.13.1. When a patients' physiologic status has stabilized and the need for ICU monitoring and care is no longer necessary. The parameters are:
 - 7.13.1.1. Heart Rate greater than 50 and less than 120 beats per minute
 - 7.13.1.2. Systolic Blood Pressure more than 90 and less than 160 mmHg
 - 7.13.1.3. Oxygen Saturation (SpO₂) more than 90%
 - 7.13.1.4. Oxygen Requirement \leq 40%
 - 7.13.1.5. Glasgow Coma Scale (GCS) more than 8



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7.13.1.6. Off Ventilator

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

7.13.3. When a patient's physiological status has deteriorated and active interventions are no longer planned, discharge to a lower level of care is appropriate.

7.13.4. Discharge criteria from ICU should be similar to the admitting criteria for the next level of care.

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/S

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

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