

Department:	Maternal Intensive Care Unit		
Document:	Departmental Policy and Procedure		
Title:	Maternal Intensive Care Unit Admission Criteria		
Applies To:	All Maternity Intensive Care Unit Staff		
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1. PURPOSE:

- 1.1 The purpose of this policy is to set standards for admission of patients to Maternal Intensive Care Unit/ Department.
- 1.2 To facilitate the patients with potentially recoverable conditions who can benefit from more detailed observation and invasive treatment that cannot safely provided in general wards or high dependency areas.

2. DEFINITIONS:

- 2.1 **Intensive Care** – are specialized inpatient care that provide the care for the most critically ill patients. They are extremely expensive to operate, consuming of hospital costs.
- 2.2 **Intensive care unit** – is the unit in which patient has a life-threatening or potentially life-threatening and reversible or potentially reversible multiple organ failure. Their management requires continuous monitoring, point of care diagnostics and complex supportive therapy.
- 2.3 **Prioritization Model**
 - 2.3.1 **Priority 1:** Patients in need of intensive treatment and monitoring that cannot be provided outside of the MICU. Usually, these treatments include ventilator support, continuous vasoactive drug infusions.
 - 2.3.2 **Priority 2:** Patients require intensive monitoring and may potentially need immediate intervention.
 - 2.3.3 **Priority 3:** Unstable patients are critically ill but have a reduced likelihood of recovery because of underlying disease or nature of their acute illness. Examples include patients with metastatic malignancy complicated by infection, cardiac tamponade, or airway obstruction
 - 2.3.4 **Priority 4:** These are patients who are generally not appropriate for Maternal Intensive Care Unit admission.

3. POLICY:

- 3.1 The admission criteria are laid down for the establishment of the standards for all the staff in hospital and Maternal Intensive Care Unit.
- 3.2 Prioritization is established for patient selection for Maternal Intensive Care Unit admission. Before any request for admission to Maternal Intensive Care Unit, these criteria shall be considered.
- 3.3 Non – salvageable patients shall be admitted to intermediate care unit.
- 3.4 Patient admitted in MICU will be transferred with 24-48 hours for other facility for multidisciplinary care team ICU.

4. PROCEDURE:

- 4.1 For all patient with request for admission / transfer to MICU:
- 4.2 The MRP assesses his/her patient condition whether it lies in any of the following “admission criteria”, defined by this objective parameters or diagnostic models.

- 4.3 Only those patients who are likely to get benefit from MICU care will be admitted to MICU (refer to MICU admission and exclusion Criteria Policy)
- 4.4 The patient who require emergency care must be stabilized first in transferring unit/ service before transfer.
- 4.5 The MRP or team member calls MICU to discuss the case with MICU physician / anaesthetist on duty.
- 4.6 If accepted, a written request for admission documenting and/or matching the indication/s for MICU admission & patient conditions.
- 4.7 The MRP shall be available to design the plan of care with MICU team. A treatment plan has not been given regardless of patient's admission to MICU.
- 4.8 Transferring department's charge nurse will call MICU charge nurse, provide all the data as provided by the physician and will ask for readiness of the bed.
- 4.9 MRP team physician and assigned nurse will escort the patient during transportation till handed over the MICU team except for OR Patient's. hemodynamic, cardiac rhythm & oxygen saturation will be monitored during transfer.
- 4.10 For OR patient, the MICU team (physician and nurse) will ambulate to OR, escort the patient during transportation from OR until admission to MICU.
- 4.11 The patient's file with laboratory and radiology investigations shall be available during transfer.
- 4.12 Accompanying physician will endorse/ handover to receiving MICU assigned nurse and hand over file, drugs and other belongings assets.
 - 4.12.1 Objective Parameter Model
 - 4.12.2 Diagnosis Model
 - 4.12.2.1 OBS&GYN
 - 4.12.2.1.1 Severe preeclampsia and eclampsia.
 - 4.12.2.1.2 HELLP syndrome
 - 4.12.2.1.3 Complicated hyperemesis (severe electrolyte imbalance)
 - 4.12.2.1.4 Amniotic fluid embolism
 - 4.12.2.1.5 Acute fatty liver of pregnancy
 - 4.12.2.1.6 Severe post-partum hemorrhage
 - 4.12.2.2 Pulmonary System
 - 4.12.2.2.1 Acute respiratory failure requiring ventilator support.
 - 4.12.2.2.2 Pulmonary emboli with hemodynamic instability.
 - 4.12.2.2.3 Patients in an intermediate care unit who are demonstrating respiratory deterioration.
 - 4.12.2.2.4 Massive Hemoptysis.
 - 4.12.2.3 Obstetric patient with Neurological Disorders
 - 4.12.2.3.1 Acute stroke with altered mental status
 - 4.12.2.3.2 Coma: metabolic, toxic or anoxic
 - 4.12.2.3.3 Meningitis with altered mental status or respiratory compromise
 - 4.12.2.3.4 Central nervous system or neuromuscular disorders with deteriorating neurological or pulmonary function.
 - 4.12.2.3.5 Status Epilepticus.
- 4.13 The Most Responsible Physician considers following factors when assessing suitability for admission to maternal intensive care unit:
 - 4.13.1 Diagnosis
 - 4.13.2 Severity of illness
 - 4.13.3 Age
 - 4.13.4 Coexisting disease
 - 4.13.5 Physiological reserve
 - 4.13.6 Prognosis
 - 4.13.7 Availability of suitable treatment
 - 4.13.8 Response to treatment to date
 - 4.13.9 Recent cardiopulmonary arrest
 - 4.13.10 Anticipated quality of life
 - 4.13.11 The patient's wishes

- 4.14.1 Persistent vegetative state (PVS) or who are persistently unconscious.
- 4.14.2 Do Not Resuscitate (DNR) status.
- 4.14.3 Non obstetric non gynaecological patient.
- 4.14.4 Patient with burn more than 10% body surface area.
- 4.14.5 Environmental injuries (lighting, near drowning), RTA, Severe head injured patient (GCS<8).

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013

9. APPROVALS:

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