

<b>Department:</b>	Maternal Intensive Care Unit		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Maternal Intensive Care Unit Admission Criteria		
<b>Applies To:</b>	All Maternity Intensive Care Unit Staff		
<b>Preparation Date:</b>	January 12, 2025	<b>Index No:</b>	ICU-DPP-001
<b>Approval Date:</b>	January 26, 2025	<b>Version:</b>	2
<b>Effective Date:</b>	February 26, 2025	<b>Replacement No.:</b>	ICU-DPP-001(1)
<b>Review Date:</b>	February 26, 2028	<b>No. of Pages:</b>	3

## 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

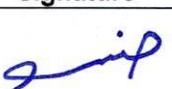
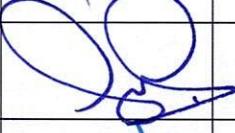
## 7. APPENDICES:

N/A

## 8. REFERENCES:

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

## 9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Doha Al Anizi	Maternal Intensive Care Unit Head Nurse		January 12, 2025
Prepared by:	Dr. Mogahid Mahmoud Ali	Maternal Intensive Care Unit Quality Coordinator		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 14, 2025
Reviewed by:	Dr. Abdelghani Ibrahim	Head of the Department Anesthesia		January 15, 2025
Reviewed by:	Mr. Abdulelah Ayed Al - Mutairi	QM&PS Director		January 16, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		January 19, 2025
Approved by:	Mr. Fahad Hezam Al - Shammary	Hospital Director		January 26, 2025