

Department:	Maternal Intensive Care Unit (MICU)		
Document:	Departmental Policy and Procedure		
Title:	Admission to Maternal Intensive Care Unit		
Applies To:	All Maternal Intensive Care Unit Staff		
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1. PURPOSE:

- 1.1 To provide guidelines for efficient mechanism of admission and safe transfer of the patient to Maternal Intensive Care Unit.

2. DEFINITIONS:

- 2.1 **Admission** – is allowing a patient to stay in the hospital for investigations and treatment of disease. It delineates the steps taken for admitting patients to the maternal intensive care unit.
- 2.2 **Anesth-on-duty** – on call for emergency critical care apart from the regular duty/
- 2.3 **Anesthetist Consultant-on-call** – is on call for MICU patients during regular duty.
- 2.4 **Anesthesia Consultant along with OBS consultant** – are the main responsible physician for MICU patient all the time.

3. POLICY:

- 3.1 The physician in charge of Maternal Intensive Care Unit / anaesthetist with the Most Responsible Physician makes the decision to admit the patient in Maternal Intensive Care Unit.
- 3.2 Only those patients who are likely to get benefit from Maternal Intensive Care Unit care will be admitted to Maternal Intensive Care Unit (refer to Maternal Intensive Care Unit Admission Criteria Policy).
- 3.3 When no more immediate obstetric intervention and critical care management still needed, plan for referral to KKGH or HCH with coordination between OBS/ Anesthesia Consultant and ICU team in King Khalid General Hospital or Hafar Central Hospital by official acceptance.
- 3.4 For stabilization patient that no more critical care management needed, plan for refer to intermediate care unit under supervision of the obstetric consultant.
- 3.5 The patient who requires emergency care must be stabilized first in transferring unit/ service before transfer.

4. PROCEDURE:

- 4.1 Once the patient is accepted for Maternal Intensive Care Unit admission, the Maternal Intensive Care Unit physician on duty / anaesthetist will approve the acceptance and inform his/her unit (charge Maternal Intensive Care Unit physician and nurse) about patient's admission and the needs of the patient, and provide the following data for preparation of the bed:
 - 4.1.1 Bed number given to the patient.
 - 4.1.2 Patient's current clinical condition.
 - 4.1.3 Maternal Intensive Care Unit protocol to be prepared.
 - 4.1.4 Need for preparation of ventilator.
 - 4.1.5 Need for preparation of equipment(s) for special procedure.
- 4.2 The MRP shall be available to design the plan of care with Maternal Intensive Care Unit team. A treatment plan has not been given regardless of patient's admission to Maternal Intensive Care Unit.

- 4.3 Transferring department's charge nurse will call Maternal Intensive Care Unit charge nurse, provide all the data as provided by the physician and will ask for readiness of the bed.
- 4.4 MRP team (treating physician, consultant on duty, specialist on duty) will escort the patient during transportation till handed over to the Maternal Intensive Care Unit team except for operating room patient's hemodynamic, cardiac rhythm and oxygen saturation will be monitored during transfer.
- 4.5 For operating room patient, the Maternal Intensive Care Unit team (physician and nurse) will ambulate to Operating room, escort the patient during transportation from Operating Room until admission to Maternal Intensive Care Unit.
- 4.6 The patient's file with laboratory and radiology investigations shall be available during transfer.
- 4.7 Accompanying physician will endorse/ handover to receiving Maternal Intensive Care Unit assigned nurse and hand over file, drugs and other belongings assets.
- 4.8 Upon patient arrival to Maternal Intensive Care Unit the staff will do the following:
 - 4.8.1 Place the patient on bed, with proper care while transferring from bed to bed.
 - 4.8.2 Connect the patient to cardiac monitor, check and record initial vital signs in patient medical record.
 - 4.8.3 Observe skin condition.
 - 4.8.4 Obtain information from transferring ward nurse, check and record in patient medical record:
 - 4.8.4.1 Patient's full data.
 - 4.8.4.2 Investigations done and availability of results (e.g. X – ray, CT Scan, ECG, Lab investigation etc.
 - 4.8.4.2.1 Pertinent documents about the patient.
 - 4.8.4.2.2 Record with complete nursing documentation.
 - 4.8.4.2.3 Primary police report of medico-legal cases, if applicable.
 - 4.8.4.2.4 Consultation sheets.
 - 4.8.4.2.5 Admission sheet.
 - 4.8.4.2.6 Any other valuable document.
 - 4.8.4.2.7 Patient's old file, if available.
 - 4.8.4.3 Assess patient and document in patient medical record.
 - 4.8.4.4 Assist the physician for any procedure to be done such as.:
 - 4.8.4.4.1 Central Venous Line Insertion
 - 4.8.4.4.2 Arterial Line Insertion
 - 4.8.4.4.3 Endotracheal Intubation
 - 4.8.4.5 Record patient data in the admission register and inform the diet department about the patient diet.
 - 4.8.4.4.1 Check the ID wristband; if not present put one.
 - 4.8.4.4.2 Collect old patient file, if present
 - 4.8.4.4.3 Attend the patient needs.
 - 4.8.4.4.4 Record all findings and treatment done in patient medical record.

5. MATERIAL AND EQUIPMENT:

- 5.1 IV Stand
- 5.2 Cardiac Monitor
- 5.3 Defibrillator
- 5.4 Pulse Oximeter
- 5.5 Oxygen Cylinder








6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

8. REFERENCES:

- 8.1 Kingdom of Saudi Arabia Ministry of Health Baish General Hospital, 2018.
8.2 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers - Riyadh, 2013.

9. APPROVALS:

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