

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

- 1.1 To guide the healthcare team for evaluation, individualization and follow-up of patient's discharge - related needs.

2. DEFINITIONS:

- 2.1 **Hemodynamic** – the study of force involved in the circulation of blood.
- 2.2 **Vegetative State** – a condition caused by injury, disease or illness in which a patient has suffered a loss of consciousness, with no behavioural evidence of awareness of self or surroundings in a learned manner, other than reflex activity of muscle and nerves for low level conditioned response; and from which to a response, and from which to a reasonable degree of medical probability, there can be no recovery.
- 2.3 **Inotropic Support** – supporting a hypotensive patient with an agent (so which increase the force of energy of muscular contractions specially of heart muscle).

3. POLICY:

- 3.1 The discharge criteria are laid down for the establishment of the standards for all the staff in Maternal Intensive Care Unit and hospital.
- 3.2 Discharge planning is a multidisciplinary, collaborative process involving the patient, patient's family, and concerned team members; which is started on patient admission.
- 3.3 Discharge criteria from Intensive Care Units should be similar to the admitting criteria for the next level of care such as intermediate care or ward. However, not all patients require intermediate care after Maternal Intensive Care Unit discharge.
- 3.4 Discharge planning involves several activities:
 - 3.4.1 Development of a care plan for post discharge care.
 - 3.4.2 Arranging for the provision of services, including patient/ family education and referrals.

4. PROCEDURE:

- 4.1 Final discharge planning is to be initiated on the basis of the patient's condition by Maternal Intensive Care Unit physician in-charge at least 24 hours before actual discharge in following conditions:
 - 4.1.1 When a patient's physiologic status has stabilized and the need for Maternal Intensive Care Unit monitoring and care is no longer necessary.
 - 4.1.2 When patient's physiological status has improved and active intervention is no longer planned; and discharge to a lower level of care is appropriate.
- 4.2 Maternal intensive Care Unit physician in-charge / anaesthetist shall also assess the patient considering the discharge criteria (given below); if patient fulfils the criteria then he/she shall take a final decision for discharge of the patient from ICU, jointly with most responsible physician.
 - 4.2.1 Hemodynamically stable for > 12 hours with no need of inotropic support.
 - 4.2.2 Oxygen requirement <40% FiO2 with SPO2 > 93% and acceptable arterial blood gas.

- 4.2.3 Extubated for >6 hours with no significant upper airway problems i.e. good cough and no sign of respiratory distress.
- 4.2.4 Has no excessive fluid loss or requirement.
- 4.2.5 Vegetative patients in whom active intervention is not likely, discharge to a lower level of care or floor is appropriate.
- 4.3 Discharge assessment of the patient also includes assessment of functional, medical, medication, psychological and/or cultural needs.
- 4.4 MRP is being discussed about the patient before discharge with Maternal Intensive Care Unit physician / anaesthetist and his responsibility lies to ensure a safe receipt of the patient and design a plan of management in the ward thereafter.
- 4.5 Maternal Intensive Care Unit physician follows the task for assessment of the patient, communication, and documentation. Routinely anticipated patient's discharge needs are documented in the patient's Maternal Intensive Care Unit Discharge Summary/ Transfer Note.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse







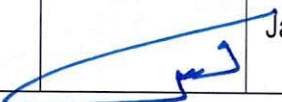
7. APPENDICES:

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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