



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	General Admission		
Applies To:	All Healthcare Provider		
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1. PURPOSE:

- 1.1 To provide a mechanism to facilitate admission of patient in Maternity and Children Hospital, Hafer Al Batin.

2. DEFINITIONS:

- 2.1 **Emergency Admission** – this category of patient includes those who have serious medical problems and who may be at risk of death or serious injury to their health if not admitted immediately.
- 2.2 **Urgent Admission** – this category includes patients with serious medical problem who may be at risk of substantial injury to their health if not admitted within 24 hours.
- 2.3 **Routine Admission** – includes patient with no serious medical problem who are not at risk of substantial injury to their health if not admitted within 24 hours.
- 2.4 **Intensive Care Unit** – intensive care facility is a hospital facility for provision of intensive nursing and medical care of critically ill patients.
- 2.5 **Hemodynamics** – the study of forces involved in circulation of blood.
- 2.6 **Patient Education** – the process of informing a patient about a health matter to secure informed consent, patient cooperation and a high level of patient compliance.
- 2.7 **Most Responsible Physician (MRP)** – a physician or specialist under whose name the patient is admitted. Is responsible for the examination and assessment of the patient (bedside in ER or in OPD), making a final decision and starting admission process by writing admission orders for the patient. He/she is responsible for detailed plan of care. If patient needs ICU admission, then he/she will verbally communicate with ICU physician. When patient is being transferred to ICU, his team members will escort the patient and endorse him to ICU physician.
- 2.8 **Admitting Resident/Specialist** – responsible for examination and assessment of patient in ER/OPD and completion of patient admission file.
- 2.9 **Head Nurse of ER** – will supervise all the arrangement, supply equipment and communicate with the staff on floor/ICU/OR, if patient is being admitted via ER.
- 2.10 **Assigned Nurse in Ward** – is responsible for preparation of the bed, bedside area, equipment and patient's file. She/he will receive endorsement of the case from the ER staff nurse and following the Nursing Admission Assessment/ Reassessment Policy.
- 2.11 **Admission Clerk** – obtaining patient's data and ID copy. Informing the patient and/or relatives regarding floor, patient's rights and responsibilities. Prepare admission slip.

3. POLICY:

- 3.1 Patients shall be admitted to Maternity and Children Hospital, Hafer Al Batin as follows:
 - 3.1.1 Emergency Admission
 - 3.1.2 Elective Admission
 - 3.1.3 Routine admission to "a day surgery care"
 - 3.1.4 Referral Admission
 - 3.1.5 Admission to ICU/Ward

- 3.2 Patient may be admitted to the hospital as an inpatient ONLY by a qualified member of the medical staff who has been granted the privilege to admit patient to the Maternity and Children Hospital, Hafer Al Batin. All patients are admitted under a name of most responsible physician (Consultant).
- 3.3 All patient requiring admission will be screened by the admitting physician to decide the urgency, the bed category (ICU/IMC/Ward), and necessary investigation to establish a provisional diagnosis or valid need for admission based on the scope of services.
- 3.4 In emergency, a screening for patient triage will be carried out.
- 3.5 Admissions are accepted 24 hours a day, 7 days a week, irrespective of any holidays via emergency room.
- 3.6 The hospital may get patient for admission from other hospitals.
- 3.7 The history and physical examination are completed by the admitting physician in ER/OPD according to the approved hospital format and any special history or examination requirements will be determined by the department heads according to the needs.
- 3.8 If the patient is being admitted to ICU, the most responsible physician (consultant) makes the decision to admit the patient. Only those patients who are likely to get benefit from intensive care will be transferred to ICU.
- 3.9 Patients that are catered by the Maternity and Children Hospital, Hafar Al-batin are the following:
 - 3.9.1 Neonates 0 – 28 days delivered in the hospital, home delivery and referred from other government and private hospitals.
 - 3.9.2 Pediatrics 29 days to 14 years of age, Male and Female.
 - 3.9.3 Female populations 14 years and above seeking healthcare services related to Obstetrics and Gynecology.
 - 3.9.4 All trauma cases will be referred to Hafar Central Hospital.

4. PROCEDURE:

4.1 Urgent and Emergency Admission:

- 4.1.1 Urgent and emergency admissions are made via emergency room and occasionally through OPD.
- 4.1.2 When the patient arrives to the ER, the ER physician will evaluate the patient and call the respective specialist or consultant to evaluate the patient who may need admission.
- 4.1.3 The patient must be assessed by the most responsible physician/admitting team within 4 hours for urgent case and within 30 minutes for emergencies.
- 4.1.4 All ER procedures will be completed and the patient will be transferred to the proper department.
- 4.1.5 If the most responsible physician may order for any radiological investigation, it shall be performed before transferring the patient to the ward/department (radiology department) (exception in case of instability of patient's status), the radiology technician will be the one to do in (ER).
- 4.1.6 If the patient is hemodynamically unstable, measures for stabilization shall be started immediately. Patient MUST NOT be transferred till the stability is achieved.
- 4.1.7 For all unconscious patients airway shall be secured before transportation.
- 4.1.8 All information of the patient including procedures, investigations and results will be endorsed to the nursing staff of the receiving unit and transfer documents are signed.
- 4.1.9 All the treatment and care shall be rendered to patient in ER, as ordered by the most responsible physician (consultant/specialist on duty), till the patient is shifted out to the ward.
- 4.1.10 Patient will be continuously monitored during transportation and his/her bed shall be equipped properly with emergency drugs and CPR kit.

4.2 Routine Admission:

- 4.2.1 Routine admissions are made usually through OPD.
- 4.2.2 For OPD patients, the physician will take the patient's history, perform physical assessment and clinical examination, and complete the patient's provisional diagnosis in file.
- 4.2.3 If the patient needs admission, the physician shall write the admission order in physician order sheet.
 - 4.2.4.1 An explanation about the medical condition and his/her illness.

- 4.2.4.2 Proposed care and treatment, including procedures to be carried out, expected length of stay, where it can be anticipated, expected results.
- 4.2.4.3 Likelihood of patient prognosis.
- 4.2.4.4 Potential benefits and risks of complications.
- 4.2.4.5 Their consultant name and other physician's names involved in their care.
- 4.2.4.6 Change or transfer of the patient care from one physician to another (if applicable).
- 4.2.5 If there's proposed high risk procedure, the physician ask the patient/relative to sign informed consent after thorough explanation (elements of consent).
- 4.2.6 The physician will refer the patient to Admission Unit to complete the admission procedure.
- 4.2.7 Patient and/or relatives proceed to admission unit with admission request form and medical record accompanied by the OPD nurse.
- 4.2.8 The admission clerk will do the following:
 - 4.2.8.1 Take patient's details.
 - 4.2.8.2 Check eligibility of the patient for admission.
 - 4.2.8.3 If eligible, the admission clerk will issue the admission slip.
 - 4.2.8.4 Ask the patient/relative to nominate/ identify his/ her designee and decision maker on his/her behalf.
 - 4.2.8.5 Inform patient and/or relatives regarding patient's rights and responsibilities and ask to sign patient's rights and responsibilities form.
 - 4.2.8.6 Ask to sign General Consent form (admission).
- 4.2.9 Nurse will take the patient with accompanied relative to the ward/department.
- 4.2.10 The on duty nurse will receive the patient along with patient's file, and accompany the patient to his/her room, then the nurse will orient the patient and/or relative regarding the room number, telephone number, and any necessary information should be known by the patient and/or relatives. The assigned nurse shall inform the concerned physician to write the admission note and order the diet to kitchen after performing primary nutritional assessment.
- 4.2.11 The admitting physician (in case of being different than the admitting physician in OPD) shall write the detailed admission notes in physician progress notes and the instructions on physician order sheet that include the provisional diagnosis, type of diet, required investigations, treatment, and the plan of care.
- 4.2.12 The patient must be assessed by the most responsible physician with 24 hours.
- 4.2.13 A comprehensive plan of care must be documented in the multidisciplinary plan of care during admission and whenever there is a change in patient condition and must also be reflected in the doctors order sheet or progress notes for any new and revised orders and is not limited to:
 - 4.2.13.1 Information or any surgical procedure required.
 - 4.2.13.2 Any pre – operative/ post – operative care needed, including required follow up and referrals to other specialties.
 - 4.2.13.3 All patient education provided to the patient on his/her plan of care and the anticipated outcomes, including the benefits and associated risks (e.g. for proposed surgery, procedures, treatment, etc.)
- 4.2.14 If the patient needs referral to other specialty, consultation request must clearly indicate the reason of consultation, define the services requested from the physician; and are handled in a timely and appropriate manner, seen within 24 hours for non- urgent and within 30 minutes for urgent consultations.

4.3 Routine admission to "a day surgery care":

- 4.3.1 Follow the procedure from 4.2.1 to 4.2.7.
- 4.3.2 Send the patient to anesthesia clinic for pre – operative assessment and if fit for anesthesia the patient will be sent to admission office. If not fit, patient will be referred back to the admitting physician for consultation and re – appointment.
- 4.3.3 The admission clerk will do the following:
 - 4.3.3.1 Take patient data.
 - 4.3.3.2 Check eligibility of the patient for admission.
 - 4.3.3.3 If eligible, he will be scheduled for elective procedure by the OR head nurse.

- 4.3.3.4 Ask patient to nominate/ identify his/her designee and decision maker on his/her behalf.
- 4.3.3.5 Inform patient/ relatives regarding patient rights and responsibilities form.
- 4.3.3.6 Prepare the file of admission and sent to the unit.
- 4.3.3.7 Ask the patient to ensure in the day and time proposed for his/her admission.
- 4.3.3.8 If eligible, he will be scheduled for elective procedure by the OR head nurse.
- 4.3.4 The nurse on duty will receive the patient along with patient's file and accompany the patient to his/her room, then the nurse will orient the patient and/or relative regarding the room number, telephone number, and any necessary information should be known by the patient and/or relatives. The assigned nurse shall inform the concerned team physician to write admission note an order the diet to kitchen after performing primary nutritional assessment.
- 4.3.5 The patient must be assessed by the most responsible physician (Specialist/ Consultant) pre-operatively in the ward and site marking must be done (multiple and bilateral organs) by the surgeon who will perform the procedure.
- 4.3.6 A comprehensive plan of care must be documented in the multidisciplinary plan of care during admission and whenever there is a change in patient condition and must also be reflected in the doctors order sheet or progress notes for any new and revised orders and is not limited to:
 - 4.3.6.1 Information on the surgical procedure.
 - 4.3.6.2 Any pre – operative/post – operative care needed, including required follow up and referrals to other specialities.
 - 4.3.6.3 All patient education provided to the patient on his/her plan of care and the anticipated outcomes, including the benefits and associated risks (e.g. for proposed surgeon, procedures, treatment, etc.).

4.4 Referral Admission:

- 4.4.1 Maternity and Children Hospital, Hafer Al Batin shall accept patients from other hospitals/facilities:
 - 4.4.1.1 Within the Kingdom of Saudi Arabia:
 - 4.4.1.2 Fax will be received from the concerned facility/hospital and hospital reply will be forwarded the same way.
 - 4.4.1.3 Within the city or from the areas in vicinity, patient shall be transported through the transferring hospital ambulance.
 - 4.4.1.4 From remote areas of the Kingdom, patient can be transported through the MEDEVAC (air ambulance) if applicable.
 - 4.4.1.5 The patient passes by emergency room for the routine investigations and will be admitted to the ward directly where formalities will be completed.

4.5 Admission to ICU:

- 4.5.1 ICU provides services that include both intensive monitoring and intensive treatment for patients with actual or potential vital system failures. During times of high utilization and scarce beds, patients requiring intensive treatment will have priority over monitoring.
- 4.5.2 All admission will be arranged by consultant of the concerned specialty, before transferring the patient.
- 4.5.3 Resuscitation or admission must not be delayed where the presenting condition is imminently life – threatening (e.g. profound shock or hypoxia)
- 4.5.4 Until the patient enters the ICU, his/her medical care will remain the responsibility of the ER physician.
- 4.5.5 If admission is delayed or impossible due to unavailability of bed, the ICU staff will discuss and if appropriate, assist in the process of alternative specialized care.

4.6 Handling of patients when bed is not available.

- 4.6.1 When there is no available bed in the unit and if the patient needs admission we have to follow the following steps.
 - 4.6.1.1 The nursing supervisor will try to find bed in another unit in the hospital and inform the MRP about the patient ward and room.
 - 4.6.1.2 If admission is delayed or not possible due to bed unavailability in ICU, the ICU shall discuss and if appropriate, assist in the process of alternative specialized care

4.6.1.3 If there is no available bed in all units of the hospital, the patient shall be admitted in emergency room and a qualified nurse will take care of the patient. Later, when bed is available the patient will be shifted to unit.

4.7 Managing patient under observation.

4.7.1 If the patient needs observation for few hours, the patient is admitted in treatment room for medications or IV fluids. Patient is reassessed after observation period by the physician and consider for discharge or admission.

5. MATERIALS AND EQUIPMENT:

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

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses

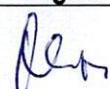
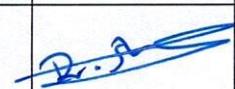
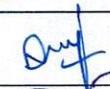
7. APPENDICES:

N/A

8. REFERENCES:

8.1 Kingdom of Saudi Arabia, Ministry of Health Baish General Hospital, 2018.

9. APPROVALS:

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