



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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

- 1.1 To provide a reference for discharging PICU patient.
- 1.2 To guide the healthcare team for evaluation, individualization and follow up of a patient's discharge related needs.

2. DEFINITIONS:

- 2.1 **Discharge Planning** – is an interdisciplinary approach to continuity of care and a process that includes identification, assessment, goal setting, planning, implementation, coordination, and evaluation.

3. POLICY:

- 3.1 The discharge criteria are laid down for the establishment of the standards for all the staff in hospital and Pediatric Intensive Care Unit.
- 3.2 Discharge criteria from PICU should be similar to the admitting criteria for the next level of care such as intermediate care or ward.
- 3.3 Discharge planning involves several activities:
 - 3.3.1 Development of a care plan for post discharge care.
 - 3.3.2 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 PICU 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 PICU monitoring and care is no longer planned; and discharged to a lower level of care is appropriate.
 - 4.1.2 When a patient's physiological status has improved and active intervention is no longer planned; and discharged to a lower level of care is appropriate.
- 4.2 PICU Physician in – charge 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 a patient from PICU, jointly with Consultant.
 - 4.2.1 Hemodynamically stable for 2 – 12 hours with no need for inotropic support.
 - 4.2.2 Stable respiratory status.
 - 4.2.2.1 Oxygen requirement < 40% FiO₂ with SPO₂ >92% and acceptable blood gas.
 - 4.2.2.2 Extubated for >6 hours with no significant upper airway problems i.e. good cough and no signs of respiratory distress.
 - 4.2.3 Has no excessive fluid loss or requirement.
 - 4.2.4 Vegetative patients in whom active intervention is not likely, discharge to a lower level of care or floor is appropriate.
 - 4.2.5 Intravenous inotropic support, vasodilators and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.

- 4.2.6 Cardiac dysrhythmias are controlled.
- 4.2.7 Neurologic stability with adequate control of seizures.
- 4.2.8 Removal of all hemodynamic monitoring catheters unless it is needed in special circumstances.
- 4.2.9 Chronically mechanically ventilated patients whose critical illness has been reversed or resolved and are otherwise stable may be discharged to home or chronic care facility.
- 4.2.10 Chronically ill patient who are supported by special device (like BiPAP) can be transferred to their designated patient care unit when the acute problem resolve and patient condition returned to the baseline.
- 4.3 Discharge assessment of the patient also includes assessment of functional, medical, medication, psychological and or cultural needs.
- 4.4 Consultant is being discussed about the patient before discharge with PICU Physician and his responsibility lies to ensure a safe receipt of the patient and design a plan of management in the ward thereafter.
- 4.5 PICU Physician follows the task of assessment of the patient, communication and documentation. Routinely anticipated patient's discharge needs are documented in the patient's discharge summary/ transfer note.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

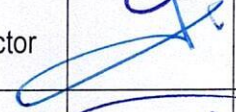
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Saudi Critical Care Society, 2016.
- 8.2 Kingdom of Saudi Arabia, Ministry of Health, Guidelines for Pediatric Intensive Care, 2013.

9. APPROVALS:

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