



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Rehabilitation Centre		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Inpatient Referral		
<b>Applies To:</b>	Rehabilitation Staff, Physicians & Nurses		
<b>Preparation Date:</b>	January 11, 2024	<b>Index No:</b>	REH-MPP-002
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## 1. PURPOSE:

- 1.1 To provide an effective healthcare, and to ease the procedures of initiating treatment strategy for those patients admitted in the hospital, who require rehabilitation services, when referred by the most responsible physician (MRP).

## 2. DEFINITIONS:

- 2.1 MRP: Most Responsible Physician.
- 2.2 PICU: Pediatric Intensive Care Unit.
- 2.3 P. Wards: Pediatric wards.
- 2.4 NICU: Neonatal Intensive Care Unit.

## 3. POLICY:

- 3.1 Any patient needs a rehabilitation service has to be referred by most responsible physician (MRP).
- 3.2 Service cannot be provided without a valid referral involving complete information.
- 3.3 Patient should be evaluated and treated within 24 working hours after receiving the referral from the wards.

## 4. PROCEDURE:

- 4.1 When the MRP decides that an in-patient needs rehabilitation services, he / she must send the patient's referral form to rehabilitation centre.
- 4.2 The physician has to complete the referral form with all relevant information, and then hand over to the nurse in charge of the ward who will be responsible for verify that all referral information is complete and submitting it to rehabilitation centre in time.
- 4.3 If any of referral information is incomplete, the referral will be returned to the ward in order to complete the referral information.
- 4.4 The therapist has to evaluate and treat the patient within 24 working hours of receiving the referral form.
- 4.5 The therapist has to review the patient medical file and consider the precaution if present.
- 4.6 After performing the assessment, the goals and treatment plan should be documented.
- 4.7 The therapist has to follow up the patient regularly, note down the findings and procedures done during every visit in the progress note sheet until the patient discharge. The progress note should be duly signed with date and time by the responsible therapist during each visit.
- 4.8 The patient can discharge/remove from Rehabilitation services for the following reasons:
  - 4.8.1 Discharged from the hospital.
  - 4.8.2 Discharged by the Physicians (order to discontinuing the physiotherapy sessions)
  - 4.8.3 Transfer to another hospital.
  - 4.8.4 Goals have been achieved.
  - 4.8.5 Patient died.
- 4.9 If the patient transfers from one ward to another, a new referral has to be provided.

- 4.10 Any patient those requiring continued rehabilitation program after discharge from the hospital inpatient wards, a new referral form has to be submitted to Rehabilitation department.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Rehabilitation assessment form.
- 5.2 Follow up form.
- 5.3 Discharge form.
- 5.4 Education form

## 6. RESPONSIBILITIES:

- 6.1 All staff in Rehabilitation department.
- 6.2 All Nurses
- 6.3 All physicians.

## 7. APPENDICES:

- 7.1 Rehabilitation Services Referral Form.
- 7.2 Consultation form.

## 8. REFERENCES:

- 8.1 Polices & procedures of rehabilitation centre in KKGH-Hail.
- 8.2 Polices & procedures of rehabilitation centre in KKGH- Hafer-Albatin.
- 8.3 Polices & procedures of Physiotherapy Department MCH- Al-jouf.

## 9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms .Amira Yahya Hamed	Head of Rehabilitation Centre		January 11, 2024
Reviewed by:	Mr. Sabah Al.Harby	Nursing Director		January 18, 2024
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 18, 2024
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 18, 2024
Approved by:	Mr. Fahad Hazam Alshammari	Hospital Director		January 25, 2024



Kingdom of Saudi Arabia  
Hafar Al Batin Health Cluster  
Maternity and Children Hospital



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التجمع الصحي بحفر الباطن  
مستشفى الولادة والأطفال

### REHABILITATION SERVICES REFERRAL FORM

NAME: \_\_\_\_\_

MEDICAL RECORD NUMBER : \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

ROOM NO: \_\_\_\_\_

BED NO: \_\_\_\_\_

AGE: \_\_\_\_\_

DATE & TIME OF ADMISSION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_

☐ MALE

☐ FEMALE

All information within the referral has to be completed. Incomplete referral form will be return to the referred physician.

☐ Physical Therapy

☐ Occupational Therapy

☐ Speech therapy

☐ Physical Medicine and Rehabilitation (only intradepartmental referring)

☐ Out Patient

☐ Inpatient: (Ward: \_\_\_\_\_ Room: \_\_\_\_\_)

Clinical Features:

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Radiology Results:

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Diagnosis:

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Reason (s) for Request:

Relieve Pain	Increase Function	Cognitive Training
Increase ROM	Ambulate:	Activities of Daily Living Training
Increase Muscle Strength	<input type="radio"/> FWB <input type="radio"/> OPWB <input type="radio"/> NWB	Hand Functional Training
Reduce Swelling	Others: _____	

Comorbid Conditions:

Hypertension	Deep venous thrombosis	Osteoporosis
Diabetic mellitus	Pregnancy	Cancer
Cardiac problems	Infectious diseases	Others: _____

Precautions: ☐ No

☐ Yes: \_\_\_\_\_

Consultant / Specialist Name: \_\_\_\_\_

Referring Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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## CONSULTATION FORM

NAME: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

**BED NO:** \_\_\_\_\_

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

☐ **MALE**

☐ FEMALE

Date of Admission: \_\_\_\_\_ ☐ URGENT ☐ NOT URGENT

Date of Admission:

 URGENT

 NOT URGENT

Provisional Diagnosis/Problems: \_\_\_\_\_

Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Bleep/ Mobile Number: \_\_\_\_\_ Time: \_\_\_\_\_

OBJECT OF CONSULTATION AND CLINICAL NOTES ( INCLUDING INVESTIGATIONS AND FINDINGS)

[illegible]

## CONSULTANT'S REPORT

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CONSULTANT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



☐ FEMALE

## CONSULTATION (CONTINUATION)

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