



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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|--------------------------|--|-------------------------|----------------|
| Department: | Emergency Room | | |
| Document: | Multidisciplinary Policy and Procedure | | |
| Title: | Assessment and Documentation of Direct Admission | | |
| Applies To: | All Emergency Room Staff | | |
| Preparation Date: | January 05, 2025 | Index No: | ER-MPP-022 |
| Approval Date: | January 19, 2025 | Version : | 2 |
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1. PURPOSE:

- 1.1 For proper management of direct admission (elective admission) in emergency room.

2. DEFINITIONS:

- 2.1 Direct Admission (Elective Admission) – the patient was previously ordered to be admitted in the hospital by OPD physician and all admission records filled up by the doctor in OPD or the attending Physician. This also concerns patients previously accepted for admission from other hospital and unit or ward will complete admission papers in the unit.

3. POLICY:

- 3.1 It is the policy of Maternity and Children Hospital, Hafer Al Batin to provide efficient emergency room care for all patients.

4. PROCEDURE:

- 4.1 Patients medically appropriate for their assigned location as determined by the nurse. If appropriate, vital signs performed by the emergency room will be evaluated. The accepting unit is notified and the patient is transported by the emergency room staff. No action required by the physician.
- 4.2 Patients not medically appropriate for their assigned bed has to stay in the emergency room until a suitable bed is available. Treatment rendered as necessary. Emergency room record generated.
- 4.3 Admission records for direct admission will be filled up by the accepting department or the physician who orders for admission.

5. MATERIALS AND EQUIPMENT:

- 5.1 Emergency Department Assessment Form
- 5.2 Admission Request Paper
- 5.3 Patient Admission Slip

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

8.1 Maternity and Children Hospital Buraidah, Emergency department Policies and Procedures

9. APPROVALS:

| | Name | Title | Signature | Date |
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