



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Emergency Room		
Document:	Multidisciplinary Policy and Procedure		
Title:	Patient Referrals		
Applies To:	All Emergency Department Staffs		
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1. PURPOSE:

- 1.1 It is to set the guidelines for the procedure to be followed whenever a patient is to be referred both within and outside the hospital.

2. DEFINITIONS:

- 2.1 **Internal Referral** – is the referral of a patient within the facility; this may be intra – or interdepartmental.
- 2.2 **External Referral** – is the referral of a patient from Maternity and Children Hospital, Hafer Al Batin.

3. POLICY:

- 3.1 It is the policy of Maternity and Children Hospital that all referrals (internal and external) to and from the hospital should be according to the approved process implemented by the Maternity and Children Hospital, Hafer Al Batin and Ministry of Health.

4. PROCEDURE:

4.1 Internal Referral:

- 4.1.1 The ER physician may refer patients directly to any specialist on call or to the specialist clinics. Where possible, before referring the patient to another specialty, the physician in charge of ER should be asked to review the patient condition. This allows for definitive diagnosis and may prevent unnecessary delays for the patient referral.

- 4.1.1.1 Same day appointment: should be made only after physician – to physician communications. This ensure that the patient prioritized according to need and that the full information regarding the need for urgent appointment is known.

- 4.1.1.2 Appointment for later date should be made through appointments desk. The referral must state the name of the clinics and the physician who will assessed the patient.

4.1.2 Referral to obstetrics and Gynecology:

- 4.1.2.1 All patients should have their initial assessment by ER physician, when indicated. ER physician will initiate all stabilizing measures (I.V. fluids, oxygen, draw appropriate blood tubes for type cross – match, monitor, etc.) as the condition require.

- 4.1.2.2 Pelvic examination WILL NOT be performed by ER physician.

- 4.1.2.3 All pregnant patients over 20 weeks of pregnancy regardless of their complaints should have fetal heart monitored and recorded on the patient's file.

- 4.1.2.4 The ER physician is responsible for any patient in the ER from the time of arrival until the patient is seen by OB/GYNE. Physician, assumes care of the patient.

- 4.1.2.5 No referral of emergency patient to OB/GYNE Clinic.

- 4.1.2.6 All the above (ABC) are guidelines that should be followed. Please use your best medical judgement for the maximum benefit of your patient.

- 4.1.2.7 Please refer to physician if you have any questions or you need any help.

4.1.3 Mandatory Consultation to OB/GYNE.

- 4.1.3.1 The ER physician shall get OB/GYNE. Consultation after examination and evaluation of every pregnancy patient in the following categories:
 - 4.1.3.1.1 The pregnant with history of hypertension or any pregnant will BP 140 systolic or 90 Diastolic or above.
 - 4.1.3.1.2 Pregnant with history of Diabetes Mellitus whether on treatment or not.
 - 4.1.3.1.3 Pregnant with blood sugar over 150mg/dl without a history of Diabetes Mellitus.
 - 4.1.3.1.4 All febrile pregnant women
 - 4.1.3.1.5 All cases with vaginal bleeding
 - 4.1.3.1.6 Patient in labor.
- 4.1.4 Communication with OB/GYNE
 - 4.1.4.1 The ER physician or his designee (resident or a nurse) may call the OB/GYNE. Resident to report to ER.
 - 4.1.4.2 If there is no answer after five minutes, another call is placed. The ER staff should call the OB/GYNE physician on call.
 - 4.1.4.3 If the OB/GYNE Specialist does not respond within 5 minutes, the OB/GYNE consultant should be called.
 - 4.1.4.4 The OB/GYNE Specialist should report to ER within 15 minutes of answering the call. He/she will evaluate the patient and communicate with her/his physician. They will be in charge of that patient and the responsibility of ER physician end there.
 - 4.1.4.5 If patient's condition is very urgent, that an immediate action should be taken that on – call OB/GYNE Team. Will be called an immediate response is expected while patient is being stabilized in ER pending further definitive management.
- 4.1.5 Referral to Pediatrician
 - 4.1.5.1 All patient should have their initial assessment by ER physician when indicated. ER physician will initiate all stabilized measures (IV fluid, Oxygen, draw appropriate blood tubes, monitor) as the condition may require.
 - 4.1.5.2 The ER physician is responsible for any patient in ER until seen by the pediatrician.
 - 4.1.5.3 No referral to be made to emergency patient to pedia OPD clinic.
 - 4.1.5.4 Refer to the physician if needed any help.
 - 4.1.5.5 If the case is urgent, then the pediatrician must see the patient within 10 minutes.
- 4.1.6 Communication with Pediatrician
 - 4.1.6.1 The ER physician or his/her designee (ER Specialist on Duty) may call the on-call physician to report to ER.
 - 4.1.6.2 If there is no answer after 5 minutes, another call is placed. If there is no answer, the ER staff should call pediatrician-on-call.
 - 4.1.6.3 If the pediatric specialist does not respond within 5 minutes, the pediatric consultant – on call should be called.
 - 4.1.6.4 The pediatric physician should report to ER within 15 minutes of answering the call. He/she will evaluate the patient and communicate with charge of that patient and the responsibility of ER physician end there.
 - 4.1.6.5 If patient condition is very urgent, that an immediate action should be taken by the on call team.
- 4.1.7 OPD referral to ER
 - 4.1.7.1 Valid indication for patient referral include the need for investigation, therapies or expertise.
 - 4.1.7.2 Unless emergency case, no patient should be referred.
 - 4.1.7.3 The reason for referral should be clearly defined.
 - 4.1.7.4 The treating physician should determine whether the referral is on emergency or regular basis.
 - 4.1.7.5 The treating physician should make sure that the patient is fit for referral with recommended mode of transportation.
 - 4.1.7.6 A copy of referral form will be kept in patient file.

4.1.7.7 The referred patient will be seen in ER physician and she/he decides if further referral need to the specialist – on call.

4.2 External Referral

- 4.2.1 In some cases it may be necessary to transfer an ER patient to other hospital. In such cases the physician who made the decisions to transfer will be responsible for coordinating arrangements with the accepting hospital.
- 4.2.2 All transfer to higher center should have a prior acceptance either by fax or telephone by the responsible physician. For patient requiring ambulance transport the normal transport arrangement apply. All ambulance before leaving should be thoroughly checked for equipment's.
- 4.2.3 In all cases, the referral form should be completed and sent with transferred patient, in addition to copies of laboratory result and X – rays if available, medication sheets, vital signs monitoring in ER.
- 4.2.4 The referral form should include reason of referral with current patient situation including history, physical examination with vital signs, all medication and IV fluid taken.
- 4.2.5 No patient will be transferred without such approval by the attending physician.

4.3 ER referral to the outpatient clinics

- 4.3.1 ER physicians will advise the patient to have a follow up visit to his/her PHC in case patient was assessed and managed in ER provided that the patient had a simple clinical condition not an urgent base (for example dressing and removal of stitches), patient can have a referral from PHC to the hospital OPD if patient condition later need a follow up.
- 4.3.2 If ER physician need to refer the patient to hospital OPD, contact the on call specialist physician and filling the referral form is must. Referral form should include the name of the clinic physician and the name of the on call physician who accept the referral.
- 4.3.3 Documentation needs to take place in the patient's chart detailing the care given in the ER, reason of referral. A copy of the referral form should be kept with the ER sheet.

4.4 Referrals from Primary Health Centers (PHC)

- 4.4.1 Patients seen in a PHC that require treatment at the hospital must have appropriate referral form.
- 4.4.2 The form must be filled out correctly all relevant details of the reason of the referral.
- 4.4.3 Emergency referral must be sent to the ER, while routine cases will obtain OPD appointment.
- 4.4.4 Every attempt will be made by the PHC to ensure a rational use of the referral system.
- 4.4.5 All referrals must have the following information clearly hand written or typed (full name of the patient, name and address of PHC, full name and signature of referring physician, name of the specialist service patient is being referred to, the hospital medical record number if available, details of the sponsor and patient occupation – Non – Saudi).
- 4.4.6 All referrals must contain full clinical details, including history, physical examination findings, risk factors, alert medical conditions, medications, investigation results and provisional diagnosis.

5. MATERIALS AND EQUIPMENT:

- 5.1 Patient's Chart
- 5.2 Telephone or Paging System
- 5.3 On Call Rota

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

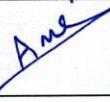
7. APPENDICES:

- 7.1 Referral Form

8. REFERENCES:

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

9. APPROVALS:

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Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hazam Al Shammary	Hospital Director		January 19, 2025

KINGDOM OF SAUDI ARABIA  جامعة الملك عبد الله للعلوم الصحية جامعة الملك عبد الله للعلوم الصحية Hospital: _____ Region: _____ Dept./Unit: _____		MRN: _____ رقم الملف الطبي: Name: _____ الاسم: Nationality: _____ الجنسية: Age: _____ سن: _____ Years سن: _____ Months سن: _____ Days سن: Date of Birth: _____ / 14 / 20 تاریخ المیلاد: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس: _____
REFERRAL FORM تدویل نموذج		
REFERRER DETAILS: <input type="checkbox"/> Out Patient <input type="checkbox"/> In-Patient <input type="checkbox"/> Emergency <input type="checkbox"/> Life Threatening Referred By (Name): _____ Mobile No: _____ Referral to: _____		
Referrer Designation/Organization Date of Referral _____ Time: _____ Is the Patient Aware of Referral: Yes <input type="checkbox"/> No <input type="checkbox"/> Does the Patient Agree for Referral: Yes <input type="checkbox"/> No <input type="checkbox"/>		
PHYSICAL EXAMINATION: Vital signs: Temp _____ Puls _____ Respiratory rate (RR) _____ BP _____ Others _____		
INVESTIGATIONS:		
PROBLEMS/DIAGNOSIS:		
PROCEDURES:		
TREATMENT:		
PATIENTS CONDITION: <input type="checkbox"/> Stable <input type="checkbox"/> Critical <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious		
REASON FOR REFERRAL: <input type="checkbox"/> Consultation <input type="checkbox"/> Admission <input type="checkbox"/> Treatment <input type="checkbox"/> Further Investigation <input type="checkbox"/> Other (Specify): _____ TRANSPORTATION: <input type="checkbox"/> Ambulance <input type="checkbox"/> Helicopter <input type="checkbox"/> Med-Evac. <input type="checkbox"/> Other: _____ ESCORT: <input type="checkbox"/> Relative <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> None <input type="checkbox"/> Other: _____ Documents accompanying referral: <input type="checkbox"/> Med. Report <input type="checkbox"/> Lab. Result <input type="checkbox"/> X-ray <input type="checkbox"/> Other: _____		
DR.'S Name: _____ Signature: _____ Date: _____ / _____ / _____ Hospital / PHC Stamp		
Date Received: _____ Time: _____		
Received By: _____		
Designation: _____ Signature: _____		

