

<b>Department:</b>	Maternal Intensive Care Unit		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Discharge/Transfer from Maternal Intensive Care Unit		
<b>Applies To:</b>	All Maternity Intensive Care Unit Staff		
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## 1. PURPOSE:

- 1.1 To establish an appropriate mechanism and provide guidelines for safe transfer of patient from Maternal Intensive Care Unit.
- 1.2 To maintain the continuity of care after transfer from Maternal Intensive Care Unit to ward.

## 2. DEFINITIONS:

- 2.1 **Hemodynamic Monitor** – A device which monitors heart rate and blood pressure.

## 3. POLICY:

- 3.1 Status of the patient shall be assessed by Maternal Intensive Care Unit physician in-charge / anaesthetist for stabilization of patient's physiologic status and when the need for Maternal Intensive Care Unit monitoring and care is no longer necessary.
- 3.2 The Maternal Intensive Care Unit physician in-charge / anaesthetist with the Consultant physician jointly makes decision to transfer/ discharge the patient from Maternal Intensive Care Unit.
- 3.3 Discharge of the patient may include assessment of functional, medical, medication, psychological, and/or cultural needs.
- 3.4 Transfer/ Discharge planning from Maternal Intensive Care Unit is a multidisciplinary, collaborative process involving the patient, patient's family and concerned team members.
- 3.5 There should be written Maternal Intensive Care Unit physician order before patient's transfer out.
- 3.6 Inform the patient and family about the transfer unless in emergency situation.
- 3.7 The patient should be transferred out to another area accompanied by an Maternal Intensive Care Physician/ Anaesthetist, MICU Nurse and Respiratory Therapist

## 4. PROCEDURE:

- 4.1 Maternal Intensive Care Unit physician in-charge/ anaesthetist shall order for the discharge/ transfer out of the patient to ward from MICU, jointly with MRP. Physician shall design the detailed plan of management, treatment and care to be followed in ward.
- 4.2 MICU Charge Nurse will reserve be din the specified ward and inform receiving ward charge nurse about the patient condition, patient's specific medical requirements, and necessary preparation for receiving the patient.
- 4.3 The MICU physician / anaesthetist will write MICU transfer note and revised physician orders in patient medical record. The discharge summary will contain, but not limited to:
  - 4.3.1 Reason for admission
  - 4.3.2 Significant findings
  - 4.3.3 Diagnosis
  - 4.3.4 Condition at discharge
  - 4.3.5 Investigation results
  - 4.3.6 Detail of any procedure performed

- 4.3.7 Medication given
- 4.3.8 Other treatment given
- 4.3.9 Other treatment given
- 4.3.10 Follow up medication
- 4.3.11 Other treatment given
- 4.3.12 Follow up medication
- 4.3.13 Any special care needed e.g. to watch for drainage tubes, strict intake output, charting of frequent blood sugar monitoring with specified frequency of time etc.
- 4.4 The Charge Nurse, Assigned Nurse and as well as the MICU physician are responsible for coordinating the discharge with other team members.
- 4.5 MICU physician / anaesthetist will inform the MRP and/or his/her team members about the transfer and special care or needs (if any).
- 4.6 The MICU physician / anaesthetist ensures that the receiving team on the floor is well informed about the patient's status and on-going patient needs.
- 4.7 After all the communication and documentations, the assigned nurse will do the following:
  - 4.7.1 Explain the patient about the ward situations if patient is conscious.
  - 4.7.2 Arrange the patient's file according to the hospital policy (the file will be arranged by the ward clerk, if available).
  - 4.7.3 Fill up transfer check list and confirm all documents in the files.
  - 4.7.4 Give due medicines till the patient leaves the unit.
  - 4.7.5 Check the vital signs before transfer the patient, if any changes inform MICU physician.
  - 4.7.6 Equip patient's bed with the entire patient's requirements i.e. portable hemodynamic monitor, pulse oximeter, oxygen cylinder etc.
  - 4.7.7 Assigned nurse ensures that all the cardiac electrodes are well placed.
  - 4.7.8 To empty all the fluids collection bags, if present e.g. uroba, chest tube drainage, abdominal drainage or any other drains, to avoid leakage, as well as correct measurement in the ward.
  - 4.7.9 If patient is on tracheostomy tube, then do suction immediately before transfer.
  - 4.7.10 Preferably shift the patient on his/her own bed i.e. not on stretcher.
  - 4.7.11 Endorse/ handover the patient to the receiving ward nurse, and give complete and accurate information with patient's full documents:
    - 4.7.11.1 Patient Data
    - 4.7.11.2 History of illness – if referral from other hospital, state the name of the hospital.
    - 4.7.11.3 Medications, Treatments, IV Fluids
    - 4.7.11.4 Vital Signs
    - 4.7.11.5 Any invasive lines
    - 4.7.11.6 Any special procedures like CT, ultrasound and others
    - 4.7.11.7 Whether intubation and mechanical ventilation was done
    - 4.7.11.8 With or without oxygen
    - 4.7.11.9 Diet
    - 4.7.11.10 Post-operative patients-operation site, wound dressing.
    - 4.7.11.11 Activity in the ward
    - 4.7.11.12 Skin condition of the patient
- 4.7.12 Complete all documentations in patient medical record.
- 4.7.12 Clean and prepare the bed and bed side for next admission (is done by housekeeper, as applicable).
- 4.7.13 Record patient's complete data in the admission/ discharge book and midnight patient's census, (transfer out in the computer/ hospital information system, if applicable), and inform dietary department.

## 5. MATERIAL AND EQUIPMENT:

- 5.1 IV Stand
- 5.2 Cardiac Monitor
- 5.3 Defibrillator

- 5.4 Pulse oximeter
- 5.5 Oxygen Cylinder

**6. RESPONSIBILITIES:**

- 6.1 Physician
- 6.2 Nurse








**7. APPENDICES:**

N/A

**8. REFERENCES:**

- 8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013

**9. APPROVALS:**

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