



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Pediatric Intensive Care Unit (PICU)		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Discharge of a Patient from Pediatric Intensive Care Unit		
<b>Applies To:</b>	All Pediatric Intensive Care Unit Staff		
<b>Preparation Date:</b>	January 12, 2025	<b>Index No:</b>	PICU-DPP-004
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## 1. PURPOSE:

- 1.1 To describe the procedure for the safe and timely discharge of the patient from PICU and to provide follow up care, including entry to community services, if needed.

## 2. DEFINITIONS:

- 2.1 **Discharge of a Patient from PICU** – it is the process of ensuring smooth and safe transition of the hospitalized patient to home care.

## 3. POLICY:

- 3.1 It is a multidisciplinary team work that starts on admission and is finalized on discharge. Proper discharge planning decreases the average length of patient's hospital stay.
- 3.2 The discharge must be decided by the attending physician.

## 4. PROCEDURE:

- 4.1 The patient is verified for the discharge criteria are met and the result are in the medical record file.
- 4.2 Discharge physician must complete discharge physician examination and must be documented in the medical record.
- 4.3 The physician will write the order for discharge and the nurse verifies the written order.
- 4.4 The physician must complete the discharge summary.
- 4.5 Duly assigned staff will inform the off – duty – manager (PRO) to inform the parents about the discharge.
- 4.6 Appointment to the clinic after discharge is made prior and it should be given to parents while coming for discharge.
- 4.7 Discharge medications should have been filled and be present at the bedside. The pharmacist is responsible for parent education regarding home medications along with bedside nurse.
- 4.8 The dietician will provide parent education for those who require special diet.
- 4.9 The discharge summary is explained to the parents by the treating physician.
- 4.10 Parent teaching will be done and documented on the appropriate form and in the nurses notes.
- 4.11 The IV cannula is removed and carefully secure with cotton balls and plaster.
- 4.12 The nurse will accompany the parents and patient to the PICU doors.

## 5. MATERIALS AND EQUIPMENT:

N/A

## 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

6.3 Off – Duty Manager (PRO)

**7. APPENDICES:**

- 7.1 Physician Order Form
- 7.2 Discharge Summary Form
- 7.3 Nurses' Progress Notes Form

**8. REFERENCES:**

- 8.1 Conclaves – Bradley DC, Lannin NA, Clemson LM, Cochrane Library, Discharge from Hospital, 2006.
- 8.2 <http://www.hopkinsmedicine.org/health/treatment-tests/hospitaldischarge>.

**9. APPROVALS:**

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Name: \_\_\_\_\_ الاسم: \_\_\_\_\_ MRN: \_\_\_\_\_ رقم الملف الطبي: \_\_\_\_\_

Progress of Patients Health: \_\_\_\_\_ تطور حالة المريض: \_\_\_\_\_

Status on Discharge: \_\_\_\_\_ حالة المريض عند الخروج: \_\_\_\_\_

شفاء Cured    
 تحسن Improved    
 لم يتحسن Not Improved    
 سيئة/خارجة Critical/Poor

PATIENT DISPOSITION: \_\_\_\_\_ خروج المريض إلى: \_\_\_\_\_

Referred/Transferred  تحويل    
DAMA  على مسؤولية المريض    
Home  المنزل

DISCHARGE MEDICATIONS \_\_\_\_\_ العقاقير الطبية الموصوفة عند الخروج

NAME	DOSE	ROUTE	FREQUENCY
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Instructions / Education \_\_\_\_\_

Sick Leave  Yes  No

Number of Days: \_\_\_\_\_

DIET: calories \_\_\_\_\_ \*نوعية الحمية عدد السعرات

تخفيف الوزن Weight Management    
 مريض السكر Diabetic    
 للقلب Cardiac    
 عادي Regular    
 أخرى Other

ACTIVITY \_\_\_\_\_ النشاط

No Restrictions  مقيد    
No Restrictions  غير مقيد

LAB ORDERS \_\_\_\_\_ الفحوصات المخبرية المطلوبة

FOLLOW-UP APPOINTMENT \_\_\_\_\_ مواعيد المتابعة

NAME OF SPECIALITY	DURATION	موعد العيادة	تخصص العيادة
1.			
2.			
3.			

REFERRALS \_\_\_\_\_ التحويل

NAME OF INSTITUTION	CONTACT NUMBER	FAX NUMBER	رقم الهاتف	رقم الاتصال عليه	اسم المستشفى
1.					
2.					
3.					

PATIENT WAS EDUCATED BY:  Hard Copy Material      Verbally      Electronic Material

PREPARED BY: \_\_\_\_\_

Physician Name & Job No. \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

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