



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Pediatric Intensive Care Unit (PICU)		
Document:	Multidisciplinary Policy and Procedure		
Title:	Transfer Out of Patient from Pediatric Intensive Care Unit to Ward		
Applies To:	All Pediatric Intensive Care Unit and Pediatric Medical Ward Staff		
Preparation Date:	January 12, 2025	Index No:	PICU-MPP-018
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1. PURPOSE:

- 1.1 To maintain the continuity of nursing care during transfer from PICU to ward.
- 1.2 To provide optimal nursing care.
- 1.3 To help the ward staff in organizing the unit according to priority.

2. DEFINITIONS:

- 2.1 **Transfer Out of Patient from PICU to Ward** – it is the movement of a patient from pediatric intensive care unit to the ward.

3. POLICY:

- 3.1 All patients for transfer out should meet the transfer out criteria of PICU. A written order from the Physician is required. Arrangement with the receiving unit should be done to ensure the continuity of care.
- 3.2 Patient should be transferred upon bed availability and agreed time of the ward with detailed transfer summary. Parents/ guardians should be informed by physician or through social worker about transfer.
- 3.3 Patient should not be transferred without watcher.
- 3.4 Inform nursing supervisor regarding the trans out of patient and PICU staff must accompany the patient during transfer.

4. PROCEDURE:

- 4.1 Secure a written order from physician for transfer out.
- 4.2 Identify patient correctly using two identifiers (4 names for Saudi/ complete name for Non – Saudi and the medical record number).
- 4.3 Explain the reason for transfer to patient and family.
- 4.4 Inform the head nurse/ shift in – charge of the receiving unit about the transfer- in and patient's condition to prepare all necessary equipment.
 - 4.4.1 Patient's data, sex and nationality
 - 4.4.2 Diagnosis
 - 4.4.3 Patient's condition
 - 4.4.4 Medical equipment's required by patient (e.g. suction machine, oxygen source, external warming device, infusion pumps)
 - 4.4.5 Approximate time of transfer
 - 4.4.6 Consultant in charge
- 4.5 Check the physician's transfer summary note and order.
- 4.6 Prepare patient for transfer out. Administer due medication and carry out pending procedure.
- 4.7 Complete all the documents, transfer out summary and the SBAR (situation, background, assessment and recommendation).
- 4.8 Arrange the patient file according to the arrangement format.
- 4.9 Reassess the patient before transfer out.

- 4.10 Evaluate nursing care plan and reassess the humpty dumpty fall assessment.
- 4.11 Fill out the transfer out form completely.
- 4.12 Transfer patient with parents/ guardian according to agreed time accompanied by staff nurse with detailed transfer summary. Pay attention to patient's privacy and safety.
- 4.13 Provide a complete hand over report to receiving ward staff nurse according to the information in the transfer out form as follows:
 - 4.13.1 Situation:
 - 4.13.1.1 Date of admission
 - 4.13.1.2 Reason for admission
 - 4.13.1.3 Length of stay
 - 4.13.1.4 Consultant in charge
 - 4.13.2 Background:
 - 4.13.2.1 Current diagnosis
 - 4.13.2.2 Past medical history
 - 4.13.2.3 Procedure or surgery
 - 4.13.2.4 Current laboratory findings
 - 4.13.2.5 Allergy
 - 4.13.2.6 Current diet
 - 4.13.2.7 Infectious status
 - 4.13.2.8 Code status
 - 4.13.3 Assessment:
 - 4.13.3.1 Patient status on transfer
 - 4.13.3.2 Recent vital signs
 - 4.13.3.3 Psychological status
 - 4.13.3.4 Pain
 - 4.13.3.5 Pressure ulcer score
 - 4.13.3.6 Fall risk level
 - 4.13.3.7 Functional level
 - 4.13.3.8 Presence of NGT
 - 4.13.3.9 Presence of indwelling catheter
 - 4.13.3.10 Presence of IV cannula
 - 4.13.3.11 Presence of drainage tube
 - 4.13.3.12 Presence of wound or dressings
 - 4.13.4 Recommendation:
 - 4.13.4.1 Outstanding orders that need completion and or follow up.
 - 4.13.4.2 Medication/ respiratory treatment needed within next two hours.
 - 4.13.4.3 Items that require follow up.
 - 4.13.4.4 Family notified
- 4.14 Document transfer out of patient in PICU flow sheet, the time the patient was transferred and the unit/ facility the patient have been transferred.
- 4.15 Inform nursing supervisor on duty for census and bed availability.
- 4.16 Enter the patient's details in the admission and discharge book, patient's daily census report.
- 4.17 Clean the bed and other equipment in preparation for the next admission.

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physicians
- 6.2 Nurses (PICU and PMW)






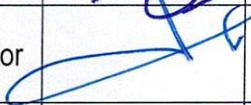

7. APPENDICES:


7.1 ICU – Physicians Transfer/Discharge Form

8. REFERENCES:

- 8.1 Ministry of Health, General Directorate of Nursing, Manual of Nursing Policy and Procedure, 2nd edition, 2011.
- 8.2 Janice L Hinkle, Kerry Cheever, Brunner and Siddhartha's Textbook of Medical Surgical Nursing, Lippincott Williams and Wilkins, Philadelphia, 13th edition, 2014.
- 8.3 Audrey Berman, Shirlee Snyder, Kozier and Erb's Fundamentals of Nursing Concept, Process and Practice, Pearson Education, 9th edition, 2012.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Asma AlShammary	Head Nurse of PICU		January 12, 2025
Prepared by:	Dr. Eman Abdelhakim Amer	Pediatric Specialist		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 13, 2025
Reviewed by:	Dr. Ali Alfayez	PICU Head of the Department		January 13, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 17, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 19, 2025
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director		January 26, 2025

KINGDOM OF SAUDI ARABIA  وزارة الصحة Ministry of Health	MRN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hospital: _____ مستشفى: _____	Name: _____ الاسم: _____
Region: _____ المنطقة/المحافظة: _____	Nationality: _____ الجنسية: _____
Dept./Unit: _____ القسم/الوحدة: _____	Age: _____ <input type="text"/> سنة <input type="text"/> Years <input type="text"/> <input type="text"/> شهر <input type="text"/> Months <input type="text"/> <input type="text"/> يوم <input type="text"/> Days
	Date of Birth: ____/____/14____ H ____/____/20____ تاريخ الميلاد: ____/____/14____ H ____/____/20____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female الجنس: <input type="checkbox"/> Male <input type="checkbox"/> Female

ICU-PHYSICIANS TRANSFER / DISCHARGE FORM

Date of Admission:		Total No. of days in ICU:	
Date:	Time:	Transfer/Discharge to:	
Admission Diagnosis:			
ICU Problem List:			
Diagnosis:			
BP	Heart Rate:	Respiratory Rate:	Temperature:
SPO₂	FiO₂	Central Line	Allergies
Cardio:			
Respiratory:			
Gastrointestinal:			
Renal:			
Central Nervous System:			
Others:			

