

Title: Discharge, Transfer and Follow Up Policy

Policy Owner: PICU	Policy Code: C-PC-06
Effective Date: 1/8/2022	Revision Date: 1/8/2024
Applies to:	
PICU, general pediatrics, pediatric ER, Nursing staff and respiratory therapist, other hospitals and ICUs	
Approved by:	
PICU: Dr. Salman Al-Towala	Nursing staff: Patron Mahmoud Baquer

Head of the Department
Dr. Salman Al Towala

Director of the hospital

**ADAN Hospital
Pediatric Department
PICU**

**Operational Policy Pediatric Intensive Care Unit
6- PICU Discharge/transfer/follow up policy**

1. Planning for discharge/transfer/follow-up:

- 1.1. All patients should be assessed by PICU team for readiness to discharge on daily basis.
- 1.2. Patient discharge should be approved by intensivist.

2. Patients should meet discharge criteria to be considered ready for discharge. These criteria include:

- 2.1. When a patient's physiologic status has stabilized and the need for ICU monitoring and care is no longer
- 2.2. Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency
- 2.3. Stable hemodynamic parameters, with no/minimal inotropic support
- 2.4. Cardiac dysrhythmias are controlled and continuous infusion of antiarrhythmic medication is no longer required
- 2.5. GCS is normal or back to its basal level
- 2.6. Neurologic stability with control of seizures

3. The PICU doctors consider and makes provision for support services and continuing medical services that may be needed after discharge/transfer:

- 3.1. Patient needs are considered on discharge/Transfer where some patients require special need and can be shifted to HDU rather than the general pediatric ward, others require follow up with specialized services and this is arranged for them and advised in the discharge report.

4. Information to parents/caregivers:

- 4.1. Parents should be informed about discharge and discussion should include:
 - 4.1.1. Time of discharge.
 - 4.1.2. Current patient condition and problems.
 - 4.1.3. Current medical management.
 - 4.1.4. It is preferable that you interview the parents few days before discharge and discuss with them the above mentioned points, to give them enough time to prepare themselves for the discharge and to ask any questions they may have.

5. Discharge/transfer summary:

- 5.1. Discharge summary must be completed and attached patient's clinical notes.
- 5.2. All patient details should be indorsed to in charge pediatric unit prior to transfer and the senior in charge should be informed.

5.3. The in charge registrar for the case is responsible for completing the discharge summary.

6. Discharge/transportation policy:

6.1. Transportation policy:

6.1.1. Critically ill patients will be transferred accompanied by appropriately skilled personnel equipped with appropriate equipment in accordance with the standards defined by the ICS guidelines.

6.1.2. Routes from the entrance or entrances to the patient's bed space are as short as possible and wide enough to facilitate the safe and rapid movement of a critically ill patient and the attendant staff / equipment to their allocated space.

6.1.3. The nurse in charge of the baby has to prepare the paper work for transportation. She has to inform the ambulance department in advance. The doctor has to sign all the required paper in advance. The doctor who will accompany the baby has to come at least 30-45 minutes before the time of transportation to ensure the stability of the baby, and all the required equipments are ready.

6.2. Transfer of patient to specialized services:

6.2.1. Patient should be evaluated for the need of transfer to specialized service (cardio and surgical cases). In these cases, official consultation should be sent to the on call team of the specialized service who will decide the management plan and need for transfer. Transfer of patient to the specialized service should be decided according to the clinical status of the patient and the urgency of the condition.

6.2.2. For Investigations outside Adan Hospital- e.g. ECHO

6.2.2.1. Make sure that an appointment has been fixed in advance

6.2.2.2. Record the date/Time of transportation

6.2.2.3. Write the name of the person in the other hospital who arranged for this appointment in the patient's notes

6.2.2.4. Inform the nurse in-charge of the baby all the above details

6.2.2.5. Inform the parents

6.2.2.6. Make sure there is a photocopy of the father's civil ID

6.2.2.7. Fill the ambulance form with the correct date and time

6.2.3. For Admitting babies to the other hospitals-

6.2.3.1. Same as above plus

- 6.2.3.2. Consent form signed by the father as needed
- 6.2.3.3. Detailed discharge summary of the baby

6.3. Transferral to general paediatrics wards:

- 6.3.1. The case should be discussed with the senior in charge of the unit that the baby will be transferred to.
- 6.3.2. A full explanation of the case to the senior should be given. A detailed discharge summary is written.
- 6.3.3. The babies will be transferred according to their dates of admission, and according to this date for unit A, B, C or D admission.
- 6.3.4. If the baby has been transferred to other hospital, then come back and is to be admitted to GP, the same above rule in item no. 3 will be applied.

7. Reporting of specific events and diseases

- 7.1. The PICU reports all infectious disease (meningitis, encephalitis, etc.), acute flaccid paralysis,....

8. Discharge/Transfer IN/OUT Check List

- 8.1. In order to ensure proper handover during patient discharge/transfer, and to avoid missing important steps on discharge, the following discharge/Transfer check list is used.