

Policy Record	
Issue Number	N/A
Modification Comments	N/A
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Policy Title	Policy Number	Policy Issuer	Replacement of Policy Number
Admission Criteria from Emergency Department to either NICU & PICU	GDHA-APP-001 V1	General directorate of hospital affairs	NA
Policy Classification	Issue Date	Effective Date	Date of Next Revision
<input checked="" type="checkbox"/> Corporate Policy (General) <input type="checkbox"/> Inter-department Policy <input type="checkbox"/> Department Policy	20/10/2022	27/10/2022	19/10/2025

1. Purpose
1.1. The purpose of this policy is to regulate the admission process for (neonates/newborns/infants or age of 3 days or more upto 28 days assuring unification of criteria and pathway from emergency department to the desired intensive distention, the process takes in consideration the patient weight, age, local environment and other regulations within the Saudi MOH.
2. Scope
2.1. All MOH Hospitals Who Have Consultant PICU and NICU coverage.
3. Detentions
3.1. This policy will be applied to the hospital who has Consultant PICU and NICU coverage only.
4. Policy Content
4.1. NICU (Neonatal Intensive Care Unit) - is a place used for admission of critical neonates, whether preterm or full term.
4.2. PICU (Pediatric Intensive Care Unit) - is a place used for admission of critical pediatric patients.
4.3. MRP - Most Responsible Physician
5. Procedures
5.1 All infants beyond three days of age (neonatal age) who need new critical care service should be admitted to Pediatric Critical Care with few exception.



5.2 Exceptions for admission the neonate to NICU not PICU:

- 5.2.1 Discharge from NICU and presented back within 72 hours from discharge (regardless of age).
- 5.2.2 Age < 3 days or less than 44 weeks' gestational age for preterm babies (at delivery less than 37 weeks GA)
- 5.2.3 If the patient admitted with neonatal diseases (e.g., hyperbilirubinemia, PPHN, necrotizing enterocolitis).
- 5.2.4 If they are less than 2.5 kg of weight
- 5.2.5 Neonate requiring exchange transfusion.

5.3 If the patient came to ER as lifesaving from other NICU then he/she will be admitted to NICU.

6. Flowchart

N/A

7. KPIs

N/A

8. References

- Parmanum J, Field D, Rennie J, Steer P (2000) National census of availability of neonatal intensive care. British Association for Perinatal Medicine. BMJ321 (7263): 727-9.
- University of Minnesota neonatal perinatal unit guidelines 2005.
- MOH guidelines for neonatal care.

9. Appendix

N/A