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DOCUMENT

المديرية العامة لمستشفى خولاء
Directorate General of Khoula Hospital

Directorate of Anesthesia and ICU

Document Title	Intensive care unit admission Guideline	
Document Type	Guideline	
Directorate/Institution	Directorate General of Khoula Hospital	
Targeted Group	All healthcare professionals working in the intensive care unit.	
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Release Date	December 2025	
Review Frequency	Three Years	

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Date	30/12/2025	Date	30/12/2025



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- Acronyms:

ICU	Intensive care unit
DGKH	Directorate General of Khoula Hospital
CKD	Chronic Kidney Disease
CRRT	Continuous Renal Replacement Therapy
GCS	Glasgow Coma Scale
MDR	Multi Drug Resistant
MRSA	Methicillin Resistant Staphylococcus Aureus
CRE	Carbapenem - Resistant Enterobacteriaceae

1. Definitions:

Patient Admission: allowing a patient to stay in hospital for observation, investigation, treatment and care .It is the entry of a patient into a hospital or ward for therapeutic or diagnostic purposes.

Critically ill Patients: life threatening condition that requires pharmacological and/or mechanical support of vital organ functions

Intensive Care Unit Admission Guideline

Chapter one:

2. Introduction:

Intensive care is a set of interventions, which consists of specific therapies for the disease, technologies for physiological monitoring and organ system support, and integrated multidisciplinary decision-making. The decision to admit patients to intensive care is a daily task for intensivists and a life-changing event for patients and families. The Intensive care unit admission is focused on those patients who are too sick and potentially recoverable with immediate intervention in ICU, aiming for discharge with reasonable good quality of life, rather than those sick patients whose outcome is poor with or without intervention.

3. Purpose:

The purpose of this guideline to:

- Provide a standardized criteria for admitting patients to the ICU in DGKH
- Ensure an effective utilization of the ICU beds for the critically ill patients.
- Ensure clear communication between the multidisciplinary healthcare professionals for management of the critically ill patients whether within the hospital or between the hospital and other hospitals.

4. Scope:

This guideline applies to all healthcare professionals working in the intensive care unit at DGKH.

Chapter Two

5. Structure :

It is the guideline of the Directorate General of Khoula Hospital to ensure that:

5.1 The decision for admitting a patient in ICU should be taken by the following people:

- Director of Anesthesia, ICU, Respiratory Therapy and Pain Medicine.

- HOD of Intensive Care Unit
- Consultant on duty.
- Senior Specialist on call doctor in ICU.

5.2 The following **Admission Criteria** should consider before admitted any patient to ICU:

- Patient who requiring Invasive Ventilatory Support.
- Patient with Severe Polytrauma who is Hemodynamically Unstable.
- Patient with Septic Shock and Multiple Organ Failure.
- Patient with Acute Ischemic Stroke with Low GCS, Unstable Hemodynamics or Requiring Advanced Airway.
- Patient who Refractory Status Epilepticus failed to control in high dependency unit.
- Patient with Acute Kidney Injury or acute on CKD requiring CRRT
- Transfer from other hospitals unstable Patients for acute intervention at DGKH
- **Code Status to be documented by primary admitting to ICU**

5.3 The following **Exclusions Criteria** should be consider:

- Patients who doesn't require active management by DGKH specialties, but requested for admission by family members /hospital administration or the clinician from parent hospital
- Chronic terminally ill patients needing further investigations without any change in management plan of the patient.
- Patient who are hemodynamically or biochemically unstable, without any need for life saving surgical intervention, to shift from other hospitals
- Dilated and fixed pupils, with poor prognosis and no further planned active management which will not change the outcome.

6. Responsibilities:

6.1 All Directors/HoDs shall:

6.1.1 Ensure that all healthcare professionals adhere to this the Guideline.

6.2 The Director of Nursing Affairs shall:

6.2.1 Emphasize to all Head of Departments and Unit supervisors the importance to follow this Guideline.

6.3 Head of Departments/ Unit Supervisors/shift supervisors shall:

6.3.1 Ensure to all the staff adhere to the guideline

6.3.2 Investigate all incidents related to the guideline

6.4 Treat Team Doctor shall:

6.4.1 Ensure that the patients meet the ICU admission criteria. This is especially relevant while accepting patients from other hospitals

6.5 Senior ICU Doctor On Duty Shall:

6.5.1. Assesses the patient for admission & gives detailed history to consultant on call and organizes the plan of management with the admitting doctor.

6.5.2 Informs the ICU incharge about the new admission.

6.6 Consultant on duty of ICU shall:

6.6.1 Ensure that the patients meet the ICU admission criteria.

6.7 Bed manager shall:

6.7.1 Look into the bed situation & informs the ICU incharge about the new Admission.

6.7.2 In case of transfer of acute /chronic cases, the bed manager has to be aware

About the latest culture reports e.g. MDR, MRSA, CRE & others



6.8 ICU Nurse In-Charge Shall:

- 6.8.1 Organize the bed availability, plan of management with the ICU doctor & the admitting doctor.
- 6.8.2 Informs the ICU staff of the new admission.

Chapter Four

7. Document History and Version Control:

Version	Description	Author	Review date
01	Initial release	Dr. Adil al-Kharousi Dr. Neelam Suri	2015
02	Version Two	Dr. Adil al-Kharousi Dr. Naresh Vandavasi	2022
03	Version Three	Dr. Adil al-Kharousi Dr. Naresh Vandavasi	2025

8. References:

1. Bion, J & Dennis, A, ICU Admission and Discharge Criteria, 2016, Page 633-638
2. Trugo RD, Brook DW, Cook DJ et al, Rationing in the Intensive Care unit. Critical Care Medicine, 2006, Page 34 (4): 958-963.