



Policy of Internal Referral to General Medicine

AMRH/GM/POL/001/Vers.01
Effective Date: December 2022
Review Date: December 2025

Institution Name: Al Masarra Hospital					
Document Title: Policy of Internal Referral to General Medicine					
Approval Process					
	Name	Title/Designation	Institution	Date	Signature
Written by	Dr Preeti Srivastava	Specialist, HoD General Medicine	Al Masarra Hospital	22-1-2023	
Reviewed by	Dr Honeylette Cainday	Medical Officer, General Medicine	Al Masarra Hospital	22-1-2023	
Validated by	Kunooz Al Balushi	Document Manager, QMPSD	Al Masarra Hospital	23-1-23	
Approved by	Dr. Bader Al Habsi	Executive Director	Al Masarra Hospital	26-1-2023	





Content Table

Acronyms.....	3
<hr/>	
1. Introduction.....	4
2. Scope.....	4
3. Purpose.....	4
4. Definition.....	4
5. Policy.....	4-8
6. Responsibilities.....	8-9
7. Document History and Version Control	9
8. Related Documents	10
9. References.....	11
10. Attachments.....	12-14
Appendix 1. Audit Tool.....	12
Appendix 2. Document Request.....	13
Appendix 3. Validation Checklist.....	14



Acronyms

AMRH	Al Masarra Hospital
MOH	Ministry of Health
MEWS	Modified Early Warning Signs Score
N/G	Nasogastric
ENT	Ear, Nose, Throat
QTc	Corrected QT interval
OPD	Outpatient Department



Policy of Internal Referral to General Medicine

1. Introduction

Proper patient referral system plays an integral part in the health care services, offering highest possible levels of holistic patient care through a systematic multidisciplinary approach. This guideline covers general policy on referrals to the Department of General Medicine within the hospital, from the outpatient department, in-patient department and emergency department for smooth collaboration and provision of safe treatment plans.

2. Scope

This policy targets all healthcare professionals involve in the provision of patient's treatment plan such as psychiatrists, clinical pharmacist, nurses, and anesthetist.

3. Purpose

This policy aims to guide multidisciplinary teams in proper and systematic referral to General Medicine physicians for the holistic and safe management of patients in Al Masarra Hospital.

4. Definitions

4.1. Code of Ethics: a guide of principles and standard of morals designed to help professionals conduct professional work and services honestly and with integrity and assist them in decisions about what is right or wrong.

4.2. Medical: relating to the science or practice of medicine as distinguished from surgery, psychiatry, ENT, Orthopedic, Ophthalmology, Dental, etc.,

4.3. Physical Assessment: is the process of evaluating objective anatomic findings through the use of observation, palpation, percussion and auscultation.

4.4. Urgent: requiring immediate action or attention

4.5. Emergency: a serious, unexpected, and often dangerous situation requiring immediate action.

5. Policy

5.1. The referrals sent to the Department of Medicine should be only for the medical and medical related cases.

5.2. Only patients above the age of 12 years should be referred (patients less than 12 years will require a Pediatrician's input)



- 5.3. The patients requiring Surgical, Orthopedic, Gynecological, Ophthalmological, Dermatological, Dental, ENT care should be referred directly to the concerned specialty at the nearest hospital by the referring/treating psychiatrist.
- 5.4. The Referring doctor should conduct the preliminary physical assessment on the patient and document the clinical findings before the referral, except for clinically evidenced urgent/emergency medical conditions.
- 5.5. The reason/s for referral to the Department of Medicine should be specific and documented clearly
- 5.6. The Physician's input would mainly focus on the assessment, opinion, and advice on the management of the patient concerned, except for clinically evidenced urgent/emergency medical conditions whereby the Physician will plan the management in collaboration with the referring doctor
- 5.7. Referrals for reviewing ECG including QTc reporting should be made only for the ECGs with abnormalities as auto reported by the ECG machine. ECG auto reported by the ECG machine as WITHIN NORMAL record should not be referred routinely.
- 5.8. Each patient should receive a multidisciplinary model of management, led by the Treating Psychiatric unit. The ultimate clinical decision concerning the aspects of care intervention has to be taken by the Treating Psychiatric unit, except for clinically evidenced urgent/emergency medical conditions in close consultation with the Psychiatric unit/ Psychiatric on-call team.
- 5.9. Priority of the referral should be decided by the referring doctor based on the parameters undertaken by the attending nurse;
- 5.10. Routine referrals: for patients with chronic/long-standing medical conditions, ECG reports/laboratory abnormalities for non-urgent intervention. Such referrals will be attended to within 48 hours.
- 5.11. Urgent referrals: for patients with acute medical illness and will be attended to within 2 hours.
- 5.12. Immediate referrals for patients with serious or life-threatening medical conditions and will be attended to immediately.



5.13. The Internal Medicine team, in close communication with the Treating Psychiatric unit/ Psychiatric on-call team, will decide on the level of urgency of the referral and attend accordingly.

5.14. Referrals from the Outpatient Department

5.14.1. *Follow policies from 5.1. to 5.6.*

5.14.2. Referrals from the outpatient settings should only be made for acutely unstable medical conditions taking into consideration that the majority of patients are under treatment and follow-up at the local/regional health institutions.

5.14.3. Patients with non-urgent chronic medical conditions such as Hypertension and Diabetes Mellitus should be referred by the Treating Psychiatric team to the local/regional health institutions; as and when indicated.

5.14.4. Routine referrals to the local/regional health institutions for non-medical (Surgical, Orthopedic, Obstetric, Ophthalmology, Dermatology, ENT, Dental) problems should be made by the Treating Psychiatric team.

5.14.5. Urgent/Immediate referrals will be managed by the Internal Medicine team, in alliance with the Treating Psychiatric team as and when applicable.

5.14.6. The reason/s for referral to the Department of Medicine should be specific and documented clearly

5.14.7. Routine investigations should be arranged by the Treating Psychiatric team.

5.14.8. Patients planned for hospitalization from the OPD should not be referred routinely to the Internal Medicine for “medical clearance for admission”.

5.14.9. The General Medicine team will not accept referrals for “medical clearance for commencement of treatment with psychotropic medication. An opinion from the Clinical Pharmacists may be sought; as and when applicable.

5.10.10 All new outpatient referrals from other health institutions who require a medical evaluation to rule out organic causes, appointments for the psychiatric assessment to be given only after receiving full reports of recent and complete medical evaluation from the referring institution. This should be ensured by the Psychiatrist who is reviewing the referrals for the process of booking an appointment

5.15. Referral from the In-Patient Department

5.15.1. *Follow policies from 5.1. to 5.6.*



- 5.15.2. The routine referrals should be made before 2 pm on working days.
- 5.15.3. Routine investigations should be arranged by the Treating Psychiatric team.
- 5.15.4. Routine referrals to the local/regional health institutions should be made by the Treating Psychiatric team.
- 5.15.5. Each patient should receive a Multidisciplinary model of management. For urgent and emergency referrals, other Multidisciplinary Team members from the treating/on-call psychiatric team, or the nursing team (area manager/nursing supervisor) should actively contribute to the execution of the management; as and when required.
- 5.15.6. Patients developing side effects/adverse effects to psychotropic medication who do not require urgent/emergency intervention by the Internal Medicine team should be referred/reported directly to the Clinical Pharmacist.
- 5.15.7. Patients with inadequate oral intake should be initiated with Naso Gastric (N/G) tube nutrition without delay for both feeding and treatment purposes by the treating/on-call psychiatrist. Referrals to the Internal Medicine team should be made only if the MEWS score is > 2 .
- 5.15.8. The nursing staff can follow up with the Medical Physicians directly pertaining to patient that had already been referred to and is being actively managed by the Physician but not for patients that nurses assessed and found to be clinically indicated for routine referrals to medical physician.
- 5.15.9. The flow chart for guidelines of referral to be followed.

Pre-ECT clearance must be initially assessed and evaluated by the anesthesiologist and if needed, anesthesiologist will refer to Medicine and Dental department if needed.

5.16. Referrals from the Emergency Department:

- 5.16.1. *Follow policies from 5.1. to 5.6.*
- 5.16.2. The referring doctor should call the Physician concerned to attend as and when clinically indicated to accelerate the management in the emergency settings.
- 5.16.3. The General Medicine team will not accept referrals for “medical clearance for admission”. The decision to admit the patient is made by the Psychiatric team concerned weighing out benefits and risks and while taking into consideration the facilities available in the hospital.



5.16.4. Patients attending the emergency department should NOT be referred routinely to the Internal Medicine team for “physical evaluation” or to “rule out organicity” unless clinically indicated to assess for possible causative organic medical condition as evidenced through the physical examination and relevant tests done by the referring doctor.

5.16.5. All patients referred from the Triage/Emergency should have a documented assessment of the referring Psychiatrist

5.16.6. In case a patient with an acute medical condition needs to be transferred to a higher center, the decision to accompany the patient will rest on the doctor assessing and managing the patient.

5.16.7. Transfers of patients with acute non-medical conditions should be arranged by the attending doctor

5.16.8. Ambulance services should be readily available to all patients who are in need to be transferred to another hospital for evaluation and management of acute medical concerns.

5.16.9. High-risk patients (those with advanced heart illnesses, liver failure, renal failure, advanced pregnant state) whose psychiatric conditions warrant admission, should have a pre-arranged agreement with the concerned specialty from other hospitals prior to the acceptance of case for proper collaboration of care in the event that the medical condition progressed.

5.16.10. Routine referrals for patients with chronic medical conditions that are discharged from the emergency department should be made by the Treating/on-call Psychiatric team to the local/regional health institutions; as and when indicated.

5.16.11. Pre-ECT clearance must be initially assessed and evaluated by the anesthesiologist and if needed, anesthesiologist will refer to Medicine and Dental department if needed.

6. Responsibilities

6.1. Medical physicians

6.1.1. Provide detailed assessment, opinion, and advice on the management of the patient referred by psychiatrist

6.1.2 Attend to urgent/emergency medical conditions with appropriate treatment plan and management in collaboration with the referring doctor

6.2. Psychiatrists



- 6.2.1. Provide detailed assessment and plan before referring to physician
- 6.2.2. Support physician in medical emergencies
- 6.3. Clinical pharmacist
 - 6.3.1. Review patients' medications and provide recommendations regarding side-effects / adverse reaction of medications
- 6.4. Nursing staff
 - 6.4.1. Follow up with the Medical Physicians directly pertaining to patient that had already been referred to and is being actively managed by the Physician
 - 6.4.2. Assist physician and psychiatrist in attending urgent and emergency cases
- 6.5. Anesthetist
 - 6.5.1. To assess and evaluate patients for ECT clearance and decide if needed referral to Medicine and Dental Department are to be made.
 - 6.5.2 Assist in medical emergencies such as patient intubation, difficult intravenous cannulation, etc.



7. Document History and Version Control Table

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01.	Initial Release	Dr Preeti Srivastava	December 2025
02.	Update		
Written by		Reviewed by	Approved by
Dr Preeti Srivastava		Dr Honeylette Cainday	Dr. Bader Al Habsi

8. Related Documents

- 8.1. Audit Tool
- 8.2. Document Request Form
- 8.2. Document Validation Checklist



9. References

Title of book/journals/articles/Website	Author	Year of publication	Page
Policy and Procedures of Medicine Department	Dr Preeti Srivastava	2016	4-8
ECT Policy and Procedure	Dr. Said Kaabi	2022	



9. Attachments

Appendix 1. Audit Tool

Policy of Internal Referral to General Medicine	
Department:	Date:

S.N.	Audit Process	Standard/Criteria	Yes	Partial	No	N/A	Comment
1	Interview Document Review	Are the referrals sent to the Department of Medicine only for medical problems and not for other conditions?					
2	Observation Interview Document Interview	Are physicians mainly providing the assessment, opinion and advice regarding the management of the patient referred?					
3	Observation Interview Document Interview	Are the advices of physician being carried out by the treating team?					
4	Observation Document Review	Are the priorities of referrals clearly decided by the referring doctor?					
5	Observation Interview	Are the referring doctor seeing and examining the patient prior to referring the patient to the department?					



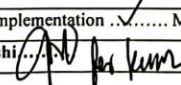
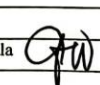
Appendix 2.Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Dr Preeti Srivastava	Date of Request	December 2022
Institute	Al Masarra Hospital	Mobile	
Department	General Medicine	Email	
The Purpose of Request			
<input checked="" type="radio"/> Develop New Document		<input type="radio"/> Modification of Document	<input type="checkbox"/> Cancelling of Document
1. Document Information			
Document Title	Policy of Internal Referral to General Medicine		
Document Code	AMRH/GM/POL/001/Vers.01		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....
Comment and Recommendation: <i>to proceed with the document</i>			
Name	Kunooz Al Balushi	Date	December, 2022
Signature	<i>[Handwritten Signature]</i>	Stamp	





Appendix 3.Document Validation Checklist

Document Validation Checklist					
Document Title: Policy of Internal Referral to General Medicine			Document Code: AMRH/GM/POL/001/Vers.01		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1. Approved format used					
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2. Document Content					
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3. Well defined procedures and steps					
3.1	Procedures in orderly manner			✓	
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms				
3.4	Procedures to define flowchart			✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4. General Criteria					
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed			✓	
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations For implementation More revision To be cancelled					
Reviewed by:Kunooz Balushi..... <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Reviewed by:Kunooz Balushi..... </div> <div style="text-align: center;">  Reviewed by: Maria Claudia Fajard-Bala </div> </div>					

