



Prince Sultan Military Medical City

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Departmental Policy	Dept: Intensive Care Services	Policy No: 1-2-9451-01-010 Version No: 03
Title: Admission and Discharge for Neuro Surgical Intensive Care Unit (NSICU)		JCI Code: ACC
Supersedes: 1-2-9451-01-010 Version No: 02; 16 February 2015	Copy No:	Page 1 of 3

1. **INTRODUCTION**

Neurosurgical post procedure / operative patients most of the times do not require full Intensive Care management. Most of these patients need close neurological observation after the procedure. This close monitoring helps in early detection of any complication and its prompt management accordingly. Caring of this group of patients in a specialized area like Neurosurgical Intensive Care Unit (NSICU) results in the better patient management and safety.

2. **APPLICABILITY**

All staff of Intensive Care Services Department

3. **RESPONSIBILITIES**

It is the responsibility of the Director of ICS to implement and monitor the compliance of this policy.

4. **POLICY**

- 4.1 Elective post-operative / post procedure, non-infected Neurosurgical patients are admitted in this unit.
- 4.2 Any infected or emergency post-operative / post procedure Neurosurgical patients will be admitted in General Intensive Care Unit (GICU).
- 4.3 NSICU is a closed unit.
- 4.4 Intensive Care Services (ICS) will assume the responsibility for the care of the post procedure/operative neurosurgical patients in collaboration with the Department of Neurosurgery.

5. **DEFINITION OF TERMS**

Neuro Surgical Intensive Care Unit (NSICU) is a two bedded unit situated in the ward 1-2 of Building 5.

6. **PROCEDURES**

- 6.1 Patient must be booked a day before the procedure by the neurosurgical team in NSICU admission book.
- 6.2 The neurosurgical team must re confirm this booking on the day of surgery from the ICS team before calling the patient to the Operating Room (OR).



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- 6.3 There will be a daily follow up of the patient by the ICS team unless otherwise patient is stable and released from the service or discharge to the ward.
- 6.4 NSICU will be looked after by the Consultant Intensivist as a closed unit.
- 6.5 Neuro team should follow up the patient in NSICU in a daily basis in which any recommendation from the team regarding the care of the patient will be taken into consideration.
- 6.6 The Intensive Care Nurses and Respiratory Care Therapist will provide nursing and respiratory care till the patient is discharged to the ward.
- 6.7 Discharging the patient to the ward will be discussed with the neurosurgical team and order will be written in the physician order sheet.
- 6.8 If the NSICU patient is in need of critical care management **after** 72 hours, he must be transferred to the GICU. The ICS team will arrange this transfer.
- 6.9 **ADMISSION CRITERIA.**
- 6.9.1 Elective Post operative Neurosurgical
 - 6.9.2 Elective Post procedure Neurosurgical Interventional patient
 - 6.9.3 Non Infected Neurosurgical Interventional patient
- 6.10 **DISCHARGE CRITERIA.**
- 6.10.1 The status of patients admitted to NSICU should be revised continuously to identify patients who may no longer need NSICU care.
- 6.10.2 When a patients' physiologic status has stabilized and the need for ICU monitoring and care is no longer necessary. The parameters are:
- 6.10.2.1 HR > 50 and < 120 bpm.
 - 6.10.2.2 SBP >90 mmHg and < 160 mmHg
 - 6.10.2.3 SpO₂ > 90%
 - 6.10.2.4 Oxygen Requirement ≤ 40%
 - 6.10.2.5 GCS > 8
 - 6.10.2.6 Off Ventilator
- 6.10.3 These are guidelines which does not replace the clinical judgment of the physician.
- 6.10.4 When a patient's neurological and physiological status has improved and patient does not need 1:1 nursing care.



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6.10.5 When a patient's neurological and physiological status has deteriorated and no active intervention required, discharge to a lower level of care is appropriate.

7. REFERENCES

Joint Commission International Accreditation Standards for Hospitals; 6th Edition 1 July 2017
Access to Care and Continuity of Care (ACC)

8. ORIGINATING DEPARTMENT

Department of Intensive Care Services

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Date Reviewed	Date of Next Review	
12 February 2018	14 February 2021	

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