



Prince Sultan Military Medical City

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وزارة الدفاع
MINISTRY OF DEFENSE

Departmental Policy	Dept.: Intensive Care Services	Policy No: 1-2-9451-01-026 Version No: 04			
Title: Admission and Discharge for Trauma Intensive Care Unit (TICU)		JCI Code: ACC			
Supersedes : 1-2-9451-01-026 Version No: 03; 30 September 2020	Issue Date:	Effective Date: 25 OCT 2023	Revision Date: 24 OCT 2026	Page 1 of 5	

1. PURPOSE

As PSMMC is a tertiary care, military hospital that receives trauma cases from all over the Kingdom, caring these trauma patients in a specialized area like Trauma ICU results in a better patient management and safety. This closed monitoring helps in the early detection of any complication, its prompt management accordingly.

2. APPLICABILITY

All Staffs of the Department of Intensive Care Services (ICS)

3. RESPONSIBILITIES

It is the responsibility of the Director of Intensive Care Services to implement and monitor the compliance of the policy.

4. POLICY

- 4.1 Acute Trauma (trauma occurring in <72 hours) will be admitted in the Trauma Intensive Care Unit (TICU). Trauma as defined in Trauma Team Policy No. 1-2-9170-01-002.
- 4.2 Trauma occurring within >72 hours will be admitted in the GICU.
- 4.3 Trauma ICU is a closed unit.
- 4.4 Trauma patients from PSMMC will be admitted to Trauma ICU after stabilization in the A&E.
- 4.5 If these patients need any intervention/imaging, it should be done before admitting the patient to Trauma ICU.
- 4.6 All these admissions should be subject for review and approval by the Rapid Response Team (RRT) as per RRT Policy (Policy No. 1-1-8062-03-071; Version 02).
- 4.7 Acute trauma patient coming as Medevac from other hospitals of the Kingdom should be admitted to Trauma ICU after initial assessment by the Primary Team in the ER as per Medevac ICU policy (Policy No. 1-2-9451-01-001; Version 02).



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- 4.8 If the patient admitted to TICU becomes infected, he/she should be transferred to GICU. The Consultant In charge of TICU will arrange this transfer.
- 4.9 Staff will be trained about the criteria during the departmental orientation.

5. DEFINITION OF TERMS

5.1 **Trauma ICU (TICU)**

A four bedded unit located in Ward 1:1 of Building 5.

6. PROCEDURES

6.1 Trauma patients from other Facilities

6.1.1 A detailed recent medical report of the patient should be submitted by the patient affairs to the Consultant In charge of GICU for his approval and securing of bed in TICU.

6.1.2 After written approval from the Consultant In charge of GICU, the patient affairs will activate the MedEvac services and informs the Primary Hospital for transportation.

6.1.3 After arrival, these patients will be following the Medevac Transfer Policy to be admitted to TICU.

6.2 Trauma patient from PSMMC

6.2.1 Hospital trauma Team will stabilize the patient in ER, if needed refer the patient to RRT (Trauma Team policy No. 1-2-9170-01-002).

6.2.2 RRT will review the patient if it requires admitting patient to TICU in liaison with the Trauma ICU Consultant in Charge.

6.2.3 Any urgent/emergent intervention/surgery or imaging should be done prior to admitting the patient to TICU.

6.3 The Consultant Intensivists as a Closed Unit will look after trauma ICU.

6.4 There will be a daily follow up of those patients by the ICS Team unless otherwise patient is stable and discharged to the Ward.



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- 6.5 Primary Team should follow up the patient in Trauma ICU on a daily basis; 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 Therapists will provide nursing and respiratory care until the patient is discharged to the ward.
- 6.7 Discharging the patient to the ward will be discussed with the Primary Team, order will be written in the Physician order sheet/ ICIP.
- 6.8 Admission Criteria
- 6.8.1 Pulse <40 or >150 beats/minute.
- 6.8.2 Systolic arterial pressure <80 mmHg or 20 mmHg below the patient's usual pressure.
- 6.8.3 Mean arterial pressure <60 mmHg.
- 6.8.4 Systolic arterial pressure > 200 mmHg.
- 6.8.5 Diastolic arterial pressure >120 mmHg.
- 6.8.6 Respiratory Rate <10 or >35 breaths/minute.
- 6.9 The hospital Trauma Team will refer the patient To TICU
- 6.10 Discharge Criteria
- 6.10.1 The status of the patients admitted in TICU should be reviewed continuously to identify the patients who may no longer need TICU 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:
- 6.10.3 HR > 50 and < 120 bpm.
- 6.10.4 SBP >90 mmHg and < 160 mmHg
- 6.10.5 SpO₂ > 90%
- 6.10.6 Oxygen Requirement ≤ 40%
- 6.10.7 GCS > 8
- 6.10.8 Off Ventilator



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- 6.11 These are guidelines, which does not replace the clinical judgment of the physician.
- 6.12 When patients neurological and physiological status has deteriorated and active intervention are no longer planned, discharge to a lower level of care is appropriate.
- 6.13 Discharge criteria from TICU should be similar to the admitting criteria for the next level of care.

7. REFERENCES

- 7.1 Joint Commission International (2021). Section II: Patient Centered Standards. Access to Care and Continuity of Care. JCIA Standards for Hospitals (7th Ed.pp39-40) Illinois, USA. Joint Commission International
- 7.2 Saudi Central Board for Accreditation of Healthcare Institutions (2016). CBAHI National Hospital Standards. Third Edition



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8. CONTRIBUTING DEPARTMENT

Intensive Care Services

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