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- PC.18.1 The hospital implements the national clinical practice guidelines, pathways, and protocols that are consistent with current evidence- based practice.
 - PC.18.2 Clinical practice guidelines, pathways, and protocols are updated at least every two years and as required with emphasis on the most common diagnoses.
 - PC.18.3 Clinical practice guidelines, pathways, and protocols are documented in the patient's medical record.
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Standard Intent:

The hospital should identify priority clinical care services or areas for whom standardization of care is critical, for example, management of patients presenting with chest pain, abdominal pain, stroke and etc. The use of practice guidelines, clinical protocols or pathways, that are evidence based, for those priority services enables staff to provide safe integrated patient care with the least available resources and time and ensures better outcomes. Such guidelines and protocols should be reviewed at least every 2 years to ensure its relevance and up to date status. The use of practice guidelines, pathways and protocols should be documented in the patients' files.

PC.19 The hospital ensures uniform patient care processes during invasive interventions.

- PC.19.1 The hospital implements a policy for the assessment and management of patients undergoing invasive procedures.
 - PC.19.2 The policy defines all essential requirements that must be documented in the patient's medical record including, but are not limited to:
 - PC.19.2.1 Date and time of the procedure.
 - PC.19.2.2 Name, designation and signature of the physician performing the procedure and the names of all assistants.
 - PC.19.2.3 Location of the procedure.
 - PC.19.2.4 Nature and indication of the procedure.
 - PC.19.2.5 Any anesthesia or analgesia used with dosage and type.
 - PC.19.2.6 Patient monitoring.
 - PC.19.2.7 Procedure outcome.
 - PC.19.2.8 Complications
 - PC.19.2.9 Laboratory specimens.
 - PC.19.2.10 Specific post procedural orders.
 - PC.19.3 Invasive procedures are documented in the patient's medical record (or in an appropriate form) as per the policy.
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Standard Intent:

Because invasive intervention carries a high level of risk, the hospital must develop a policy to guide the process from the planning till the end of the procedure, including