

PC.23.6.6 Availability of requested blood or blood products.

PC.23.6.7 Evidence of removal of dentures and loose objects such as eye lenses, eyeglasses, and removable nails.

PC.23.6.8 Evidence of removal of jewelry and patient's valuables.

Standard Intent:

Hospital design a nursing preoperative checklist with a policy that control handover process for patients transferred to operating room. The nursing preoperative checklist includes elements in sub-standards PC.23.6.1 to PC.23.6.8 to ensure proper and full assessment including clinical, nursing, radiological and laboratory in addition to others elements considered important and not to jeopardize patient life. The checklist utilized during handover between nursing and operating room endorses.

PC.24 The hospital meets the unique needs of terminally ill patients in a culturally and age-appropriate manner.

PC.24.1 The hospital assesses and responds to the unique needs of end of life patients, including psychological, spiritual, social, and cultural assessment.

PC.24.2 The hospital provides an effective palliative care for terminally ill patients (e.g., management of pain and management of other distressing symptoms).

PC.24.3 Family members are involved in care decisions.

PC.24.4 Family members are educated on how to care for their patient.

PC.24.5 When required, the hospital provides referral and transfer services to other facility that can provide palliative care (e.g., bed or resources availability).

PC.24.6 When applicable, the hospital provides or arrange for a nursing home care (e.g., inability to refer, or patient/family wish).

Standard Intent:

Patients who are approaching the end of life require care focused on their unique needs. Dying patients may experience symptoms related to the disease process or curative treatments or may need help in dealing with psychosocial, spiritual, and cultural issues associated with death and dying. Their families and caregivers may require respite from caring for a terminally ill family member or help in coping with grief and loss. The hospital's goal for providing care at the end of life considers the settings in which care or service is provided (such as a hospice or palliative care unit), the type of services provided, and the patient population served. The hospital develops processes to manage end-of-life care. These processes

- ensure that symptoms will be assessed and appropriately managed;
- ensure that terminally ill patients will be treated with dignity and respect;
- assess patients as frequently as necessary to identify symptoms;
- plan preventive and therapeutic approaches to manage symptoms; and



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- Educate patients and staff about managing symptoms.

Pain is a common part of the patient experience, and unrelieved pain has adverse physical and psychological effects. A patient's response to pain is frequently within the context of societal norms and cultural and religious traditions. Thus, patients are encouraged and supported in their reporting of pain. Dying patients have unique needs that may also be influenced by cultural and religious traditions. Concern for the patient's comfort and dignity guides all aspects of care during the final stages of life. To accomplish this, all staff members are made aware of patients' unique needs at the end of life. These needs include treatment of primary and secondary symptoms; pain management; response to the patient's and family's psychological, social, emotional, religious, and cultural concerns; and involvement in care decisions. The hospital's care processes recognize and reflect the right of all patients to assessment and management of pain and the assessment and management of a patient's unique needs at the end of life.

PC.25 Policies and procedures guide the handling, use, and administration of blood and blood products.

- PC.25.1 There are policies and procedures that are developed collaboratively by the blood utilization committee, guiding the handling, use, and administration of blood and blood products.
- PC.25.2 Only physicians order blood and in accordance with a policy clarifying when blood and blood products may be ordered.
- PC.25.3 The physician obtains informed consent for transfusion of blood and blood products. Elements of patient consent include:
 - PC.25.3.1 Description of the transfusion process.
 - PC.25.3.2 Identification of the risks and benefits of the transfusion.
 - PC.25.3.3 Identification of alternatives including the consequences of refusing the treatment.
 - PC.25.3.4 Giving the opportunity to ask questions.
 - PC.25.3.5 Giving the right to accept or refuse the transfusion.
- PC.25.4 Two staff members verify the patient's identity prior to blood drawing for cross match and prior to the administration of blood.
- PC.25.5 In dire emergencies, patient/family signs consent for "transfusion without NAT testing".
- PC.25.6 Blood is transfused according to accepted transfusion practices from recognized professional organizations.
- PC.25.7 Policies and procedures guide the administration of blood transfusions.
- PC.25.8 Patients receiving blood are closely monitored.
- PC.25.9 Transfusion reactions are reported and analyzed for preventive and corrective actions.