

NICU.5.1 The neonatal intensive care unit identifies its own population based on age and diagnosis related groups.

NICU.5.2 The admission and discharge criteria are defined in writing.

NICU.5.3 Criteria for admission are based on physiological parameters.

NICU.5.4 The criteria are developed collaboratively between relevant staff.

**Standard Intent:**

The NICU must establish an admission and discharge criteria for determining those patients who require the level of care provided in such unit. These criteria will guide the staff when to admit and discharge patients from NICU. To ensure consistency, the criteria should utilize prioritization and diagnostic and/or objective parameters.

**NICU.6 Patient care in the neonatal intensive care unit is coordinated.**

NICU.6.1 There is a documented evidence of handover between physicians at change of shift.

NICU.6.2 There is a documented evidence of handover between nurses at change of shift.

NICU.6.3 There is a documented evidence of handover between neonatal intensive care nurse and unit nurse at the time of transfer to a lower acuity of care.

**Standard Intent:**

For unifying the patient care in the NICU, the hospital needs to design and to implement processes for continuity and coordination of care among physicians, nurses, and other healthcare practitioners.

**NICU.7 Patient care in the neonatal intensive care unit is provided using a multidisciplinary approach.**

NICU.7.1 The multidisciplinary team includes both NICU as well as non NICU members. This includes but not is limited to: NICU physician, NICU nurse, clinical pharmacist, respiratory therapist, and dietitian.

NICU.7.2 Medically necessary services are readily available and accessible at all times.

NICU.7.3 Care is coordinated amongst the multidisciplinary team members and documented in the patient's medical record.

**Standard Intent:**

The patient care in the NICU should be coordinated among physicians, nurses, and other health care practitioners using a multidisciplinary approach. Staff need to have access to medical support services 24/7 all year round.

**NICU.8 The admission and discharge processes in the neonatal intensive care unit are coordinated.**



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- NICU.8.1 A summary of the neonatal intensive care stay is written by the NICU physician and made available at the time of discharge from critical care to a lower acuity level.
- NICU.8.2 There is documented evidence of handover between the neonatal intensive care physician and the unit physician at the time of transfer to a lower acuity of care.
- NICU.8.3 When the patient is discharged from the unit, the neonatal intensive care unit physician ensures that the receiving team is well informed about the patient's status and ongoing patient needs.
- NICU.8.3.1 The patient's plan of care and medications are written in detail by the physician including how to continue them on the floor.
- NICU.8.3.2 Any special care requirements are documented in the medical record.
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**Standard Intent:**

The admission and discharge process should be coordinated among physicians, nurses, and other health care practitioners to unifying these processes in the NICU.

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**NICU.9 Nursing staffing plans are available in the neonatal intensive care unit.**

- NICU.9.1 The nursing staffing plans demonstrate an evidence based nursing to patient ratio.
- NICU.9.2 The nursing staffing plans are matching the patient volume and patient acuity.
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**Standard Intent:**

Nursing staffing plan should be available in NICU to support nurse's assignments. The hospital must make sure that the workforce in the NICU is consistent with any applicable laws and regulations.

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**NICU.10 Nursing staff in the neonatal intensive care unit receive continuous training with competency assessment.**

- NICU.10.1 Nursing staff in the NICU intensive care unit receive training and education on the following general and NICU intensive care related needs:
- NICU.10.1.1 Assisting physicians in the different procedures performed in the neonatal intensive care unit including securing central lines access.
  - NICU.10.1.2 Using pulse oximetry.
  - NICU.10.1.3 Recognizing critical ECG changes including arrhythmias.
  - NICU.10.1.4 Assisting physician in placing central lines or arterial lines and /or umbilical arterial/venous lines.
  - NICU.10.1.5 Obtaining arterial blood gas samples and blood drawing from umbilical catheters.