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1. Purpose:

1.1.To standardize system of identified criteria for referral and their limitations.

2. <u>Definition:</u>

2.1.N/A

3. <u>Policy:</u>

3.1.Only patient comply to criteria will be admitted according to priority relative to demand.

3.2.Referring Physician should be aware of criteria for referral system and limitations.

4. Procedure:

- **4.1.**Stable adult patient with chronic medical problems requiring long term management within the Geographical service area of the program including :
 - 4.1.1. Diabetic patient requiring further monitoring, treatment, teaching and follow up.
 - 4.1.2. Hypertensive patient who require treatment follow up.
 - 4.1.3. Medical condition as in Cerebrovascular Accident with paralysis.
 - 4.1.4. Macro and Micro vascular conditions include ischemia, Heart Failure, Patient with CABG and patient on Warfarin requiring long term monitoring.
 - 4.1.5. Patient with COPD, Bronchial Asthma and Respiratory Failure requiring oxygen Therapy, Nebulizer and Respiratory Therapy at home .
 - 4.1.6. Patient with Diabetic Septic Foot, Pressure Ulcers and acute surgical wounds requiring wound care at home.
 - 4.1.7. Patient with Chronic Renal Disease and End stage Renal disease requiring follow up and treatment to improve quality of life.
 - 4.1.8. Post RTA injuries, Chronic Disabilities, Mental Retardation and post operative care requiring treatment and physical therapy.

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4.1.9. Very ill, Comatose and terminally ill patient on Nasogastric or Gastrostomy Feeding or requiring Palliative Care.

4.2. Limitations:

Home Medical Care Centre services are not designed for:

- **4.3.** Acute Medical and Surgical Patient.
- **4.4.** Pediatrics and Neonatal care.
- **4.5.** Intubated patient requiring intubation care.
- 4.6. Patient requiring 24 Hours Nursing Care.
- **4.7.** Acte psychiatric patient.
- **4.8.** Obstetrical and postpartum care.

4.9. Aggressive infected wounds requiring debridement on daily surgical dressing under observation.

5. <u>Responsibility:</u>

5.1. Technical Supervisor.

5.2.Physician

6. Forms:

6.1.N/A

7. <u>References:</u>

- 7.1.Policies and procedures guidelines of Home Medical Care Center, Home Medical Care Administration, Medina Munwara Region, 2016
- **7.2.**Policies and procedures guidelines of Home Health Care Unit, Family and Community Medicine Department at Riyadh Military Hospitals,2014
- 7.3. Joint Commission International Accreditation Standards for Home Care, 2012
- 7.4.MOH Home Medical Care Standard, 2015

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