

	Hospitals - Kakinada		Documentation code: INH/AAC.Doc. No-33
	Policy on Patient Referral		Prepared Date: 11/11/2025
	Reference: AAC. 10f.NABH Standards – 6 th Edition		Issue date: 11/11/2025
	Issue No: 01	Review NO: 0	Review Date: 10/11/2026

POLICY ON PATIENT REFERRAL / TRANSFERS TO DEPARTMENTS / SPECIALITIES

1.0 Policy

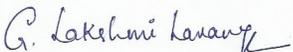
Cross referrals at Inodaya Hospital are an essential process to ensure patients receive **timely, clinically appropriate care.**

Referrals may be made for **opinion, co-management, or complete takeover of care**, based on clinical judgment and patient needs.

All referrals shall be based on **clinical significance** and aimed at achieving a **better patient outcome**

IT COULD BE GRADED IN TO IMMEDIATE, URGENT, PRIORITY AND ROUTINE

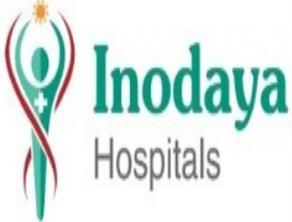
- The treating clinician shall **assess the patient's condition** and determine whether a referral is clinically required.
- Referrals may be made for one of three purposes:
 - **Opinion:** Seeking guidance on diagnosis or treatment.
 - **Co-management:** Shared care between the referring and receiving clinician.
 - **Takeover:** Complete transfer of care to the receiving clinician.
- The referring clinician shall **prepare a referral note**, which must include:
 - Reason for the referral
 - Relevant clinical findings
 - Provisional diagnosis

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Medical director	Chief executive Officer	Managing Director

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- Investigations already performed
- Specific expectations from the referral
- The referral note shall also include the **urgency of referral**, categorized as:
 - **Immediate:** Requires attention within minutes to hours
 - **Urgent:** Requires attention within a few hours
 - **Priority:** Requires attention within 24 hours
 - **Routine:** Can be attended during regular clinical hours without immediate risk to the patient
- The urgency category shall be **clearly documented** in the patient’s medical record and referral note.
- The referring clinician shall ensure the referral is **communicated to the receiving clinician** using the hospital-approved mode of communication (phone, electronic referral, or written note).
- The receiving clinician shall **acknowledge the referral** and note the expected time frame for review based on the urgency category.
- The patient shall be **informed about the referral**, including purpose, urgency, and any necessary instructions prior to consultation.
- Upon review, the receiving clinician shall **document findings, advice, or management plan** in the patient’s medical record.
- Any further investigations or treatments recommended by the receiving clinician shall be **communicated to the referring team and the patient**.

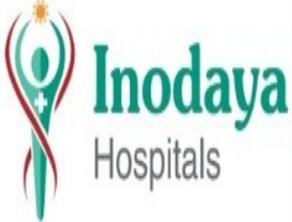
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- If there is a **delay in attending the referral**, the reason for the delay shall be documented in the patient record.
- The hospital shall maintain a **referral register** to track all referrals, including referral purpose, urgency, acknowledgment, and completion time.

1. Generally, inter – departmental transfers should be undertaken after the patient resuscitated and stabilized.
2. Clinical priority identified every patient.
3. All referrals based on clinical significance and better outcome and based on the urgency of referral.
4. The clinician will grade them Immediate, urgent priority and routine.
5. Referral to be filled in the Referral form.
6. Documented in case sheet clinical findings.
7. A critically ill patient should be accompanied by a minimum of two staff members. The accompanying personnel will depend upon the critical circumstances in each case.
8. A senior Doctor, normally a consultant should take the decision on who should accompany the patient. Levels of patient’s critical care needs as guideline to transfer requirements.
9. Appropriate venous access should be in place.
10. The personnel involved in transfer process should ensure that they have adequate supply of necessary drugs. These include sedatives, muscle relaxants and inotropes. Many of these drugs best prepared beforehand in prefilled syringes.
11. Transfer of patient from emergency department of ICU (Immediate within 20 – 30 minutes): all necessary arrangements should be made with emergency oxygen with Ambu bag, epsolin drip. The tear should follow the case as there is chance of epileptic attacks during transfer.

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12. Transfer of patient from casualty to OT for dislocation of shoulders & Hip joints: A trained casualty nurse, technician with prior anesthetic assessment, ECG, cardiac assessment shifted to superspeciality OT (within 10-20 minutes) followed by anesthetic and nurse.
13. Transfer of patient who is in poly trauma crush injuries; MLC with consent is done and blood is cleaned and A,B,C chest X-Ray, PR with monitor and O2 support with physician and Ortho surgeon with emergency drug administration and explanation of risk consent shifted to ICU (with 7-10 minutes)
14. Transfer of patient from ward to operation theater (Routine: 30 to 45 minutes) Ensure that all necessary investigations have been completed. Preparation of patient and PAC should be completed and a ward nurse should handover the case to the theatre people with all relevant documents.
15. Transfer of Epilepsy patient to ICU, all necessary arrangements with epsilon drip with investigations and stabilization with monitor oxygen support after neuro general medication consultation patient shifted to ICU with emergency team (within 20-25 minutes)
16. For imaging investigation like CT, MRI (Routine 30 – 45 minutes) if the patient is stable, should be accompanied by one attendant, one staff nurse. If the patient is unstable or critically ill shifted to centre with ACLS ambulance accompanied by anesthetist doctor, critical care nurse, boy with prior intimation is given and appointment is taken and transportation is done with fre of cost for ambulance (within 5 – 10 minutes) with all life saving drugs.
17. If the patient is on ventilator support (Immediate 5-10 minutes) the following team has to accompany the patient. One anesthetist, 2 nurses, one boy should accompany the patient with life saving drugs
18. All doctors and other personnel undertake transfer should have the appropriate competencies, qualifications and experience.
19. INODAYA Hospital is provided and supported with suitable transfer equipment, protocols, documentation and standardized within network.

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20. Document Revision History

21.

DOCUMENT REVISION HISTORY

Version	Date of issue	Reason for Revision
Original version - 1		
Revised version - 2		
Revised version - 3		
Revised version - 4		
Revised version - 5		

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