



INODAYA HOSPITALS-KAKINADA

Documentation code:
INH/AAC.&COP.- 4

Policy on Bed Management

Issue date: 11/11/2025

Reference: AAC.2 d & COP. 9.e. NABH Standards – 6th Edition

Review No: 00

Issue No: 01

Prepared date: 11/11/2025

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Policy on Bed Management

1. Objective:

To standardize the process for bed allotment across the hospital, such that the needs of the patients are addressed effectively during non-availability of ICU/Ward beds

2. Definitions: AAC.2d, COP-9e

Triage: Triage is the process of determining the priority of patients' treatments based on the severity of their condition

3. Abbreviations:

- a. ICU - Intensive Care Unit
- b. HDU – High Dependency Unit
- c. IP- Wards – Inpatient Wards
- d. CMO – Casualty Medical Officer

4. Scope:

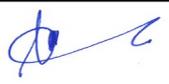
The scope of the policy covers the process of bed allotment across all ICUs & Wards

5. Responsibility: Consultants, ICU In-charge, Front office staff & Operations - Executives

6. Distribution:- All ICUs, Wards, Casualty & Admissions counter

7. Policy:

- i. ICU beds shall be used only for patients who require Intensive care. Admission to ICU shall be guided by admission criteria as given in document 'ICU admission and discharge criteria' – Reference: INH/COP.9.b/ICUMan-03
- ii. Patient shall be discharged from ICU to downgraded facility as soon as discharge criteria are fulfilled
- iii. In case of bed shortage in ICU, patients requiring Intensive care shall be managed in Casualty. Every effort shall be made to arrange a bed for the patient by discharging the patient from ICU who meets the discharge criteria

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. G..Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Accreditation Coordinator	Managing Director



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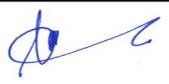
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- iv. In-case of non-availability of beds in ICU/Wards – temporary holding areas are utilized in coordination with the respective consultants & patient attenders
- v. Patients in temporary holding areas are given priority in allocation of beds as and when available
- vi. Patients kept in temporary holding areas are provided with necessary supports and monitored regularly
- vii. Patients provided with care in the temporary holding areas will be provided with an ICU bed in 3 hours from the time of transfer – in into the holding area
- viii. If we receive patient for NON Scope, we will stabilize him in Emergency department and refer to higher center where services are available
- ix. However, in case no ICU bed is available, and a patient requiring ICU care has reported at the Casualty of the Hospital, the CMO shall advice the patient attenders with regards to the other hospitals that can serve their needs
- x. The responsibility matrix as defined in the SOP is utilized for addressing the issue of non-availability of ICU/Ward beds.
- xi. When no bed is available in a given ICU for a patient needing admission to that ICU, and when, in the opinion of the Consultant, no patient presently occupying a bed in that ICU can be moved to a general patient care unit, physicians in that ICU may seek to locate a bed in the other ICU.
- xii. If a bed is available in an alternate unit, the patient may be admitted to that unit only with the consent of its Consultant. Responsibility for medical care of the patient shall rest with the staff of the unit to which the patient has been admitted.
- xiii. Because a bed shortage may occur at any hour of the day or night, each ICU coordinator shall have ultimate responsibility for deciding which patient, if any, may be moved from that ICU to make room for a case more urgently in need of specialized care.

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Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1	10/03/2022	Prepared 5 th edition
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Revised version - 5		

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