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Intensive Care Unit (ICU)/ High Dependency Unit (HDU) Checklist

Sr. No.	Objective Element	Requirements	Yes	No
1	AAC.2.b / IMS.2.a	Is UHID generated and used consistently in ICU/HDU medical records?		
2	AAC.2.c	Are transfer-in and transfer-out notes/summary documented appropriately?		
3	IMS.2.b	Are ICU/HDU medical records complete, updated, and maintained in chronological order?		
4	IMS.2.c	Is every medical record entry signed, named, dated, and timed by authorized personnel?		
5	AAC.3.b	Is a documented individualized care plan available for each ICU/HDU patient?		
6	AAC.4.b	Are patients reassessed periodically by doctors/qualified individuals with documentation?		
7	AAC.4.c	Are early warning signs defined and monitored with documentation?		
8	AAC.4.d	Is structured handover conducted and documented between doctors, nurses, and other caregivers?		
9	AAC.7.e	In case of death, does the case record include documented cause of death?		
10	COP.3.a	Is an ICU manual available including admission, transfer, discharge criteria and policy for non-availability of beds/equipment?		
11	COP.3.b	Is a quality assurance program implemented including monitoring of ICU mortality rate?		
12	COP.3.c / PRE.2.d	Is counselling provided and documented for patients/families?		
13	COP.3.d	Is end-of-life care and organ donation process defined and documented where applicable?		
14	COP.1.d	Is nursing care implemented as per care plan with adequate availability of required equipment?		
15	COP.2.c	Are CPR protocols implemented with availability of emergency drugs, defibrillator, and resuscitation equipment?		
16	COP.6.a/b	Is sedation administered and monitored as per policy with documentation?		
17	COP.10.a	Is pain assessment and management documented?		
18	COP.10.c	Is nutritional risk assessment conducted and documented?		
19	COP.9.a	Are vulnerable patients identified and managed appropriately?		
20	COP.9.b	Are fall risk, pressure ulcer risk, DVT risk, and restraint assessment conducted and documented?		
21	COP.5.c	In NICU/PICU, are measures implemented to prevent child/neonatal abduction, swapping, and abuse?		
22	MOM.2.d	Are emergency medicines available in ICU/HDU?		
23	MOM.3.b	Are medication prescriptions complete as per defined requirements?		
24	MOM.3.c	Are drug allergies ascertained and documented?		
25	MOM.3.d	Are verbal orders implemented as per policy with proper documentation?		
26	MOM.3.e	Is medication reconciliation conducted during patient transfers?		
27	MOM.4.a	Are high-risk medications identified and independently verified?		
28	MOM.5.b	Are medication orders verified before administration using at least two patient identifiers?		
29	MOM.5.d	Are measures implemented to prevent catheter/tubing misconnections?		
30	MOM.5.e	Is medication administration documented appropriately?		
31	MOM.5.f	Are patients monitored after medication administration with documentation?		
32	MOM.5.g	Are adverse drug events analysed with RCA and CAPA documented?		

33	MOM.6.a-d	Are narcotic drugs stored, administered, and recorded as per policy?
34	PRE.1.c	Are patient dignity and privacy maintained in ICU/HDU?
35	PRE.1.d	Are patients protected from neglect or abuse?
36	PRE.1.g	Is informed consent obtained for high-risk procedures/investigations/treatment?
37	PSQ.1.b	Are patient safety goals implemented in ICU/HDU?
38	PSQ.1.c	Is quality of nursing care monitored?
39	PSQ.2.a	Are infection indicators such as CAUTI, CLABSI, SSI, and VAP monitored?
40	IPC.1.b	Are hand hygiene facilities and PPE available and adhered to?
41	IPC.1.f	Is surveillance conducted to monitor infection prevention and hand hygiene compliance?
42	IPC.2.a	Is biomedical waste segregated and handled as per BMW Rules?
43	IPC.2.c	Are cleaning and disinfection protocols implemented?
44	IPC.2.e	Is linen management process implemented as per policy?
45	FMS.1.a	Are patient safety devices available in ICU/HDU?
46	FMS.3.b	Are medical gas and vacuum systems available round the clock with functional alarm systems?
47	FMS.4.c	Are fire exit plans displayed and emergency preparedness ensured in ICU/HDU?

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