

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
DEPARTMENT OF EMERGENCY MEDICINE
POLICY & PROCEDURE**

**NUMBER: 3246
VERSION: 2**

SUBJECT/TITLE: DEM ADMISSIONS TO THE HOSPITAL

POLICY: Guidelines to DEM Admissions.

PURPOSE: To provide admission guidelines in the DEM.

DEPARTMENTS: DEPARTMENT OF EMERGENCY MEDICINE (DEM)

DEFINITIONS: Specific protocols in admitting patients from the DEM.

PROCEDURE: A. ADMITTING TO THE HOSPITAL

All patients for admission and their family will be informed about the nature, goal and availability of care.

B. ADMISSIONS TO MEDICINE

The Emergency Department clinician will evaluate the patient. If admission is deemed likely, the clinician will place a request for interqual review in the electronic medical record (EMR) system. If the decision is made to proceed with admission, then the clinician will contact the admitting hospitalist for handoff. The level of care (e.g., intensive care, stepdown unit, or ward) will be determined by consensus between the admitting team and the emergency department clinician.

When a bed has been assigned to the patient, and admission orders are entered (as indicated in the EMR), the patient may be transferred to the admitting unit. The ED nurse will also give the ward nurse report prior to the patient's admittance to the ward.

C. ADMITTANCE TO ALL SUB-SPECIALTY SERVICES

The Emergency Department clinician will evaluate the patient. If admission is deemed necessary, the on-call consultant will be contacted. The consultant will evaluate the patient for admission. If there are conflicts with the decision of the consultant, the ED attending has admitting privileges to all services. The level of care (e.g., intensive care,

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stepdown unit, or ward) will be determined by consensus between the admitting team and the emergency department clinician.

If admission is deemed likely, the clinician will place a request for interqual review in the electronic medical record (EMR) system. If the decision is made to proceed with admission, then the ED clinician will enter the order to admit in the EMR.

When a bed has been assigned to the patient, and admission orders are entered (as indicated in the EMR), the patient may be transferred to the admitting unit. The ED nurse will also give the ward nurse report prior to the patient's transfer to the ward.

D. ICU ADMISSION

The Emergency Department physician will evaluate the patient. If admission is deemed likely, the clinician will place a request for interqual review in the electronic medical record (EMR) system. If the decision is made to proceed with admission, then the clinician will contact the admitting ICU team for handoff.

When a bed has been assigned to the patient, and admission orders are entered (as indicated in the EMR), the patient may be sent to the ICU. The ED nurse will also give the ICU nurse report prior to the patient's transfer to the ICU.

E. CONFLICTS REGARDING ADMISSION

Emergency Department Hospital Admission Guidelines Memo

In order to optimize patient care, housestaff supervision, expedite the admission process, and minimize conflicts regarding admission decisions, the current version of this document will be posted in the DEM to:

- clarify how the decision is made to admit emergency department (ED) patients to various inpatient services, and
- provide guidelines as to what types of patient diagnoses are most appropriately admitted to a specific inpatient service and hospital ward or unit.

Decision to Admit an ED Patient to the Hospital & Resolving Disputes

The decision as to whether a patient can be managed as an outpatient or requires more intensive observation and therapy in the hospital can be critically important. Therefore, the service chiefs have decided that, after input from the admitting housestaff, the decision regarding admission ultimately must be made by attending

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physicians, which is consistent with community standards of care.

The Department of Emergency Medicine attending physician will make the initial decision on the need for an ED patient to be admitted to the hospital. This decision will be made after reasonable evaluation and consultation has been obtained in order to determine a presumptive diagnosis, admission service, and level of care. So as to avoid misunderstandings and delays, consulting residents should, upon completing their evaluation, clearly communicate their recommendations with the ED resident caring for the patient prior to leaving the ED. Patients will not be transferred from the ED to the admitting unit until there is notification and confirmed acceptance by the admitting resident or attending, which should be indicated in the EMR system by the placement of admission orders.

If, once notified, the admitting service resident disagrees with the recommendation of the ED staff, the resident should contact his/her senior/chief resident or attending physician to review the case. All disputes regarding an admission decision should be resolved first by ED resident discussion with the admitting service senior/chief resident, and, if necessary, by discussion between the ED and the admitting service attending physicians.

F. Admission Orders

Admission orders must be written by the responsible inpatient service housestaff who are available to floor nursing in order to direct inpatient management. For cases in which the admitting diagnosis is established (e.g., CT-confirmed appendicitis), an inpatient bed is available, and the admitting service residents are unavailable for > 2 hours (e.g., in the OR), the ED resident will contact the admitting service senior/chief resident in order to seek verbal approval for the admission. The ED physician will then enter holding admission orders in the EMR system and transfer the patient to a hospital bed. If the admitting senior/chief resident is also unavailable or the admission cannot be approved, then the ED attending may contact the admitting service attending physician to facilitate the admission. Admission holding orders should include pain medications, intravenous fluids, and antibiotics (if recommended by the admitting service), and contact information (resident name and pager number) for the admitting service if a nurse needs new orders or to notify a physician about any change in patient status.

G. Patient Transfers

All patients considered for transfer from Olive View-UCLA must be reviewed and

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evaluated by the ED attending physician. For pediatric patients, the pediatric attending physician on-call should be notified prior to patient transfer.

a. ADMISSIONS TO INPATIENT HOSPITAL SERVICES

All admissions to the inpatient hospital services shall be with the approval of the ED attending. Outside agencies and private physicians may refer patients for possible admission. The patient will be evaluated by the ED physician on duty after which a determination will be made regarding admission.

b. INPATIENT TRANSFERS FROM OUTSIDE THE HOSPITAL

All inpatient to inpatient transfers must be initiated through the Medical Alert Center. All calls will then be transferred to the inpatient admitting physician.

- All inpatients transferred can bypass the ED.

References:	
Approved by: Dennis Yick (Physician Specialist, M.D.), Soma Wali (Division Chief)	Date: 07/19/2017
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