LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: ADMISSION/DISCHARGE CRITERIA FOR THE ADULT MEDICAL SURGICAL WARD/MONITORED UNITS/INTENSIVE CARE UNITS **POLICY NO.** 307

CATEGORY: Provision of Care	**EFFECTIVE DATE:** 9/2009
POLICY CONTACT: Laura Santana, RN Ruth Bala, RN	**UPDATE/REVISION DATE:** 5/2021
REVIEWED BY COMMITTEE(S):	

PURPOSE:
To delineate admission/discharge guidelines for the adult medical surgical units, Monitored: telemetry unit, Monitored Progressive care units, and intensive care units.

DEFINITIONS:

Medical-Surgical Units (MSU)	See scope and goals of the Medical-Surgical Units, Monitored Units, and Intensive Care Units (I.A. Medical-Surgical Units). Medical-surgical units includes 3E, 4E, 5E and 6W.
Monitored: Telemetry Unit (Tele)	See scope and goals of the Medical-Surgical Units, Monitored Units, and Intensive Care Units (I.B. Monitored: Telemetry Units). Monitored: Tele includes 3W, 4W, 5E, 6W
Monitored: Progressive Care Units/Stepdown Units: PCU/SDU	See scope and goals of the Medical-Surgical Units, Monitored Units, and Intensive Care Units (I.C. Monitored: Progressive Care Units, Stepdown Units). Monitored: PCU includes 3WSDU, 4WPCU and 5EPCU
Intensive Care Units (ICU)	See scope and goals of the Medical-Surgical Units, Monitored Units, and Intensive Care Units (I.D. Intensive Care Units). ICU includes 3WICU, 3WCTU, 4WCCU, 5WICU, and 6WICU

POLICY:
Patients shall be admitted, discharged, and transitioned to a higher or lower level of care based on criteria delineated in this policy.

EXCEPTIONS: Delineated or specific criteria may be overridden:
- By Service Attending physician, by writing admission or discharge order
- Through Administrative decision based on hospital need

REVISED: 4/13, 8/14, 7/18, 7/20, 10/20, 5/21
REVIEWED: 4/13, 8/14, 7/18, 7/20, 5/21

APPROVED BY:

Anish Mahajan, MD
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Nancy Blake, PhD, RN, NEA-BC, FAAN
Chief Nursing Officer

I. SCOPE AND GOALS OF THE MEDICAL-SURGICAL UNITS/MONITORED UNITS/INTENSIVE CARE UNIT(S)

A. Medical-Surgical Units

The MSUs are intended to provide care for stable patients requiring nursing assessment and/or monitoring at a minimum of every 4 hours. The minimum nursing ratio in the Medical Surgical Unit is 1 nurse to 5 patients.

B. Monitored: Telemetry Units

The Tele Units are intended to provide a higher level of care for patients, who require continuous cardiac and pulse oximetry monitoring, and assessments every 4 hours. The minimum nursing ratio on the Tele unit is 1 nurse to 4 patients.

C. Monitored: Progressive Care/Stepdown Units

The PCUs/SDUs are intended to provide care and monitoring for patients with moderate or potentially severe physiologic instability. These patients require monitoring and interventions less than those provided in the Intensive Care Unit (ICU) but more than from Medical Surgical Unit or Tele units. These patients require nursing assessment and/or monitoring at least every 2-4 hours. The minimum nursing ratio on the Progressive Care Unit is 1 nurse to 3 patients.

D. Intensive Care Units

The ICUs provide the highest level of care and monitoring for patients with severe physiologic instability. These patients require intensive hemodynamic or pulmonary support or monitoring and interventions more frequently than can be done in the PCU. These patients require nursing assessment every 1-2 hours at a minimum, and more frequently as needed. The minimum nursing ratio in an ICU is usually 1 nurse to 2 patients or dependent on the instability or criticality of the patient, if warranted, the minimum nursing ratio is 1 nurse to 1 patient.

II. EQUIPMENT AND SUPPLIES

For each bed, the following items are required: appropriate bed; area lighting; bedside electrical power outlets; oxygen, air and wall suction outlets, nurse call. The following equipment is also required to be available for use: a crash cart with a defibrillator, non-invasive blood pressure device, pulse oximeter, Doppler, bedside stands, and point-of-care devices.

For all the units except the non-monitored units, bedside cardiac monitor or wireless telemetry with appropriate cables is required.

III. GENERAL PATIENT ADMISSION CRITERIA

A. Admission criteria for admission to the Medical Surgical Units, Monitored: Telemetry Unit, Monitored: PCU/SDU, and ICUs is based on the patient's:

- Assessment and monitoring requirements
- Diagnosis/Conditions
- Acuity level
- Physiologic stability
- Medical equipment requirement
- Medical care requirements
- Nursing care requirements
- DNR status or palliative/comfort care requirements*

***NOTE: All units except ICUs may admit Palliative/Comfort Care patients**

B. See **Appendix A** for specific guidelines.

IV. PATIENT ACUITY AND PATIENT FLOW

In addition to the diagnosis of the patient and the level of care required, patient acuity should be assessed at pre-determined intervals. This provides a projection of the level of care and appropriate staffing. A system of acuity assessment utilizing currently employed methods at Harbor-UCLA shall be utilized.

When assessing priorities for the admission of patients to the Medical Surgical Units, Monitored: Telemetry Unit, Monitored: PCU/SDU, and ICUs, consideration must be given to expedite patient flow. The Patient Flow Coordinator in collaboration with Bed Control will coordinate patient flow. Staff must notify the Patient Flow Coordinator upon any admission or a discharge from a Tele unit, Monitored: PCU/SDU, and ICU.

V. ADMISSION AND DISCHARGE PROCESS FOR THE MONITORED UNITS (TELE, PCU, SDU)

- All methods demand physician and nursing input. Patient movement through the Monitored: Tele units, Monitored: PCU/SDU and ICU depends upon the needs of the hospital.
- Appropriate admission and timely discharge must be planned and implemented in coordination with the provider, nurse, charge nurse or nurse manager, and the Patient Flow Coordinator.
- The primary team provider is responsible for initiation of interdisciplinary care coordination and the patient's admission and discharge.
- The nurse/charge nurse will make patient care rounds every shift to validate continuing patient stay in the units and will collaborate with the primary team and patient flow coordinator.
- Physician and Nurse Manager/charge nurse will perform daily rounds to facilitate patient transition/transfer.
- The length of stay and level of care will be determined by the primary provider in collaboration with the interdisciplinary team.
- If at any time there is conflict regarding the patient's disposition/level of care assignment, the Attending of Service will be involved, and there will be consultation with the Chief Medical Officer or his/her designee.
- The final decision is with the Attending of Service.

VI. LENGTH OF STAY

Recommended stay for Monitored: Tele units, Monitored: PCU/SDU and ICU patients shall be estimated by the primary physician upon admission, unless the patient needs further monitoring and interventions that cannot be accommodated by the Medical Surgical Unit.

- The need for continued stay in the Medical Surgical Unit, Monitored: Tele units, Monitored: PCU/SDU, and ICU shall be assessed by the primary service every 24 hours.
- Utilization of Monitored: Tele units, Monitored: PCU/SDU, and ICU shall be reviewed by physicians, nursing staff and administration.

VII. GENERAL PATIENT DISCHARGE/TRANSFER CRITERIA

A. Medical Surgical Unit

1. Patient is determined to be stable for discharge home.
2. Physiologic status requires transfer to higher level of care.

B. Monitored: Tele Units

1. Patient no longer meets the admission criteria for monitoring and can be discharged home or transferred to medical-surgical unit/ward.
2. Physiologic status has deteriorated, and higher level of monitoring is needed

C. Monitored: PCU/SDU

1. Patient no longer meets the admission criteria for the progressive care unit and can be discharged home or transferred to a monitored unit or ward care.

D. ICU: Physiologic status has deteriorated and requires ICU level of care.

1. Patient no longer meets the admission criteria for the intensive care unit and can be discharged home or transferred to the progressive care unit, monitored unit, or ward care

Reviewed and Approved by:
Medical Executive Committee – 5/2021

Janine R. E. Vintch, M.D.
President, Professional Staff Association

SUBJECT: ADMISSION/DISCHARGE CRITERIA FOR THE ADULT MEDICAL SURGICAL WARD/MONITORED UNITS/INTENSIVE CARE UNITS	POLICY NO. 307
CATEGORY: Provision of Care	**EFFECTIVE DATE:** 9/2009
POLICY CONTACT: Laura Santana, RN Ruth Bala, RN	**UPDATE/REVISION DATE:** 5/2021
REVIEWED BY COMMITTEE(S):	

APPENDIX A: ADMISSION GUIDELINES

NOTE: Any criteria below can be overridden by an Attending physician or administrative decision.

CRITERIA	MEDICAL SURGICAL UNIT	MONITOREDTELEMETRY UNIT	MONITORED: PCU/SDU	ICU
Patient Assessment and Monitoring Requirement	Minimum q 4 hr	Minimum q 4 hr	q 2-4 hr	Continuous to a minimum of q 2 hours
Specimen Collection	For STAT specimen collection orders, must be drawn/collected within 30 minutes of being ordered, unless provider verbally communicates more expedited collection to primary nurse. Nurse must document reasons why the STAT lab cannot be drawn/collected within 30 minutes and notify the physician.	For STAT specimen collection orders, must be drawn/collected within 30 minutes of being ordered, unless provider verbally communicates more expedited collection to primary nurse. Nurse must document reasons why the STAT lab cannot be drawn/collected within 30 minutes and notify the physician.	For STAT specimen collection orders, must be drawn/collected within 30 minutes of being ordered, unless provider verbally communicates more expedited collection to primary nurse. Nurse must document reasons why the STAT lab cannot be drawn/collected within 30 minutes and notify the physician.	For STAT specimen collection orders, must be drawn/collected within 30 minutes of being ordered, unless provider verbally communicates more expedited collection to primary nurse. Nurse must document reasons why the STAT lab cannot be drawn/collected within 30 minutes and notify the physician.

SUBJECT: ADMISSION/DISCHARGE CRITERIA FOR THE ADULT MEDICAL SURGICAL WARD/MONITORED UNITS/INTENSIVE CARE UNITS **POLICY NO.** 307

CRITERIA	MEDICAL SURGICAL UNIT	MONITOREDTELEMETRY UNIT	MONITORED: PCU/SDU	ICU
Diagnosis/Conditions				
EtOH withdrawal	Mild Requiring po meds only	Mild Requiring IV/PO meds	Active Requiring IV medications per CIWA protocol	All
Acuity Level	Low	Moderate	Moderate	High
Physiologic Stability/Criticality				
Heart rate (HR)	**40-115** (may allow up to 120 for rapid AFib)	**40-130** (may allow up to 140 for rapid AFib)	**40-140** (may allow up to 160 for rapid AFib)	All
Respiratory rate (RR)	**8-28**	**8-28**	**8-34**	All
Blood pressure (SBP) systolic (mmHg)	**>90 and <210**	**>90 and <210**	**>90 and <220**	All
	For deviations in the above vital signs, call Rapid Response Team as appropriate			
Pulse oximetry (%)	>88	>88	>75	All
Serum Na level	131-159	131-159	121-164	All
Medical Equipment/ Devices				
Mechanical Ventilation (MV)	Basic MV settings – for palliative/comfort care and not candidate for organ donation No MV setting changes	Basic MV settings for • Palliative/comfort care • Patients on chronic ventilator support prior to admission Infrequent MV setting changes	Basic MV settings - for palliative/comfort care, specifically, FiO2 <40% and +5 cmH20 PEEP Infrequent MV setting changes	Basic to advance MV settings
Continuous Positive Airway Pressure (CPAP)	Accepted	Accepted	Accepted	Accepted

SUBJECT: ADMISSION/DISCHARGE CRITERIA FOR THE ADULT MEDICAL SURGICAL WARD/MONITORED UNITS/INTENSIVE CARE UNITS **POLICY NO.** 307

CRITERIA	MEDICAL SURGICAL UNIT	MONITOREDTELEMETRY UNIT	MONITORED: PCU/SDU	ICU
Nasal bi-level positive airway pressure (BIPAP)	Accepted with Pulmonary-Critical Care attending approval Pulse oximetry	Accepted. Must be on continuous pulse oximetry monitoring	Accepted. Must be on continuous pulse oximetry monitoring	Yes
Femoral vein catheter: central line catheters or dialysis catheter	No except tunneled central line catheters	Yes	Yes	Yes
Lumbar drains	No	No	Yes w/ q 2 hr neuro checks or drainage	Yes
Tissue Oximetry (TiO2)	Yes w/ q 4 hr flap checksTiO2 monitoring	Yes w/ q 4 hr flap checksTiO2 monitoring	Yes w/ q 2 hr flap checksTiO2 monitoring	Yes
Epidural/spinal catheters	Yes	Yes	Yes	Yes
Continuous Ambulatory Peritoneal dialysis (CAPD)	Yes	Yes	Yes PD with cycler only in 5E and 5WRTU	Yes
Medical Care requirement				
Medications	Per Policy 325M	Per Policy 325M	Per Policy 325M	Per Policy 325M
O2 Therapy	Up to 4L	Up to 6L	> 6L	All
ABG Monitoring (with MV)	Infrequent by Respiratory Care Practitioner	Infrequent by Respiratory Care Practitioner	Infrequent by Respiratory Care Practitioner	Frequent
Pericardial drainage	No	Yes	Yes	Yes
Subdural drainage	No	No	Yes	Yes
Nursing Care Requirement				
Nursing Ratio	1:5	1:4	1:3	The minimum nursing ratio is 1:2 or

SUBJECT: ADMISSION/DISCHARGE CRITERIA FOR THE ADULT MEDICAL SURGICAL WARD/MONITORED UNITS/INTENSIVE CARE UNITS **POLICY NO.** 307

CRITERIA	MEDICAL SURGICAL UNIT	MONITOREDTELEMETRY UNIT	MONITORED: PCU/SDU	ICU
				1:1 depending on patient instability
Nursing interventions	Every 4 hours	Every 4 hours	Every 2-4 hours	Every 1-2 hours
Palliative/Comfort Care requirement	Yes	DNR, brain dead, comfort care, chronic pre-admit vent support	DNR, brain dead, comfort care, low levels of vent support Yes	Short term
Central Cardiac Monitoring	Not applicable unless with Monitored Bed: See Central Cardiac Monitoring -PCU, Telemetry, 6W Monitored Beds Protocol (Nursing): LINK_____	See Central Cardiac Monitoring -PCU, Telemetry, 6W Monitored Beds Protocol (Nursing): LINK_____	See Central Cardiac Monitoring -PCU, Telemetry, 6W Monitored Beds Protocol (Nursing): LINK_____	Bedside monitoring