



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF PEDIATRICS POLICY AND PROCEDURE

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**SUBJECT: DEPARTMENT ADMISSION PROCESS AND  
REFERRALS**

**Policy No.: P103  
Supersedes: 09/2016  
Revision Date: 12/2019  
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### **I. POLICY STATEMENTS:**

All referrals and inquiries for an inpatient admission to the Department of Pediatrics are referred to the Centralized Admission Referral Office (CARO).

Inpatients are admitted from our clinics, other DHS Facilities or on a referral by private physicians and/or outside hospitals. Both private and medically indigent patients are accepted. Priority is given to residents of Los Angeles County.

All children under the age of 13 are admitted to the pediatric ward unless extenuating circumstances exist. Extenuating circumstances include but are not limited to: need for a more intensive medical/nursing care (i.e. the Medical Intensive Care Unit). Admission of a child younger than 13 to a unit other than the pediatric unit must be ordered by the admitting physician and reason documented.

Only patients with potential for improvement, who can benefit from an active rehabilitation program, are accepted into the pediatric rehabilitation program. All cases are reviewed by one of the pediatric staff prior to admission. The average length of stay for rehabilitation admission is 14 – 28 days.

Medical complications requiring pediatric sub-specialty which are not available at Rancho Los Amigos National Rehabilitation Center are referred to alternative appropriate settings.

The Department of Pediatrics admit patients with but not limited to these Diagnostic Groups:

1. Spinal Cord Injury
2. Traumatic Brain Injury
3. Multiple Trauma
4. Neurological Disorders
5. Ventilator Dependent

The Children's Services admits patients through their 21st birthday.

### **II. PROCEDURE:**

The Department of Pediatrics adhere to the general admission policies and procedures outlined in the RLANRC Administrative Policy and Procedure #B809 "Routine Inpatient Admission Procedures".

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EFFECTIVE DATE:

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

SUBJECT:

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**References:** RLANRC Administrative Policy B809 Routine Inpatient Admission Procedures  
General Acute Care Hospital Relicensing Survey Guidelines Standard 70537

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**Approved By:**

