Admission Triage Protocol

Last Reviewed: 3/20/2023

This document was created to help improve appropriate and prompt care for our patients. It is also meant to aid communication and collegiality amongst specialty services. To admit outside of this protocol, the attending/chief of the refusing service is responsible for calling the attending/chief of the service to which they would like to admit.

CDU Pathways: Please note that all CDU admissions must be approved by the ED attending
Current Pathways: Acetaminophen overdose, alcohol intoxication, asthma, community acquired pneumonia (max 3L), cellulitis, chest pain, COPD, dehydration, dialysis x1, upper GIB, hyperglycemia, intercranial hemorrhage, closed head injury on anticoagulation, physical therapy, pancreatitis, pyelonephritis, syncope, TIA/minor stroke, viral pneumonia

Admitting Diagnosis	First Steps	Admit to Other Services	Admit to Medicine (Floor)
Addiction	• ED resources (e.g. care management, social work etc)	• Consult Addiction Medicine or if after hours, consult Psychiatry for opioid use disorder or Medicine for alcohol use disorder • If pregnant, follow "pregnancy" guidelines	
CDU "Timed Out"	For patients who have timed out or "failed" a CDU pathway, the ED attending should discuss with the team best suited to treat the primary problem		
Cellulitis (Extremities)	• CDU "Cellulitis" pathway	• See "Upper Extremity Cellulitis" pathway	
Cellulitis (Head and Neck)	• CDU "Cellulitis" pathway	• Preferably admit to OMFS, ENT or Facial Trauma Team unless patients require management of complex medical comorbidities	• Multiple medical comorbidities requiring active management (OMFS/ENT not in house 24/7)
Cellulitis (Perineal)		Admit to urology • Any surgical intervention planned	• No operative planning confirmed by a surgical attending or chief resident. • Pain control is the primary reason for admission
CNS lesions (ex: mass/mets/infection)		Neurosurgery • Intervention planned (biopsy/resection) • If additional work-up needed, please communicate with medicine consult team SICU • Elevated ICP requiring intervention	• No elevated ICP • No intervention or biopsy planned, confirmed by attending

Admitting Diagnosis	First Steps	Admit to Other Services	Admit to Medicine (Floor)
Common Surgical Issues	• All imaging must be completed prior to admission	Admit to Surgery: • Need for serial surgical evaluations • Clinically complete large bowel obstruction • Partial or complete small bowel obstruction • Complicated diverticulitis (e.g. abscess or phlegmon) • Appendicitis • Incarcerated hernia • Abscess requiring I&D (ER or OR) • Gallstone disease – see below • Declining surgery but needing hospitalization • Necrotizing soft tissue infections requiring immediate surgical intervention	• No operative planning confirmed by surgical attending or chief resident • No immediate surgical plans (e.g. confirmed tumor-associated partial bowel obstruction with need for ongoing work-up) • If concerns, please call on-call surgeon in Amion
Complicated Patient (e.g. "bounce-back", boarders, poor follow-up, deconditioning, placement/ disposition issues, etc)	• CDU "PT" pathway • Consult ED resources (e.g. care management, social work etc) • PT/OT/SW consults prior to admission order if indicated	• Return to previous service if recently discharged • CDU for 20h for placement attempt ("boarder") • Encourage attending to attending discussion about these cases	• Recent hospitalization on a Medicine service • Placement is not, by default, an indication for admission to medicine • Completed 20h in CDU for placement attempt ("boarder")
Diabetic Ketoacidosis	• DKA protocol	Admit to MICU • Severe DKA	• Mild to moderate DKA
Direct Admissions	Patient will admit to the accepting team as documented by Admit Transfer Center		
Epistaxis		Admit to ENT • Unless patients require management of complex medical comorbidities	• Multiple medical comorbidities requiring active management (ENT not in house 24/7)
Fracture (Upper or Lower Extremity): **with** plan for inpatient **or** outpatient surgery	• CDU "PT" pathway for dispo, pain management and PT needs if no immediate surgery indicated	Admit to Ortho • If plan for inpatient or outpatient surgery and CDU pathway fails	• Admission to Medicine only if the indication for admission is an acute primary medical problem
Foreign Body Ingestion	• All necessary imaging must be completed prior to admission	Admit to Surgery • If patient requiring serial surgical exams	• Otherwise admit to Medicine
Gallstone Disease	• All necessary imaging must be completed prior to admission	Admission to Surgery: • Complications of gallstone disease including cholecystitis, choledocholithiasis,	• Contraindication to surgery confirmed by attending or chief resident

Admitting Diagnosis	First Steps	Admit to Other Services	Admit to Medicine (Floor)
		cholangitis, biliary obstruction, biliary pancreatitis (even if ERCP anticipated)	• Severe sepsis due to gallstone disease limiting prompt surgical intervention
GI Bleed (upper)	• CDU "GI Bleed" pathway if deemed appropriate by ED	Admit to MICU • If intervention needed on weekends or after hours • If hemodynamically unstable or excessive bleeding	
Intracranial Hemorrhage	• CDU "ICH" and "CHI on Anticoagulation" pathways if deemed appropriate by ED	Admit to Neurosurgery • If patient fails CDU pathway	• Admission to Medicine only if the indication for admission is a primary medical problem • No need for operative intervention confirmed by chief or attending
IR Post-Procedure		Admit to responsible specialty service • Complication requiring non-IR intervention (e.g. surgery)	• Admit to Medicine otherwise
Nephrolithiasis		Admit to Urology • Any urological intervention planned	• No operative planning confirmed by a surgical attending or chief resident.
Pain	• CDU "PT" pathway if deemed appropriate by ED for intractable pain if PT needs also present (examples include pain from non-operative fracture or back pain) • In ER: pharmaceutical and nonpharmaceutical pain therapy should be trialed first • All imaging completed in ER	Admit to responsible specialty service • If symptoms are related to a recent procedure from another team	• No acute surgical/specialty need is identified (e.g. no red flag symptoms) • The pain is not related to recent surgery • Specialty consult performed prior to admission by chief or attending
Pregnancy		Admit to Obstetrics • 2nd and 3rd trimester or primary pregnancy-related problem • 1st trimester and pregnancy-related problem	• 1st trimester and primary medical problem
Post-Operative Complication		Admit to responsible surgical service	Admission to Medicine only if the indication for admission is a primary medical problem

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