

Gaston Memorial Direct Admit Process

(Excludes OB patients)

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Direct Admit Type	Arrival Location	Hospital Notification	Patient Care Process	Admission Orders	Examples
<p>1. Direct Admission Process for all Patients Not Utilizing Hospitalists</p> <p>And</p> <p>NOT requiring cardiac monitoring</p>	Rotunda/ West Expansion Admission office by parking deck	<ul style="list-style-type: none"> Physician/physician office contacts Admitting to inform that a patient is being sent for direct admission Admission phone number 704-834-2812 FAX number 704-834-3170 Sat./Sun. fax number 704-834-2816) 	<ul style="list-style-type: none"> Physician/physician office will provide patient with "Direct Admission Patient Instructions " with Map Upon arrival, patient will be registered and assigned a bed Unit staff will transport patient to assigned bed 	Upon arrival to unit, staff will notify admitting physician for orders if not sent with patient	<p>Stable vitals.</p> <p>Examples - pneumonia not hypoxic</p> <p>-vomiting, diarrhea, dehydrated</p> <p>-cellulitis failing OP treatment</p>
<p>2. Direct Admission Process Utilizing Hospitalist</p> <p>And</p> <p>NOT requiring cardiac monitoring</p>	Rotunda/ West Expansion Admission Office by parking deck	<ul style="list-style-type: none"> PCP contacts Hospitalist directly at 704-833-2452 Hospitalist will contact Admissions at Ext. 2812 	<ul style="list-style-type: none"> Physician/physician office will provide patient with "Direct Admission Patient Instructions " with Map Admissions will make bed assignment and notify appropriate unit When patient arrives at Admitting, tech from unit will come to escort patient to unit Admitting office to notify 	Hospitalist will give admission orders and should respond within 30 minutes of patient arrival to the unit	<p>Stable vitals.</p> <p>Examples - pneumonia not hypoxic</p> <p>-vomiting, diarrhea, dehydrated</p> <p>-cellulitis failing OP treatment</p>

<p>3. Direct Admission Process Utilizing Hospitalist</p> <p>And</p> <p>Requiring cardiac monitoring</p>	<p>Rotunda/ West Expansion Admission Office by parking deck</p>	<ul style="list-style-type: none"> • PCP contacts the Hospitalist directly at 704-833-2452 and together make the decision whether the patient should go to ED or Critical 	<ul style="list-style-type: none"> • Hospitalist at beeper 719 as soon as the patient is in the hospital, (both monitored and non-monitored) • RN on unit will notify Hospitalist of patient arrival 	<p>RN will call Hospitalist to notify of patient's arrival</p> <p>Hospitalist will give</p>	<p>-Stable vitals. Hx chest pain but not experiencing chest pain of cardiac etiology upon presentation</p>
<p>4. Direct Admission Process For all Patients Not Utilizing Hospitalist</p> <p>And</p> <p>Requiring cardiac monitoring</p>	<p>Rotunda/ West Expansion Admission Office by parking deck</p>	<ul style="list-style-type: none"> • Physician/physician office contacts Admitting to inform that a patient is being sent for direct admission • Admission phone number 704-834-2812 • FAX number 704-834-3170 • Sat./Sun. fax number 704-834-2816) • Admitting will contact Critical Care Assistant Manager for bed assignment 	<ul style="list-style-type: none"> • Physician/physician office will provide patient with "Direct Admission Patient Instructions " with Map • When patient arrives at Admitting, Critical Care Nursing unit will be contacted and asked to come and escort patient to room. • All patients will be placed on monitor/telemetry • Staff will assess patient vital signs and develop home medication list <p>Initial labs and tests will be entered promptly and non-monitored</p>	<p>RN will call Admitting Physician to notify of patient's arrival orders and should respond within 30 minutes</p>	<p>-Stable vitals. Hx chest pain but not experiencing chest pain of cardiac etiology upon presentation Stroke - Stroke symptoms > 12 hrs onset</p>

<p>5. All critical care direct admit patients with admission destination of SICU, ICU, CCU</p> <p>Or</p> <p>Patient deemed unstable upon presentation.</p>	<p>ED Podium</p>	<ul style="list-style-type: none"> Follow 1 or 2 above based on admitting physician type Patient requires evaluation in ED by ED physician prior to bed assignment. Admitting physician (Hospitalist or non-Hospitalist) to contact ED physician at (704) 834 2266 press 1 to inform of patients pending arrival 	<ul style="list-style-type: none"> Physician to direct patient to present to the Podium at ED Entrance Patient will receive evaluation in ED by ED physician prior to bed assignment. 	<p>ED physician will contact admitting physician after patient evaluation in ED to facilitate admission and handoff.</p>	<p>-Stable or unstable vitals.</p> <p>Examples-</p> <p>-Active cardiac etiology chest pain (excludes non-cardiac etiology)</p> <p>-Stroke-like symptoms with onset within last 12 hours</p>
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<p>6. Unstable Patient Direct Admission Process from PCP/Referred office</p> <p>And</p> <p>Admitting physician requesting ED evaluation and stabilization</p>	<p>ED Podium</p>	<ul style="list-style-type: none"> PCP/referring physician contacts Emergency Department (704-834-2266 press 1) and requests to speak to an Emergency Department physician. Patient information, clinical condition, method of transport, and other pertinent information communicated PCP/referring physician to ED physician. 	<ul style="list-style-type: none"> The Emergency Department physician will communicate inbound patient information to the ED Charge Nurse on duty. Inbound patient information will be entered into the Emergency Department Med Host charting/tracking system. PCP/Referring physician will direct the patient to present to the Emergency Department and send admitting orders with the patient. All direct admit patients presenting to the Emergency Department will receive a medical screening exam by an Emergency Department physician unless the PCP or referring physician is physically present in the Emergency Department 	<p>ED physician will contact admitting physician after patient evaluation in ED to facilitate admission and handoff.</p>	<p>-Unstable vitals</p> <p>Example-- Patient with shortness of breath and hypoxia, PCP suspects may have CHF exacerbation that has not responded to outpatient medications. This patient would need stabilization before direct admit orders could be executed.</p>
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	ED Podium	<ul style="list-style-type: none"> Direct Admission process for patients not utilizing Hospitalists above should be followed. (1) 	upon patient arrival.	<ul style="list-style-type: none"> To schedule the case, the surgeon contacts the main OR at ext. 2821 to schedule OR time and pre-anesthesia screening for non-scheduled add-on cases. For ED preop patient evaluation/stabilization, the surgeon will contact the Emergency Department physician (704-834-2266 press 1) as outlined in the PCP/referred ED Patient process above. (4.) The surgeon and ED physician will discuss the patient unstable/emergent condition with the Emergency Department physician. Unstable/emergent patients will receive a medical screening exam by the receiving Emergency Department 	<p>Patient may not be moved to OR until Surgeon in house. If surgeon not in house when patient presents, patient will be evaluated and cared for by ED physicians until surgeon present in the ED.</p>	<p>Unstable vitals-- Example-- Patient unstable with postop wound dehiscence/hemorrhage, requiring fluids, stabilization before transport to OR.</p>
<p>7. Unstable Patient Direct to OR Admission process from PCP/Referring office And Preop ED evaluation/ Stabilization necessary</p>						

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