

Observation vs. Inpatient Focus Review criteria

Any medical/surgical patient meets inpatient criteria if they have any single Clinical Finding and the required Service(s):

Clinical Findings

Blood Gas

- Arterial pH >7.50
- Arterial pH <7.30
- PCO₂ > = 42 w/RR > = 24
- PCO₂ > 51
- PO₂ < = 60 w/RR > = 24

EKG

- Non Q wave ischemia
- Pericarditis

Laboratory

- Amylase > 500 w. Abdominal pain
- Blood glucose < 50 w/ AMS
- Blood glucose > 500
- BUN > 45 and Creatinine > 3 w/ dehydration, diarrhea or vomiting
- Ca < 7.5 w/ tetany
- Ca > 11.0 w/ AMS or vomiting
- Ca > 13.0
- ETOH > 0.3
- Hct < 18
- Hct < 25 w/ bleeding
- Hgb < 6
- Hgb < 10 w/ bleeding
- K < 2.5
- K > 6.0
- Mg < 1.5 w/ tetany
- Mg > 3.0 w/ AMS or vomiting
- Na < 120 w/AMS
- Na > 150 w/AMS
- Platelets < 10,000
- Platelets < 60,000 w/ bleeding
- PT > 18.75 w/ bleeding
- PTT > 52.5 w/ bleeding
- WBC < 1,500 w/ Temp > 100.4
- WBC > 18,000 w/ Temp > 102

Radiology

- Any organ: rupture, laceration or torsion
- Brain : bleeding; contusion; edema; lesion; subdural hematoma; thrombosis
- Fractures: cervical spine; femur; pelvis; skull; thoracic spine; or requiring open reduction
- GI: bowel distention w/ air fluid levels; free air under diaphragm; ileus; incarcerated hernia; abdominal mass; pancreatitis; diverticulitis (w/pain)
- Gyn: ectopic pregnancy
- Heart: pericardial effusion; pulmonary edema/heart failure
- Neuro: spinal cord compression
- Respiratory: abscess; free air in mediastinum; empyema; hemothorax; infiltrates in two lobes; pneumothorax > 15 %; pulmonary embolus; mediastinal shift
- Urinary: hydronephrosis; renal contusion
- Vascular: peripheral artery occlusion; any dissection; any new aneurysm

Substance Abuse or Therapeutic Drug Levels

- Any toxic level of drug/chemical with potential for significant arrhythmias, respiratory distress or renal function compromise

Vital Signs

- Diastolic BP > 120
- Systolic BP > 250
- Postural systolic drop ≥ 30
- Resp. rate ≥ 24 with Heart rate ≥ 100 and either asthma, dyspnea or wheezing
- Temp > 104

Other Physical findings

- Aphasia
- Ascites, except recurrent
- Blindness or visual field loss, new onset
- Dysphagia
- Inability to move any limb, new onset
- Stridor/throat obstruction
- Vertigo w/ recent head trauma

Post Surgical Care

Must be in PACU or Stage II recovery area at time observation or inpatient order is written. Scheduled outpatient having any one of the following > 6 hours after anesthesia:

- Arrhythmia (s)
- Bleeding
- Delayed sensation from regional anesthesia
- Fluid/electrolyte imbalance
- Psychotic behavior
- Uncontrolled pain/headache
- Uncontrolled nausea/vomiting

Note: These are not exhaustive criteria, but are those generic to address most patients presenting to the Emergency department or who have already received an outpatient service. Obvious inpatient diagnoses are not listed; neither is every set of circumstances that would warrant inpatient admission. Ultimately, the doctor must determine the status that is most appropriate for the patient.

Services Ordered

Services may be ordered on admission or reasonably expected to start within 24 hours:

Any one of the following:

- Antiarrhythmics, any
- Beta blockers IV
- Calcium IV
- Digitalis IV
- Dopamine drip
- Dobutamine drip
- Glucose 50% IV drip or multiple boluses
- Insulin IV
- Isolation
- KCL IV at least 150 m Eq/24h
- Magnesium IV
- Nitroglycerin IV
- Oxygen > 40%
- Thrombolytics IV
- Vasopressors IV

Or any of the following:

- Blood transfusion
- Chest tube
- Complex dressing changes at least 3x/24h
- Dialysis
- IV fluids at rate \geq 100ml/hr
- PT/OT at least 2x/24h
- Respiratory therapy
- Analgesics IV or IM at least 3x/24h
- Antibiotics IV or IM¹
- Anticoagulants IV²
- Anticonvulsants IV
- Antiemetics IV or IM at least 3x/24h³
- Antihypertensives IV⁴
- Bronchodilators IV or aerosol⁵
- Corticosteroids IV or IM at least 3x/24h⁶
- Diuretics IV or IM at least 3x/24 h
- Heparin SC at least 3x /24h
- Immunosuppressants IV
- Insulin by pump or sliding scale

- NaCl 3% IV
- Mg IV or IM
- TPN w/IV fluids \geq 75ml/hr

¹Meets criteria by itself if patient has temp > 100.4

²Meets criteria by itself for stroke patient

³Meets criteria by itself if patient has active vomiting

⁴Meets criteria by itself if BP > 200/110

⁵Meets criteria by itself if required 6x/24h for any respiratory condition

⁶Meets criteria by itself if required for any respiratory condition

SCREENING PROCESS

Monday-Friday 7am-4pm: Call or page case management to perform the screening.

Other hours and on weekends: Clinical Coordinators to follow screening process.

1. Review each order for observation from Emergency Department, Outpatient Department, or PACU
2. No patient may ever be admitted to the ICU with an observation order. If ICU is indicated, obtain an inpatient order.
3. Verify that the order has been written to clearly state admit as observation. Avoid the term “admit for 23 hours.” If observation is the final determination, obtain a clearly stated observation order if one was not originally given.
4. If the patient has **Medicare, Medicaid, Champus or Self-Pay**, screen the order against the observation criteria. **If the patient has any other insurance, the physician may write the order of his preference.**
5. Review the clinical findings on page one first. If the patient has none of the clinical findings or no obvious inpatient diagnosis, observation is appropriate.
6. If the patient has one of the clinical findings or another apparent inpatient diagnosis, then review the orders. If the orders do not indicate inpatient care, observation is appropriate. If the patient is receiving or has services ordered on the list, contact the physician, explain why the patient meets inpatient admission criteria, and request the appropriate order.
7. If the physician provides an inpatient admission order, enter it in the chart (“admit as inpatient”) and time the order.
8. If the case appears to be **borderline**, err on the side of requesting inpatient admission. The criteria permit admission in either of the following situations:
 - No single clinical finding is established, but three of them are very close to the criteria. Admission is reasonable for the safety of the patient.
 - When three services are required and only one or two initially ordered, but based on the clinical picture, it is reasonable to expect that the others will be started within 24 hours, admission criteria is met. Service criteria do not have to be met on admission, but within 24 hours.