

 QUINCY VALLEY MEDICAL CENTER	Reference #	Tag #	Implementation Date: 3/02	Last Revised Date: 10/02/17	Last Reviewed Date:
	Total Pages: 3				
APPROVALS:  _____ Chief Executive Officer  _____ Chief Nursing Officer			SUBJECT: Admissions from Emergency Department		
			<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input type="checkbox"/> Protocol
Manual Distribution:		Originating Department: ED	Affected Department: ED, Acute Care		

POLICY:

- It is the policy of Quincy Valley Medical Center, to establish admission criteria for Observation stays, and Inpatient services.
- Admissions shall be appropriate for the level of care that can be provided at Quincy Valley Medical Center.
- Admissions, transfers and referrals will be carried out in a consistent and efficient manner.
- No admission will be denied based on race, age, sex, sexual preference, religious status, color, national origin, disability or financial status.

PURPOSE: to provide staff with establish admission criteria for Observation/inpatient services.

PERSONNEL

- Physicians, nursing staff.

COMPETENCIES

- Knowledge of this policy and procedure.

GENERAL INFORMATION/POLICY

- Patients admitted from the Emergency Department (ED) must be cleared for admission by the ED physician.
- The ED physician shall write appropriate admission orders for patients with criteria for observation/or inpatient based.
- Admission orders, History and Physical, and initial plan of care must be generated by the attending physician.
- The ED physician on duty is the attending doctor, and he/she will be responsible for rounding on the patient.
- Length of stay for observation patients is 24 hours.
- Length of stay for inpatients is 2 midnights, a decision will be made at that point for discharge to home/or transfer based on the patient's needs/response to treatment.
- Patient/responsible party has agreed and signed for consent.
- Room assignments shall be made by the Charge Nurse.
- Admission shall be timely and room placement shall take into consideration the patient's overall condition, treatment regimen required, and patient's emotional, psychological and spiritual needs.
- Patients will be provided with an admission package (wash basin, emesis basin, tooth paste/brush, tissues, soap, lotion, soap dish, bedpan/urinal, denture cup, water pitcher/cup, wash cloths, towels, gown/slippers, and/or any supplies specific to patient conditions/needs).
- Patients will have an ID band and allergy band (as applicable).
- Nursing documentation to be initiated on admission are the OBS/Acute Care Admission Assessment (comprehensive assessment), Physical Assessment, and CNA Activities of Daily Living (ADL's) template. Ongoing patient care may be documented in a Shift Note by nursing staff providing patient care.

PROCEDURE

1. Observation/Inpatient Admissions Guidelines:

- A. Purpose:** To provide quality care to the patients who are acutely ill, including exacerbation of chronic illnesses, that requires close observation and rapid intervention to maintain their physical, psychosocial, and spiritual well-being.
- a. Patients admitted from ED that are hemodynamically stable with a stable respiratory status.
 - b. Direct admits will be accompanied by orders or the patient must be seen by the physician and orders entered within 1 hour of admission.
- B. Level of service:** Appropriate admissions to Observation/Inpatient include patients who require:
- a. Routine nursing assessment care for observation/acute care patients accommodated by an RN/Patient ratio of 1:4-5.
 - b. Nursing assessment every 4 hours to 8 hours.
 - c. Vital signs every 4 hours routinely.
 - d. Routine telemetry monitoring of stable rhythms not related to an acute cardiac event.
- C. Patient types to admit to Observation/or inpatient:**
- a. General medical diagnosis
 - b. Patients requiring medical/symptom management of acute illness.
 - c. Patients admitted from ED that are hemodynamically stable with a stable respiratory status.
- D. Treatment provided:**
- a. Routine level of care for general medical patients.
 - b. Alcohol withdrawal treatment
 - c. Finger stick blood glucose (FSBS) monitoring with subcutaneous insulin dosing.
 - d. Acute pain management
 - e. Patients for altered mental status due to intoxication (alcohol/or drug).
 - f. Patients requiring medical clearance and mental health consult/evaluation for safety concern, and accommodation.
 - g. Hospice, end-of life patients.
- E. Patients not appropriate for observation/inpatient:**
- a. Acute Stroke
 - b. Acute respiratory distress requiring intubation and unresponsive to intervention.
 - c. Intubated or ventilated patients.
 - d. Patients requiring telemetry for monitoring of cardiac events
 - e. Patient requiring cardiac or vasoactive drips (except, insulin, or Diltiazem drips).
- F. If appropriate staffing is not available or the patient continues to decline transfer to a higher care facility will be consider.**
- a. Guidelines: patients to consider for transfer:
 - i. Unstable vital signs
 - ii. Unstable respiratory status
 - iii. Any patient requiring higher level of care for limited resource not available within our facility.
 - b. Monitoring and staffing will be based on patient condition and risk. If prolonged monitoring or frequent interventions are required, the care requirements should be re-assessed every 4 hours by the primary RN and the Charge Nurse to determine staffing levels and appropriateness of patient to remain on the unit.
- G. Procedure:**
1. A report will be given by the Emergency Department nurse to the receiving RN/LPN on the assigned unit.
 2. Assign the patient to a room, taking the following into consideration:
 - a) Condition of the patient
 - b) Age of the patient
 - c) Mental status
 - d) Need for proximity to the nursing station
 - e) Need for isolation precautions

3. The assigned nursing staff member to receive the patient will place equipment and supplies required at the patient's bedside as indicated from the report provided by the Emergency Department personnel.

NOTE: Patients may have family members bring personal items from home. All medical monitoring equipment is provided by the facility. If mobility equipment is brought, the items will be inspected for any safety issues and to ensure that the equipment is safe and in compliance with facility equipment use policies.