

## MEDICINE PROGRAM STANDARDS


**CATEGORY:** System-Level Clinical

**REVISION DATE:**

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**TITLE:** **ADMISSION CRITERIA – MEDICINE INPATIENT UNITS**

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### PURPOSE

To provide guidelines for patient admissions to the Medicine Program including General Internal Medicine (5 South), Respiratory Care (6 South), Oncology and Medical (4 North), and Cardiology (8 North).

### STANDARDS

General Admission Criteria – Medicine Program	<ul style="list-style-type: none"> <li>• Adult 18 years of age or older</li> <li>• Hemodynamically stable</li> <li>• Non invasive ventilation support (Bipap) as per policy</li> <li>• FiO<sub>2</sub> requirements ≤ 50%</li> <li>• Patients who require &gt; 50% FiO<sub>2</sub> and/or Bipap dependent must have Level of Treatment orders completed and reflect the following categories: <ul style="list-style-type: none"> <li>○ No critical care transfer</li> <li>○ No CPR</li> <li>○ No further escalation in medical management</li> </ul> </li> <li>• Can accommodate telemetry monitoring in conventional spaces and identified overcapacity spaces (refer to the <i>Telemetry Monitoring</i> procedure).</li> <li>• <b>Continuous PCA (narcotics or benzodiazepines) can be administered for palliative patients only.</b></li> </ul> <p><b>Patients who require more than Q3H suctioning and/or vital sign monitoring and/or glucometer/serum testing are not appropriate admissions/transfers to the unit.</b></p>
<b>General Internal Medicine (5 South)</b>	
Specific Criteria	<p>Diagnoses for admission to the Acute Stroke Unit include, but are not limited to, the following. Priority will be given to:</p> <ul style="list-style-type: none"> <li>• Acute Ischemic Stroke (AIS)</li> <li>• Acute hemorrhagic stroke not requiring surgery</li> <li>• Acute stroke patients that have received thrombolytic (tPA) therapy (once stabilized in ICU or SDU)</li> <li>• Transient Ischemic Attack (TIA)</li> </ul>

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	<ul style="list-style-type: none"> <li>Inpatient stroke or TIA patients that have been assessed as being appropriate for the unit by a Stroke RN</li> </ul>
Secondary Admission Criteria	<ul style="list-style-type: none"> <li>Any patients under the service of the Clinical Teaching Unit (CTU)</li> </ul>
<b>Respiratory Care (6 South)</b>	
Specific Criteria	<ul style="list-style-type: none"> <li>Any patients under the service of the Clinical Teaching Unit (CTU)</li> <li>Any patients with primary diagnosis of a respiratory illness or diagnosis</li> </ul>
Secondary Admission Criteria	<ul style="list-style-type: none"> <li>A cardiac diagnosis not under a cardiologist</li> <li>General/Internal medicine diseases and disorders</li> </ul>
<b>Oncology and Medical (4 North)</b>	
Specific Criteria	<ul style="list-style-type: none"> <li>Patients admitted to the service of a Medical or Radiation Oncologist, Hematologist, or the General Practitioners in Oncology (GPO)</li> </ul>
Secondary Admission Criteria	<ul style="list-style-type: none"> <li>Patients with any medical diseases such rheumatologic, hematologic, gastrointestinal, metabolic or endocrine disorders</li> </ul>
<b>Cardiology (8 North)</b>	
Specific Criteria	<ul style="list-style-type: none"> <li><b>Acute Coronary Syndrome:</b> <ul style="list-style-type: none"> <li>Unstable/stable angina</li> <li>Uncomplicated non STEMI</li> <li>Persistent or recurrent chest pain</li> </ul> </li> <li><b>Chest Pain (primary complaint) highly suspicious of cardiac origin:</b> <ul style="list-style-type: none"> <li>Recent MI (date unknown)</li> <li>Post-infarct angina</li> <li>Cardiac injury for monitoring (i.e. MVA)</li> <li>Positive stress test/thallium for further investigation</li> </ul> </li> <li><b>Arrhythmias:</b> <ul style="list-style-type: none"> <li><u>Symptomatic new onset</u> of atrial fibrillation with rapid ventricular response or chronic <u>uncontrolled</u> atrial fibrillation</li> <li>Hemodynamically stable heart blocks/bradycardia</li> <li>Non-sustained asymptomatic v-tach</li> <li>Sick sinus syndrome</li> </ul> </li> <li><b>Syncope</b> with <u>cardiac origin</u> (i.e. arrhythmia, aortic stenosis with Cardiology consult)</li> <li><b>Acute Heart Failure as Primary Diagnosis</b> with new onset (i.e. post MI - CABG under the care of a cardiologist)</li> <li><b>Acute Pulmonary Edema</b> under the care of a cardiologist</li> <li><b>Cardiac Surgery Pre/Post Op</b> wound infection under the care of a cardiac surgeon</li> <li><b>TAVI</b></li> <li><b>PCI and Coronary Angiogram</b></li> <li><b>Pacemakers/ICDs:</b> <ul style="list-style-type: none"> <li>New insertions</li> <li>Replacement of battery</li> <li>Replacement of lead</li> <li>Pacemaker failures</li> <li>Infected sites</li> </ul> </li> <li><b>Cardioversion</b> elective</li> <li><b>Endocarditis/Pericarditis</b></li> </ul>

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	<p>Cardiac referrals under a cardiologist and/or cardiac surgeon from referring centres will be triaged by the charge nurse and cardiologists.</p> <p>No bed admits under Cardiology in the ED and out of town referrals meeting the above criteria will be transferred to Cardiology <u>prior to</u> admitting off service and related service patients.</p>
<p>Exclusion Criteria</p>	<ul style="list-style-type: none"> <li>• Off service and related service patients with active infectious illness</li> <li>• Bariatric patients are difficult to serve due to small bathrooms and specific equipment limitations</li> </ul>
<p><b>Overcapacity Patient Placement</b></p>	
<p>Overcapacity Admission Criteria (TV Lounge) and PCI Beds</p>	<p><b>Patients must be in stable condition with predictable outcomes:</b></p> <ul style="list-style-type: none"> <li>• Patients not requiring intense monitoring or high flow oxygen</li> <li>• Patients with a discharge plan of less than three days</li> <li>• Patients not requiring a mechanical lift</li> <li>• Patients who are not confused to the point of presenting a risk to themselves or others</li> <li>• Patients not identified as AOB</li> <li>• Patients not requiring isolation</li> <li>• Patients with an absolute neutrophil count greater than 1.5</li> <li>• Patients with no active forms under the <i>Mental Health Act</i></li> <li>• Patients who are not actively dying</li> <li>• Patients not receiving chemotherapy</li> <li>• Patients who do not require suctioning</li> <li>• Patients not requiring continuous bladder irrigation</li> <li>• Patients having loose bowel movements, even if not isolated (i.e. Crohn’s exacerbation)</li> </ul> <p><b>Patients admitted with the following diagnosis are not to be placed in overcapacity areas:</b></p> <ul style="list-style-type: none"> <li>• Stroke (CVA)</li> <li>• TIA</li> <li>• Seizure</li> <li>• Decreased level of consciousness</li> <li>• Active chest pain</li> </ul>
<p>Hallway, Tub Room and Spa Admission Criteria</p>	<p><b>Patients must be in stable condition with predictable outcomes:</b></p> <ul style="list-style-type: none"> <li>• Same criteria as Overcapacity Admission Criteria (TV Lounge)</li> <li>• Patients not requiring telemetry</li> <li>• Patients not on any continuous medication drips</li> <li>• Patients not requiring any oxygen/BiPAP</li> <li>• Patients not requiring continuous bladder irrigation</li> <li>• Must be safe to ambulate independently with assistance x1, as staff can only provide care from one side of the bed</li> </ul>