

CLINICAL INDICATORS THAT MAY SUPPORT INPATIENT STATUS FOR THE ED AND ADMITTING PROVIDER

ANEMIA
<ul style="list-style-type: none"> Acute blood loss Hemodynamic instability requiring monitoring Requiring PRBC transfusion Significant pathology identified by procedural intervention such as endoscopy
ACUTE MYOCARDIAL INFARCTION
<ul style="list-style-type: none"> NSTEMI/STEMI Therapy/workup – IV Heparin, inpatient cardiac catheterization Comorbidities – heart failure, life-threatening arrhythmias
ATRIAL FIBRILLATION
<ul style="list-style-type: none"> Persistent rapid ventricular rate despite medical management IV drip utilized for rate control Type 2 MI Requiring TEE/DC cardioversion due to persistent arrhythmia/ instability Evidence of heart failure Sotalol, Flecainide, or Tikosyn loading with QTc monitoring
DIABETES MELLITUS
<ul style="list-style-type: none"> DKA IV insulin drip Symptomatic, persistent hypoglycemia
CELLULITIS/ABSCCESS
<ul style="list-style-type: none"> Failed OP therapy with need for IV antibiotics Complicated/Resistant bacteria Extensive area of involvement/Necrotizing fasciitis
FRACTURES/FALLS
<ul style="list-style-type: none"> Level of trauma – complex/open fracture or long bone IV pain control Requiring invasive surgical intervention

GI BLEED
<ul style="list-style-type: none"> Acute blood loss anemia or ongoing bleeding Hemodynamic instability requiring monitoring Requiring PRBC transfusion IV drips – Protonix, Octreotide, etc. Urgent IR intervention re: embolization
PNEUMONIA
<ul style="list-style-type: none"> Multi-lobe IV Antibiotics Comorbidities – COPD/asthma Respiratory Failure – NC/NRB/BiPAP
ACUTE RENAL FAILURE
<ul style="list-style-type: none"> AKI (KDIGO -> 0.3 ml/dl rise or 1.5 times baseline Cr) or abrupt (within 48 hours) reduction of kidney function or creatinine > 4.0 without a history of renal disease Uremia with metabolic encephalopathy or other complications Electrolyte imbalance at risk for life-threatening arrhythmias Irreversible damage necessitating new dialysis Persistent or severe metabolic acidosis
SEIZURE ACTIVITY
<ul style="list-style-type: none"> Status epilepticus Requiring persistent IV anti-epileptics Unknown etiology
ACUTE SURGICAL PATHOLOGY (Colitis/Diverticulitis/Acute Cholecystitis)
<ul style="list-style-type: none"> Perforation Abscess formation Sepsis or Systemic Inflammatory Response Syndrome (SIRS)
TRAUMA
<ul style="list-style-type: none"> Dependent on level of pathological injury (fracture, hematoma, intracranial hemorrhage)

LIVER FAILURE

- Symptomatic ascites/Spontaneous bacterial peritonitis
- Refractory coagulopathy requiring FFP/Platelet transfusion
- Worsening hepatorenal syndrome
- Hepatic encephalopathy requiring titration of Lactulose/Xifaxan
- Coma

ALCOHOL OR DRUG WITHDRAWAL

- Toxic Encephalopathy
- Hemodynamic instability
- CIWA score between 8-14
- Infection secondary to IVDU
- Overdose – intentional or accidental

COPD

- Respiratory failure despite oxygen demands – NRB, Bipap, Vent OR a new oxygen requirement OR increased oxygen requirement above baseline
- Abnormal ABG findings
- Infection necessitating antibiotics
- Persistent tachypnea without hypoxia following a period of treatment
- Ongoing IV steroids

UTI

- Complicated – suprapubic catheter, Nephrostomy tubes
- Documented resistant bacteria (ESBL)
- Persistent symptoms with failed OP therapy

ENCEPHALOPATHY

- Delirium with persistent etiology
- Treatment for symptom control – IV medications

HEART FAILURE

- Documented pulmonary edema
- Respiratory Failure – NC/NRB/BiPAP
- Increasing dosage/use of IV diuretics
- Chronic heart failure with up-titration of Milrinone drip

STROKE

- Documented infarct on CT/MRI
- Embolic etiology requiring invasive workup
- High grade carotid stenoses necessitating surgical intervention
- Underlying arrhythmia with IV drips for rate/rhythm control

HYPERTENSION/HYPERTENSIVE

- Urgency/Emergency/Crisis (SBP >180 or DBP >120)
- Requiring IV anti-hypertensives, IV drip
- Type 2 MI/Heart Failure, etc.

Body

GENERAL OBSERVATION STATUS SYMPTOMS

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| <ul style="list-style-type: none"> • Abdominal pain • Chest pain • Diarrhea/Nausea/Vomiting • Dizziness • Generalized weakness | <ul style="list-style-type: none"> • Ground level fall without trauma • Shortness of breath • Stable seizure activity • Syncope • Transient Ischemic Attack (TIA) |
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