**Document Title:**

Acute Care Scope of Practice – “Admission Guidelines for the ICU and Acute Care Floors”

**Department:**

Pediatric Residency

**Document Purpose:**

This document is designed to guide pediatric residents with admissions and transfers to Children’s National acute care areas. These guidelines apply to patients being considered for admission and for patients who are already being cared for in the acute care setting. The following guidelines are intended to be used as an adjunct tool for decision-making and should never replace clinical assessment and judgment based upon a full evaluation of the patient, consultation with appropriate service lines, and collaboration with the Department of Nursing.

**Important Notes:**

This document serves as a set of guidelines and does not replace or supersede any current hospital policies in place. Current hospital policies referenced below can be found in Policy Portal via the CNMC intranet.

All patients requiring admission will continue to follow the “Bed Control Policy” to determine the appropriate bed assignment within the acute care floors. Please reference hospital policy ([CHPC:AD:03)](https://archer.cnmc.org/rsaarcher/apps/ArcherApp/Home.aspx) or call the Bed Control Office at 4068 for any questions related to bed assignments.

Exceptions to hospital policy are occasionally made for extenuating circumstances. This requires executive leadership approval. For specific questions please contact the administrator on call via page operator 202-476-5000.

| **Clinical Parameter** | **Acute Care** | **Reference** |
| --- | --- | --- |
| **Inclusions** | **Exclusions** |
| Hemoglobin |  | * Severe anemia with hemodynamic and/or respiratory compromise
* Not an unplanned direct admission\*\*
 | * Admission, Discharge and Transfer-ICU [(CHPC:AD:12)](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx)
* *\*There is no hospital policy that lists a hemoglobin threshold value for patients that are admitted to the hospital from the CNMC emergency department*
* \*\*There is a unit specific policy for unplanned direct admissions to the hematology, oncology, and BMT units. See “Policy and Procedure for Unscheduled Direct Admissions to the Hematology, Oncology, or BMT Inpatient Services, version 2.0
 |
| Respiratory | Nasal Cannula | * <=4 LPM
 | * >4 LPM
 | Severe respiratory distress, concern for impending respiratory failure or need for higher flow  | * Oxygen Therapy [(RCS208)](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx)

  |
| FiO2 via FM while on continuous albuterol: | * <50% via facemask
 | * ≥ 50% via facemask
 |
| Tracheostomy | * <50% via Humidified Trach Collar
 | * ≥ 50% via Humidified Trach Collar
* Mechanical ventilation (even if on home settings)
 |
| Non-Rebreather | * Select cases for supportive care, e.g. for CO2 poisoning & pneumothorax
* Stable room air O2 saturations
* MD reassessment required every 8 hours
 |  |
| BPAP/ CPAP | * Age ≥4 years
* <50% oxygen
* Documented sleep apnea or home BPAP/CPAP use during sleep hours
* Home BPAP settings
* Requires Continuous CR Monitor
* If home machine is an invasive ventilator (e.g. Trilogy, Astral) but baseline mode is non-invasive (CPAP, BPAP) then attending approval is required\*
 | * Age <4 years
* Initiation (requires PICU transfer)
* Increased settings (including FiO2 change)
* Back-Up rate dependent
 | * Bi-Level PAP/ CPAP Procedure [(RCS:203P)](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx) (CHPC:M:57)

*\*As of October 2019, Invasive ventilators are not supported by the respiratory therapy team on the acute care floors* |
| Continuous Albuterol | * Asthma Pathway
* Age ≥3 years
* Asthma Score ≤ 7
* FiO2 via face mask <50%
 | * Age <3 years
* ≥ 50% FiO2
 | * “Continuous Nebulized Therapy” ([CS:205](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx))
* [CNMC-Asthma-Pathway](http://intranet.cnmc.org/healthcare-professionals/order-set-oversight-committee/Documents/asthma-pathway.pdf#search=cnmc%20asthma%20pathway)
 |
|  |
| Infant (>1 month of age but ≤ 3 months of age) |  | * Infants may require NICU if:

-major congenital anomalies-assisted respiratory support-cardiac disorder-metabolic abnormalities-nutritional support required-seizure disorder-infection/sepsis* Infants born <37 weeks with corrected gestational age <55 weeks require NICU consultation prior to admission to the acute care floor\*
 | * “Admission, Discharge, and Transfer-NICU” [(CHPC:AD:10)](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx)
* \*No hospital policy
 |
| Neonate (≤1 month of age) |  | * Please reference the attached algorithm “Hospitalist Neonatal Admission Guide”
* Neonates may require NICU if:

-gestational age <37 weeks-birthweight <2500 grams-major congenital anomalies-assisted respiratory support-cardiac disorder-metabolic abnormalities-nutritional support required-seizure disorder-bilirubin level ≥18mg/dl\*-planned major surgery-infection/sepsis | * “Hospitalist Neonatal Admission Guide” (attached below)
* “Admission, Discharge, and Transfer-NICU” [(CHPC:AD:10)](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx)

\*Note: Hospital Policy CHPC:AD:10 and the Hospitalist Neonatal Admission Guide list a different threshold for NICU consultation prior to admission  |
| Electrolyte Abnormalities | * Case-by-case evaluation
 | * Patients may require PICU if:
* Hypo- or Hyperkalemia, requiring cardiac monitoring or therapeutic intervention
* Severe hypo- or hypernatremia requiring infusion of hypertonic electrolyte solutions
* Hypo- or hypercalcemia requiring cardiac monitoring and complex multidisciplinary intervention
* Hypoglycemia requiring intensive monitoring
* Life-threatening metabolic acidosis requiring bicarbonate infusion
 | * “Endocrine/metabolic” section of Admission, Discharge and Transfer-ICU [(CHPC:AD:12)](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx)
 |
| Behavioral Health | * To ensure safety, an individualized plan of care must be in place.
* Consider Environmental Safety Checklist and/or staff member assigned for continuous observation.
 | * Actively suicidal, aggressive, or acutely agitated & screen “red” in the ED\*
 | * “Restraint and Seclusion”

[(CHPC:S:01)](https://archer.cnmc.org/rsaarcher/apps/ArcherApp/Home.aspx)“Safety Attendant Utilization” [(NUR:V:3404)](https://archer.cnmc.org/RSAarcher/apps/ArcherApp/Home.aspx)* For additional information on restraints and the BERT response team see “Behavioral Emergency Response Team” [(CHPC:S:31)](https://archer.cnmc.org/rsaarcher/apps/ArcherApp/Home.aspx)
* Suicide Risk Plan [(Suicide-Orderset)](http://intranet.cnmc.org/healthcare-professionals/order-set-oversight-committee/Documents/Suicide%20Risk%20Plan.pdf#search=suicide%20order%20set)

\*Policy and procedure in progress – contact the Disruptive Patient Task Force with questions |
| **Osteogenesis Imperfecta** | * Age ≥ 1 year
 | * First time Pamidronate infusion
 | * No hospital policy
* “Pamidronate for Symptomatic Osteoporosis Order Set”. [(Pamidronate-Order-Set)](http://intranet.cnmc.org/healthcare-professionals/order-set-oversight-committee/Documents/Hospitalist%20Pamidronate%20for%20Symptomatic%20Osteoporosis%20Plan.pdf#search=Pamidronate%20for%20Symptomatic%20Osteoporosis%20Order%20Set)
* Note: Admissions to the ICU should be pre-authorized by case-management prior to acceptance
 |
| **Additional References** | * Admission, Discharge and Transfer-ICU (CHPC:AD:06)
* Admission, Discharge, and Transfer-NICU (CHPC:AD:10)
 |

**Hospitalist Neonatal Admission Guide**

