

When we admit a patient:

- The goal is to have the ED Attending serve as the steward for admissions to the hospital that come through the ED.**
To achieve this goal the ED Attending will help to ensure:
 - Appropriate knowledge of patient status and indications for admission prior to the admission process is initiated.
 - Proper communication and/ or review of patient class criteria with every admission prior to the admission order placement
 - Proper bed type and bed class for each admitted patient
 - Proper communication with the admitting services
 - Difficult admissions or admission that are not straight forward will necessitate attending to attending discussion to allow for the proper transmission of information and appropriate bed types and patient class.

Admission Checklist:

- Review patient status and indications for admission and expected bed type**
- Confirm attending knowledge and agreement with plan
- Discuss intent/rationale of admission with the patient and family
- Discuss intent/rationale of admission with RN patient care team
- Place Consult to admitting service
- **Medicine Team will contact ED Provider:**
 - “I am [Attending name] on [] service, I was calling about [patient] for admission”
- Organized ED Admission SBAR Presentation:**
 - **Situation**
 - Introduction: State your name and role
 - Reason for the call: “Thank you for your call, I am [Resident/Attending name], and I would be happy to tell you about [patient], whom I think may benefit from admission for inpatient management of *** ”
 - **Background**
 - Give the patient's presenting complaint
 - Give the patient's relevant past medical history
 - Brief summary of background
 - Review ED interventions current/planned
 - Current vitals and any outside of parameters
 - **Assessment**
 - Current diagnosis: “Our current working diagnosis is []”
 - Secondary diagnosis or other rule outs
 - Severity of patient, additional concern
 - **Recommendation** “We think the patient is appropriate for a/an [level of care] unit”
 - Explanation of what you require, how urgent and when action needs to be taken
 - Make suggestions of what action is to be taken (bed type/level of care)
 - **Review indications for tele vs non tele, specifically discuss potential need for cardiac work ups (will the team add a troponin to the work up?)**
 - **Specifically discuss the presence of Diarrhea and potential need for C. Diff rule out or other known DRO issues.**
 - **Confirm agreement with bed type, unit and accepting attending**
- Confirm preferred unit/team (Hospitalist patients)
- Confirm admission details with ED Attending
- Activate the Phase I Admission order set (with preferred unit if Hospitalist)
- Activate Phase II Admission orderset (Admit order) with agreed upon bed type

*Note: Scripting suggestions, should be considered as suggestions only, as scenarios will vary.