

ED – Pediatric ADMISSION CHECK-LIST

Pediatric SERVICE TO REQUEST:

- Patient Name: _____
- PCP:(Established out patient physician)_____
- Any pertinent consultants associated with this admission_____
- Working diagnosis/Reason for admission
- Expected level of care (floor vs ICU)
- History:
 - Chief Complaint
 - Pertinent PMHx
 - Treatments in ED
 - Pending studies
 - Expected course
- Monitoring/intervention frequency (vitals, nebs, drips etc.)
- OK for transfer to floor vs need for eval in ED (ETA to evaluate <30min)