

These criteria are offered as a guideline only. Physician judgment supersedes these guidelines.

Diagnosis	Admission Criteria- Any of	Admission from Obs criteria
Abdominal pain	Acute peritonitis ¹ Hypotension ¹ Probability of DC within 48 hours <80%³ severe dehydration³ Na<130 ¹ or >155 ² chronic abdominal pain³ high probability of dangerous cause³ alternate diagnosis that requires admission	Persistent Nausea or Vomiting unable to hydrate abnormal imaging or exam requiring hospitalization.
Allergic reaction	Room air saturation <90%³ hypotension³ probability of discharge within 48 hours <80%³ stridor³ alternate diagnosis that requires admission	Persistent symptoms
Asthma	alternate diagnosis that requires admission³ RR>40³ impending respiratory fatigue/failure³ inability to perform spirometry³ Peak Flow <40% of predicted ¹ pulse ox < 92% on room air ¹ need for continuous nebs³ bipap or heliox ¹ pco2>42 ¹ ph<7.3 ³ PaO2<60mm Hg ¹ pneumonia³ aspiration or foreign body³ pregnancy³ confusion³ chf³ T>101³ probability of discharge within 48 hours <80%³ arrhythmia (bradycardia) ¹ change in mental status ¹	Worsening condition PF<20% RR>35 Pulse ox <90%

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Back Pain	<p>alternate diagnosis that requires admission Multisystem trauma¹ deteriorating neurologic exam¹ cauda equine¹ probability of discharge within 48 hours <80% suspected spinal infection¹</p>	<p>inability to control pain after 48 hours diagnosis requiring inpt admission change in neurological exam</p>
Cellulitis	<p>alternate diagnosis that requires admission Suspicion for necrotizing fasciitis¹ Fournier's gangrene¹ or Ludwig's angina³ suspected sepsis³ probability of discharge within 48 hours <80%³ immunosuppressed¹ periorbital³ or orbital¹ BSA>9%³ abscess³ osteomyelitis² failed outpt treatment¹ unstable VS¹ bite or PW³ post op infections³ associated with diabetic ulcer³ mental status changes¹ toxic shock syndrome¹</p>	<p>spread of infection signs of systemic illness rising WBC inability to take PO unable to care for self</p>
Dehydration	<p>alternate diagnosis that requires admission Severe dehydration³ other diagnosis requiring admission Na<130² Na>155³ hemodynamic instability³ serious cause¹</p>	<p>inability to correct symptoms after 48 hours</p>
DVT	<p>alternate diagnosis that requires admission Documented or highly suspected PE³ complex DVT requiring thrombolysis¹</p>	<p>PE need for IV heparin inadequate home support for outpt LMWH</p>

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	<p>complicating illness³ probability of discharge within 48 hours <80%³ active bleeding¹ surgery within 6 weeks¹ active peptic ulcer disease¹ extensive thrombosis¹ pregnancy¹ thrombolysis¹ IVC filter planned¹ diminished cardiopulmonary reserve¹ renal failure (GFR<30)¹ known clotting abnormality¹ history of heparin-induced thrombocytopenia¹</p>	therapy
Pyelonephritis	<p>alternate diagnosis that requires admission Suspected sepsis³ severe medical comorbidity³ known obstruction¹ unstable VS¹ change in mentation³ immunosuppression¹ underlying systemic disorder (DM¹, RF³, sickle cell¹) males³ Cr Cl of <30³ probability of discharge within 48 hours <80%³ pregnancy beyond 24 weeks¹ renal or urologic abnormality (catheter, calculi, stent, prior surgery)¹ abscess¹ pyelitis¹ pyonephrosis¹ emphysematous pyelonephritis¹</p>	<p>Fever >101 at 24 hours worsening clinical status obstruction requiring acute intervention</p>
Renal colic	<p>alternate diagnosis that requires admission infection² severe medical comorbidity³ probability of discharge within 48 hours <80%³ bilateral obstruction¹ single or transplanted kidney with obstruction¹</p>	<p>Fever deterioration in clinical status</p>

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	possible surgery needed ¹	
Generic Observation	<p>alternate diagnosis that requires admission</p> <p>GCS<13 (new)</p> <p>ongoing chest pain with ischemic EKG changes or positive cardiac markers</p> <p>intoxication</p> <p>moderate to high probability of dangerous diagnosis</p> <p>probability of discharge within 48 hours <80%</p>	
GI bleed	<p>alternate diagnosis that requires admission</p> <p>>2 episodes of BRBPR¹</p> <p>hemodynamic instability³</p> <p>active bleeding¹</p> <p>concomitant acute severe medical condition¹</p> <p>ekg changes³</p> <p>melena³</p> <p>drop of Hct>10 in 4 hours³</p> <p>orthostatic changes³</p> <p>coagulopathy (including medication induced)¹</p> <p>h/o esophageal bleeding³</p> <p>age>70³</p> <p>inability to transfuse³</p> <p>probability of discharge within 48 hours <80%³</p> <p>prior aortic graft placement³</p>	<p>continued decrease in hct/hgb</p> <p>increase in BRB</p> <p>worsening clinical condition</p> <p>active bleeding on endoscopy</p>
Headache	<p>alternate diagnosis that requires admission</p> <p>venous sinus thrombosis¹</p> <p>increased ICP¹</p> <p>CSF leak¹</p> <p>deteriorating neurologic exam³</p> <p>suspected meningitis³</p> <p>hypertensive emergency³</p> <p>acute seizure³</p> <p>loss of coordination³</p> <p>new acute findings on Head CT³</p> <p>abnormal LP³</p> <p>tender temporal artery or elevated ESR¹(inferred from giant cell arteritis)</p>	<p>deterioration</p> <p>unstable VS</p> <p>no resolution of pain</p>

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	<p>blocked VP shunt¹(inferred from increased ICP) probability of discharge within 48 hours <80%</p>	
Metabolic abnormality	<p>alternate diagnosis that requires admission Acute renal failure Hypoglycemia- intentional overdose³ long acting oral hypoglycemic¹ continued altered MS¹ serious precipitating cause³ seizure¹ ataxia¹ dysphasia¹ focal neurologic deficit¹ severe weakness¹</p> <p>Hyperglycemia- ketoacidosis ph<7.3 CO2<10 or AG>15¹(inferred from dka) Hyperosmotic hypertonic syndrome¹ glucose>600³ serious cause</p> <p>Potassium- K<2.5¹ or >6.0³(Milliman 7) cardiac dysrhythmia¹ K<3.0 with weakness¹ K>5 with weakness or Cr>2.5¹</p> <p>Sodium- Na<130¹ or >150³</p> <p>Calcium- Ca<7 or Ca<8 with symptoms¹ Ca>14 or >12 with symptoms (ie confusion arrhythmia)³ probability of discharge within 48 hours <80%</p>	<p>deterioration of clinical status cardiac dysrhythmia inability to treat precipitants</p>
Seizure	<p>alternate diagnosis that requires admission Status epilepticus¹</p>	<p>deterioration clinically unstable VS</p>

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	<p>meningitis¹ CVA¹ SAH¹ Brain Mass¹ new acute findings of CT³ Delirium Tremens¹ Dementia³ toxic exposure¹ persistent new focal neurologic findings³ pregnancy³ eclampsia³ seizure secondary to hypoxia³ trauma stroke or drug toxicity¹ probability of discharge within 48 hours <80%</p>	<p>dysrhythmia recurrent seizures</p>
<p>ALL</p>	<p>For ALL exclusion include: hemodynamic instability alternate diagnosis requiring admission severe electrolyte abnormality probability of discharge within 48hrs <80% children psychiatric cases</p>	

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