

GUIDELINES FOR ADMISSION TO NON-MEDICINE SERVICES

1. **Geriatric Service (B6-C):** patients 80+ years of age can be admitted to this service at the discretion of the teaching resident (TR)
2. **Cellulitis (as of 6/2023)**
 - a. On scalp → Plastic Surgery
 - b. On face → Facial Trauma (ENT, Plastic surgery, and Oral Surgery alternate)
 - i. Periorbital cellulitis → Ophthalmology
 - ii. Odontogenic cellulitis → OMFS
 - c. On neck → ENT
 - d. On trunk → Medicine & Surgery alternate
 - i. Cellulitis due to post-cosmetic surgery of the breast → Plastic Surgery
 - e. On upper extremity
 - i. Proximal → Medicine & Surgery alternate
 - ii. Elbow/Forearm/Hand → Hand Surgery (Plastic Surgery & Orthopedic Surgery rotate)
 - f. On perineum → Urology or Gynecology
 - g. Lower extremity → Medicine & Surgery alternate
 - h. Post-op wound infection → admit to respective surgical service regardless of whether operation was done in EHC or elsewhere
3. **General Surgery Service (as of 5/2022)**
 - a. Anyone admitted for elective or emergent surgery
 - b. Anyone admitted for trauma
 - c. Anyone with a lower GI bleed
 - d. Any of the following go to Surgery if Medicine has a bed shortage
 - i. Necrotizing pancreatitis
 - ii. Choledocholithiasis / cholangitis
 - iii. Upper GI bleeding
4. **Neurology Service (as of 7/2022):**
 - a. Admit to Neuro if the reason for admission is a primary neurological disease
5. **Stroke Service (as of 7/2022):**
 - a. Admit to Stroke if patient presents with acute ischemic stroke, or with neurologic deterioration who are not appropriate for the ICU
6. **Neurosurgery Service (as on 1/2021)**
 - a. All ED admissions to the neurosurgical service are to be discussed with the attending on call.
7. **Orthopedic Surgery (as of 2/2021)**
 - a. Open fractures, extremity fracture, hip fracture, or any other fracture requiring urgent surgery
 - b. Infections that require immediate surgery
 - c. Casted or reduced fractures that require close neurovascular monitoring
 - d. Post-op patients requiring IV/IM pain medications or PT
8. **Trauma Service (as of 11/2021):** Traumas never go to Medicine unless patient has significant risk of serious cardiac dysrhythmia or cardiac ischemia
 - a. Intracranial bleed → Trauma or Neurosurgery
 - b. Syncope + any trauma
 - c. Altered mental status due to trauma (except for syncope)
 - d. Spinal column injury and spinal cord trauma → STICU or Neurosurgery