POLICIES AND PROCEDURES
DEPARTMENT OF NEUROSURGERY

Originator (Dept./Div.) **NEUROSURGERY**	**Functions: Provision of Care, Treatment, and Services**	**Index No**
SUBJECT: Admission Policy		
Status: **New:** **Revised: X**	**Date Issued:** 7/1998 **Date Revised:** 7/2000, 7/2010, 1/2013, 1/2021 **Date Reviewed:** 7/2002, 7/2004, 7/2006, 7/2008, 3/2012, 3/2013, 4/2015, 7/2017, 9/2019	

PURPOSE: To clearly delineate the criteria utilized for admission to the unit by the clinical staff.

POLICY: To provide a mechanism for the admission of patients to the Neurosurgery Department.

PROCEDURE:

A. Elective Surgery Admissions
   a. Outpatient Referral for Admissions
      i. An outpatient referral form for admission is to be completed on line. The attending's name is printed on the form.
      ii. The aforementioned form is given to the nurse who in turn sends them along with the patient to the Admitting Office where arrangements for an appointment with the Perioperative Care Center (PCC) Clinic is made.
      iii. Patients who do not require preoperative in-house care for an elective surgery procedure are admitted via the Day of Admission (DAS) program. This should be indicated when the patient is referred to the Admission Office from the clinics. The indication for more than one preoperative day is as follows:
         1. Special preoperative work ups that cannot be performed on an outpatient basis.
         2. Nutritional support by total parenteral nutrition (TPN).
         3. Correction of electrolytes
      iv. The case is booked with the OR before referring the patient to the Admitting Office.
   b. Pre-Admission Screening Procedure
      i. The history and physical (complete and legible) should be included in the patient's medical record.
      ii. The following laboratory results must be recent and available:
         1. For patient having local anesthesia:
            a. CBC

b. Urinalysis
c. Prothrombin and partial thromboplastic times (for patients with a history of liver disease, bleeding, or Coumadin therapy)

2. For patients having general anesthesia/analgesia:
   a. CBC
   b. Urinalysis
   c. Serum Electrolytes and Enzymes
   d. Na+
   e. K+
   f. SOOT
   g. SGPT/ALT
   h. Alkaline Phosphatase
   i. BUN and Creatinine
   j. Bilirubin
   k. Glucose
   l. EKG, chest X-ray for patients over 40 y.o.

iii. <u>If the patient is not cleared for surgery</u>, the Admitting Office will return the chart to the surgical resident for review.

B. Emergency, Night/Weekend Admissions
   a. All emergency admissions/transfers to the Neurosurgical Service are to be discussed with the Attending-on-call. This will be documented in the resident note and countersigned by the attending within 24 hours.

C. AMBULATORY SURGERY
   a. <u>Admission Criteria</u>:
      i. Only those surgical procedures which appear on the approved Ambulatory Surgery procedures list shall be performed on an ambulatory surgery basis.
      ii. Conditions precluding acceptance into the Ambulatory Program include, but are not limited to the following:
         1. Unstable diabetes
         2. Serious cardiac disease, e.g.:
            a. Recent myocardial infarction
            b. Serious arrhythmia
            c. History of recent heart failure
         3. Incapacitating heart disease
         4. Serious hypertensive heart disease
         5. Patients prone to aspiration
         6. Patients who require correction of dehydration prior to surgery.
         7. Current anticoagulant therapy and patients with severe bleeding disorders.
         8. Current steroid therapy will be evaluated on an individual basis; patient may be excluded from participation in the program.
   b. <u>Ambulatory Surgery Clearance</u>:
      i. The procedure for Ambulatory Surgery clearance is the same as elective

surgery clearance.

c. Admission to the hospital following Ambulatory Surgery:
    i. If the patient required hospitalization after an ambulatory surgery procedure has been performed, the outlined procedure is followed:
    ii. If further observation is required or a patient needs to remain in the hospital after 8 p.m. the patient shall be admitted to the hospital.
    iii. Admission of a patient to a hospital bed following ambulatory surgery shall be a mutual decision made by the responsible surgeon and the anesthesiologist involved in the case. The reasons for such admission should be recorded in the medical record.

D. Queens Hospital Center Admissions/Transfers
    a. Admissions/Transfers from Queens Hospital Center must be arranged through the Bed Board. (Please follow the QHC Transfer Policy in the Administrative Policy and Procedure Manual).

CONTROLS:

This policy will be reviewed by the Department of Neurosurgery every two years.