

Originator (Dept./Div.) Department of Surgery	Index No.: A-IA-C Pages 1-5
Status: Original Date of Issue: 05/94	REVISED/REVIEWED: 6/96, 5/98, 5/00, 1/02, 1/04, 1/06, 1/08, 1/10, 1/12, 1/14, 11/15, 9/16, reviewed 2/18, rev. 6/19, 5/22
SUBJECT: ADMISSIONS	

I. ADMISSIONS

Patients requiring either elective or emergency surgical care are admitted to the Surgical Ward under the care of the Surgery team. Patients requiring intensive care may be directly admitted to the SICU or the Surgical Step down unit from the E.R. or Operating Room as arranged by the Chief/senior residents or an attending. While all surgical patients are admitted under Surgery; the following guidelines are used to admit patients to the respective service as follows:

1. Patients with diseases of the breast, Vascular, Thoracic, Gastrointestinal tract diseases, and trauma are admitted to Surgery.
2. Whenever the Medical Service has a shortage of beds, the E.D. Attending physician, in consultation with the surgical residents will admit patients with the disorders listed below to the Surgical Service. The Surgical Service will manage these patients. These are as follows:
 - a. Acute Necrotizing Pancreatitis
 - b. Cellulitis (including uncomplicated Diabetics)
 - c. Obstructive Jaundice Probable extrahepatic
 - e. Acute upper GI Bleeding. All lower GI bleeding is admitted to surgery service.
 - f. Cholecystitis in patient with absent gallbladder

A. Elective Ambulatory Surgery

1. Referral for Surgery: A full assessment and evaluation of a patient in the clinic will take place and be documented in the Epic EMR including pre-op questionnaire to assess need for AT visit. Once surgery is deemed necessary, the procedure, risks and benefits of the procedure and the alternatives with its risks and benefits will be discussed with the patient. The patient is booked in the EPIC op-time module. Admitting will evaluate and complete the financial clearance of the patient to Pre-Admission Testing for pre-op medical evaluation. For cases deemed urgent, direct conversation with the Admitting office and PAT should take place. All cases booked must include the name of the Attending, procedure to be performed and the diagnosis. Sidedness, where applicable, is mandatory.

2. Patients who require pre-admission testing following their clinic assessment will be booked into PCC by the scheduling office for clearance. PAT will decide on the required labs, CXR and EKG and any additional work-up (like echo, hematology clearance) that will be necessary for patient safety. The PAT team will give the patient instruction on Medications and NPO prior to the procedure. If PAT questionnaire identifies patient who could bypass PAT, the clinic nurse will instruct patient on pre-op instructions.
3. PAT is not needed for straight local cases. These patients must still undergo financial clearance by the Admitting office.

B. Emergency Admissions/Night and Weekend Admissions

For patients who require emergency admission either from the Emergency room or the clinic, the bed board must be contacted to assign the appropriate bed, either floor, SICU or Step-down units. If the patient requires a monitored bed, the SICU Attending or fellow must be notified. All admissions need a Full History and Physical including Medication reconciliation documented and orders in the Electronic Medical Record. The attending must both document pertinent history and physical and attest to the resident's documentation. If no bed is available, the team will care for the patient as if admitted in the Emergency Department. If there is a difference of opinion as to whether the patient requires admission, the ED attending will discuss the case with the General Surgery attending on call. If any discrepancy still exists, the ED can admit the patient directly to the Surgery Service. Pediatric patients will be admitted to the Pediatric service with the surgery team acting as consultants. See trauma Policy Manual regarding trauma admissions.

C. Day of Admission Surgery

If a patient requires hospitalization after an Elective Surgical procedure (such as colon resection, anticoagulation, etc.) the case will be booked as DAS, day of admission surgery. The patient will be informed of the need for admission following the procedure. The admitting office will authorize this type of admission with the insurance carrier and assign a bed for the day of surgery. Booking of the case in Epic op-time and referral to Admitting Office and PAT are similar as for Elective Ambulatory Surgery referrals. DAS case requiring post op admission to STICU order in Epic should occur prior to case start and ICU team notify to reserve bed for patient post operatively to minimize need to go to PACU and go to STICU directly.

If an ambulatory surgery case requires an admission, the Recovery room will be notified and EPIC order created so bed board/ admitting can assign a bed. A note will be documented in the record as to the reason for the admission. Admission orders are required.

, ACS 2019