

Case Management Observation vs Admission

Medicine Automatic Admission It should be noted that all automatic admissions need to meet MCG guidelines	All ICU and ICR cases
	Any multilobar pneumonia
	Any pneumonia with significant hypoxia
	Acute respiratory failure/Pulmonary Edema
	Any patient who is deemed obvious that the patient will stay longer than 2 midnights based on their presented conditions
	Acute altered mental status/metabolic encephalopathy
	Any patient with an initial presentation and documented diagnosis of: <ul style="list-style-type: none"> ◆Severe sepsis ◆Acute respiratory failure ◆Hemodynamic instability
	Any end state cirrhosis patient admitted for complications of end state cirrhosis
	Acute medical illness in patient with severe malnutrition
	Any infection in an immunocompromised patient
Acute MI	
Medicine Additional Evaluation These cases need additional review by the CM with the ED Attending before a decision to place a patient on observation or inpatient admission	All neuro, CVA's, Syncope patients
	All primary CHF
	All admissions from Nursing Homes
	All GI bleeds/Digestion Disorder
	All exacerbations of COPD
	All patients with positive troponins
	Severe hyponatremia (sodium less than 125) or hypernatremia
	All pulmonary embolus
	Cellulitis with evidences of SIRS
	DKA
	Overdose - Alcohol Abuse & Dependence
	All oncology patients
	Hypertensive emergencies
	UTI and Kidney Infection
Renal Failure	
COPD	
Cardiac Arrhythmia & Conduction Disorders	
Medicine Automatic Observation	Chest pain with negative troponins
	Patients for Cath
	Asthma exacerbation in otherwise healthy individuals
	Patients admitted for pain control
	Patients with SVT otherwise complicated
	Patients admitted for Social Reasons
	Uncomplicated DVT
	Poorly controlled hypertension but not requiring IV drips to control
Syncope & Collapse	
Surgery Automatic Admission	Patients who need to be stabilized with IVAbx,etc.prior to surgical interventions
	All Trauma cases
	All neurosurgical case
	Orthopedic cases admitted to trauma
Surgery Automatic Observation	Cholecystectomy
	Strangulated hernias
	Perirectal or other abscess requiring operative or IR drainage
	Appendectomy
	Any patient with the same diagnosis but with comorbidities need CM review*

Readmissions:

Admit for any of the Admission reasons above, otherwise place all patients on Observation

Weekend Issues:

These are weekend issues that need to be addressed but the patients should remain on observation unless they meet inpatient criteria after the procedure