Direct Admission Protocol to Inpatient Family Medicine for UIHC Department of Family and Community Medicine

Goals:
1. Admit medically stable patients more efficiently
2. Decompress UIHC Emergency Departments

Criteria for direct admission to the Family Medicine Inpatient Service:

1. Patients with a medical issue at any age >3 months requiring admission can be direct admitted AND
2. Patient has a condition suitable to be managed at the Medical Campus Downtown (MCD) AND
3. Patient has been approved for admission by the Family Medicine Inpatient Faculty after consultation with the outpatient provider
    a. The inpatient team may recommend further work up or interventions in clinic (if available at the requesting clinic) before accepting the admission, may recommend sending patient to the ED, or may work in consultation with the outpatient provider to come up with a safe outpatient plan.

Exclusion criteria for direct admission to the Family Medicine Inpatient Service:

1. Patients <3 months old
2. Patients with non-medicine reasons for admission or those requiring specialty service admission (i.e. needing admission by surgery or orthopedics).
3. Unstable patients (see the attached document regarding Disposition Guidelines)
4. Patients that could potentially be discharged after a short period of monitoring or further evaluation in the ED (such as after receiving an IV therapy, advanced imaging, etc)

If the outpatient clinic provider is unsure if a patient would benefit from direct admission, recommend discussing individual cases with the inpatient faculty. The inpatient faculty schedule is available in QGenda or in the Epic on-call finder (MCD Fam Med Inpatient). The inpatient faculty has the discretion to accept or decline an admission.

Admission Timing:

1. **The Admission Transfer Center (ATC)** puts bed requests for admission to the top of the priority list for a bed, but it can take several hours for a bed to become available.
2. **It is up to individual clinic directors if they would like to use a cut off time after which patients would be sent to the ED** (due to clinic closing times, lack of staff, and lack of rapid response or other advanced support at clinic locations).

Workflow:

1. Clinic provider determines a patient may need admission
2. Contact the family medicine inpatient via Epic chat (preferred) or pager 3334
3. Discuss case with inpatient faculty to determine disposition
4. If admission accepted:
    - Clinic provider will place the Admission Bed Request order

- Select Admission Bed Request – Observation (anticipated <48h hospitalization) or Admission Bed Request – Inpatient (anticipated >48h hospitalization)
- Fill out all required fields, admitting service is Family Medicine and click YES that you've contacted the team already
- The clinic provider will determine in conjunction with the inpatient faculty if a patient is safe to go home to await a bed, or if they will need to stay in clinic for monitoring while awaiting a hospital bed. There is NOT a holding area at MCD for patients who have been accepted for an admission but do not have a bed ready.
    - For patients that are not safe to go home --> monitor in clinic until a bed is ready. Order further testing and treat the patient as indicated (i.e. IV fluids). When a bed is ready, the Admission Transfer Center (ATC) will contact the clinic. A nurse-to-nurse handoff from the clinic nurse to the inpatient unit nurse must occur.
        - Patient transported by ambulance will go through the ED, patients transported by private car will be instructed to present directly to the MCD unit to which they will be admitted (typically 3C or 5T).
    - For patients that may be safe to go home --> the patient will go home and clinic nursing staff will be notified by the ATC when a bed is ready. The clinic nurse will need to provide a nurse-to-nurse handoff. The patient will then be called by the accepting unit's nurse to present to the appropriate MCD unit.
- As courtesy, if patient is being sent directly from clinic to the inpatient unit, please notify the MCD FAM MED Inpatient on call group that the patient is in transit.

For patients unable to be admitted to MCD, place an Admission bed request as above, choose "Internal Medicine" as admitting service at MCU location. The ATC will set up a triage phone call with an Internal Medicine Hospitalist to discuss the admission.

Disposition Guidelines for Triage Directly to the Emergency Department

Unstable vitals:

- HR> 130 or HR < 50 beats per minute
- RR > 24 or RR < 10 per minute
- Symptomatic SBP > 180 or SBP <90 mmHg
- SBP > 200 or SBP <80
- O2Sat < 90% despite supplementation

- Acute change in mental status in the absence of chronic neurodegenerative disorder
- Chest pain unrelieved by nitroglycerin.
- Threatened airway
- Seizure
- Uncontrolled pain not responsive to single low dose opioid (driver must be available)
- Urgent advanced imaging is required for further evaluation or urgent need for invasive procedure that is not readily available in clinic
- Clinician has significant concern about the patient's condition

While waiting for a direct admission bed to become available, acute in-clinic intervention (e.g. nebulizer therapy, placement of oxygen, 500 cc IV rehydration, SL nitroglycerin, single/low dose opioid analgesia) is encouraged as clinically appropriate. If after the intervention the patient has any of the above, then consider direct transfer to ED.

*If additional clinical concern regarding patient stability to await an available bed, discuss with inpatient faculty
*Most patients meeting criteria for direct triage to the ED should be transported **emergently** (calling 911) to the ED. Notify ED per usual clinic protocol of patient transfer.

Updated by J. Rockafellow 7/2025