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Owner **Janel Doogan:**
Director

Area **Nursing - Acute/
Nursing**

Applicability **Lourdes Health**

Admission and Placement of Patients

STANDARD:

To provide a standard of practice for safe placement of various patient populations and safe staffing levels for care of these patients. This also establishes a standard of practice for the safe administration of medications with a high risk for serious side effects.

POLICY:

Patients are admitted according to requirements needed for care and resources available to provide this care.

PROCEDURE:

1. ER department or physician notifies the House Supervisor or Case Manager (per established process) of a requested admission. Appropriate unit is contacted and bed assignment is obtained.
2. Consider the following when assigning patient placement:
 - a. Staffing levels and competence of nursing staff in relationship to care required.
 - b. Infection Control/Safety Issues
 - c. Bed availability
 - d. Ages of the populations served.
 - e. Complexity of technology needed to care for patients and the ability of staff available to effectively use the technology.
 - f. Unit specific policy
 - g. Physician Admission Intent

Note: Refer to Census Management Policy for specific process for critical access hospitals.

3. The Admissions Clerk or Emergency Department is notified of bed assignment and patient admission type (i.e. inpatient, outpatient, SDC).
4. House Supervisor will determine room assignments for the following day's inpatient surgical patients. The PACU shall verify patient placement with House Supervisor.

NOTE: See Policy Admission Deferral Due to High Occupancy and/or Staff Shortage.

RECOMMENDED GUIDELINES FOR PATIENT PLACEMENTS:

Intensive Care Status (see table at end of policy for medication administration appropriate for ICU status placement)

1. Primary Admissions include patients 16 and over who meet Interqual criteria for intensive care.

Medical/Surgical/Pediatric Unit

1. Primary Admissions include both Adult and Pediatric patients with Medical/Surgical diagnoses and/or cancer diagnoses, not requiring intensive nursing care. Telemetry is available.
2. Infectious and/or communicable diseases.

Outpatient Services Center

Admissions include surgical outpatients and/or medical outpatients needing blood transfusions, intravenous therapy, oncology patients, medical observation, telemetry, or other outpatient procedures.

Spine & Joint Unit

Primary admissions include uninfected patients undergoing spine or joint operative procedures.

Rehabilitation Unit

Any patient over 16 requiring multiple therapies and rehabilitative nursing and having approval for Rehab services prior to admission.

ROOMMATE SELECTION FOR INFECTION PREVENTION

Patients may have roommates when the following two conditions are met:

1. Both roommates practice good personal hygiene. GOOD PERSONAL HYGIENE IS DEFINED AS

PATIENTS WHO DO NOT SOIL ARTICLES IN THE ROOM WITH BLOOD, PUS, FECES, URINE OR ORAL SECRETIONS. When the patient's personal hygiene cannot be accurately assessed or is questionable, a private room is indicated.

2. Neither roommate has an infection which requires a private room.

Patients who require the use of expanded isolation precautions (e.g. contact, contact enteric, neutropenia, droplet, or airborne) shall always have a private room.

Appropriate Placement for Specific IV Medications:

Medication	Status/Placement	Comments
Antihypertensives (IV push) Labetolol, Enalaprilat	Medical Surgical	
Antiarrhythmic Lidocaine IV for non-cardiac use (bronchospasm, chronic cough; dose not to exceed 4 mg/hr)	Medical Surgical with cardiac monitoring (telemetry) ICU if cardiac use	1. Must be used with caution in pts with hx of liver disease or CHF 2. Assess for Central Nervous System changes 3. Atropine IV up to 0.4 mg every 3-4 hours may be administered to patients on Med Surg to control secretions
Antiarrhythmic; Adenosine	Telemetry	Nurse administering must be in contact with person who is qualified and is monitoring rhythm during administration of medication
Sympathomimetics: Ephedrine; Epinephrine	Medical/Surgical	
Thrombolytics TPA, Retavase, TNKase	Emergency or Intensive Care	May be administered on Med Surg if used to declot catheter only
Sedative/Benzodiazepines:	Medical/Surgical or Observation if administered intermittently ICU if continuous drip	
Calcium Channel Blockers: Diltiazem; Verapamil	Telemetry	Nurse administering must be in contact with person who is qualified and is monitoring rhythm during administration of medication
Antihypertensives/Beta Blockers: Propanolol	Telemetry	Nurse administering must be in contact with person who is qualified and is monitoring rhythm during

		administration of medication
Drips:	Intensive Care/ Emergency Room	
Dopamine		
DRIPS:	Intensive Care/ Emergency Room	
Dobutamine		
Norepinephrine		
Epinephrine		
Phenylephrine		
Nitroprusside		
Nitroglycerin		
Antiarrhythmic:	Intensive Care/ Emergency Room	
Procainamide		
Quinidine		
Lidocaine (except as above)		
Atropine (except as above)		
Amiodarone		
Ibutilide		
Dofetilide (oral med)		
Calcium Channel Blocker Drip	Intensive Care/ Emergency	
Diltiazem		
Verapamil		
Inotropes	Intensive Care/ Emergency	
Milrinone		
Barbiturate drips	Intensive Care/ Emergency	
Nembutal, Pentothal		
Adrenergics	Intensive Care/ Emergency	
Isoproterenol		
Atracurium;Rivacurium	Intensive Care/ Emergency	Only give if Entubation is imminent
Diprivan	Intensive Care/ Emergency	Nursing may only give this medication as a continuous drip
Midazolam Drip	Intensive Care/ Emergency Room	
Midazolam IV Push	By qualified staff in the presence of continuous monitoring	See Moderate Sedation Policy M-11
Magnesium Sulfate IV	ICU/medical surgical not to exceed	<i>Torsade de pointes:</i> I.V.: <i>Pulseless:</i> 1-2 g over 5-20 minutes <i>With pulse:</i> 1-2 g over 5-60 minutes. <i>Note:</i> Slower administration preferable for stable patients. <i>Hypomagnesemia</i> Severe or symptomatic: 1-2 g over no less than 5

		minutes <i>Hypomagnesemia with seizures: 2 g</i> over 10 minutes
Terbutaline for non-pregnant pt	Medical Surgical/ Observation	

Approval Signatures

Step Description	Approver	Date
Policy Review Team	Kena Chase: Chief Nursing Officer	07/2022