

ADMITTING GUIDELINES 2009-2010

General Guidelines:

- Private patients will preferentially be admitted to the PA service or made off-service. When private patients are too ill for these services or would provide a unique learning opportunity for the housestaff, they may be admitted to a housestaff service.
- Ideally, CCU and ICU transfers should not be assigned to night residents admitting without an intern. These patients should be cared for by the medicine consult until the day team arrives unless he/she is overburdened; this can be decided upon at the discretion of the medicine consult.
- Patients presented to teams in the morning by the night resident (transfers) count as ½ an admission for the day (but a full admission for the total service cap of 10 or 12 patients).
- There should be direct communication between a physician taking care of the patient and the accepting resident.
- Resident on call should arrive no later than 7:30 AM to hear about new admissions from the ED.
- Short call and pre-call ward teams are off on weekends and hospital holidays.

General Medical Service-1: Max 10 patients on an intern service.

Short Call Intern: Up to 2 night resident transfers Monday-Friday

Long Call Intern: Up to 5 patients from 8:00 am-2:00 am Monday-Friday and 5-6 patients on Saturday and Sunday (1-2 night resident admissions plus 4-5 primary work-ups). The long-call intern may admit no more than 2 patients after 12:00 am and 1 patient after 1:00 am.

Night Resident: May admit up to 3 patients on their own until 6:00 am. No more than 2 patients after 4:00 am and no more than 1 patient after 5:00 am. Night resident patients should be distributed to the short call teams in the morning; we should try to avoid overflow being distributed to the long call teams Mon-Fri. If three night resident patients are admitted, the third patient may be directed to short or long call senior medicine service or appropriate subspecialty services.

General Medical Service-2/Hepatology: Max 10 patients on an intern service

Patients with liver disease should preferably be directed to this service.

Short Call Intern: Up to 2 night resident transfers Monday-Friday

Long Call Intern: Up to 5 patients from 8:00 am-2:00 am Monday-Friday and 5-6 patients on Saturday and Sunday (1-2 night resident transfers plus 4-5 primary admissions). The long-call intern may admit no more than 2 patients after 12:00 am and 1 patient after 1:00 am.

Night Resident: May admit up to 3 patients on their own until 6:00 am. No more than 2 patients after 4:00 am and no more than 1 patient after 5:00 am. Night resident patients should be distributed to the short call teams in the morning; we should try to avoid overflow being distributed to the long call teams Mon-Fri. If three night resident patients are admitted, the third patient may be directed to short or long call senior medicine service or appropriate subspecialty services.

Cardiology: Max 10 patients on an intern service

Patients whose primary reason for admission is cardiac should preferably be directed to this service.

Short Call Intern: Up to 2 night resident transfers Monday-Friday

Long Call Intern: Up to 5 patients from 8:00 am-2:00 am Monday-Friday and 5-6 patients on Saturday and Sunday (1-2 night resident transfers plus 4-5 primary admissions.) The long-call intern may admit no more than 2 patients after 12:00 pm and 1 patient after 1:00 am.

Night Resident: May admit up to 2 cardiology patients or one cardiology and one Gen Med overflow on their own until 6:00 am. No more than 1 patient after 5:00 am. If other ward teams are full the cardiology night resident may receive no more than 1 non cardiology overflow.

ID: Max 10 patients on an intern service

Long call intern: Up to 4 admissions (with night float admissions counting as half) from 8:00 am-3:00 pm. Up to 2 private patients and one Gen Med overflow patient may be admitted to the ID service before 3 PM.

Long call resident: See, stabilize if needed, and write holding orders on up to 2 patients that come in from 3pm-9pm that are waiting for night float admission. Any patient not stable enough to wait for the night admitting team should be admitted to another team.

Post call team: Will accept one short-call admission from the overnight team, up to a census of 10.

Night Resident: May admit up to 3 patients from 9:00pm to 6:00am, two of them with the intern, on M/Tu/W/Th. The NR night off is Friday. On Saturday night, the intern's night off, the resident will be responsible for cross-coverage of the day teams' lists and up to 2 new admissions. On Sunday, the ID NR will be responsible for Oncology admissions as well, with two admits with the oncology intern and two admits with the ID intern. Up to one non-ID overflow patient may be admitted by the night team, though this patient should be worked up and presented by the resident and should not be one of the 2 admissions for the intern. No more than 2 patients may be given after 4:00am and no more than 1 after 5:00am.

Night Intern: Admits 2 ID patients overnight with the resident, and is responsible for cross-coverage of the day teams' patients. Night off is Saturday.

Oncology: Max 10 patients on an intern service

Only patients with an hematologic or oncologic diagnosis related to their admitting diagnosis may be admitted to this service.

Long call intern: Up to 4 admissions (with night float admissions counting as half) from 8:00 am-3:00 pm.

Long call resident: See, stabilize if needed, and write holding orders on up to 2 patients that come in from 3pm-9pm that are waiting for night float admission. Any patient not stable enough to wait for the night admitting team should be admitted to another team.

Post call team: Will accept one short-call admission for the overnight intern, up to a census of 10.

Night Resident: May admit up to 3 patients from 9:00pm to 6:00am, two of them with the intern, on M/Tu/Th/Sat. The NR night off is Sunday. On Wednesday, the intern's night off, the resident will be responsible for cross-coverage of the day teams' lists and up to 2 new admissions. On Friday, the Onc NR will be responsible for ID admissions as well, with two admits with the oncology intern and two admits with the ID intern. No more than 2 patients may be given after 4:00am and no more than 1 after 5:00am.

Night Intern: Admits 2 oncology patients overnight with the resident, and is responsible for cross-cover of the day teams' patients. Night off is Wednesday.

Senior Medicine: Max 12 patients on a resident service

The number of private patients admitted to this service is minimized in an attempt that no resident should receive more than 1 private patient per short or long call.

Short Call Resident: Resident may receive up to 3 patients (max 1 non-overnight patient) before 1 pm Monday-Friday. Overnight patients should be taken from the house doctor and the Gen Med 1 & 2 night residents.

Long Call Resident: Resident may receive up to 4 patients until 6:30 pm with no more than 2 patients after 4:00 pm and no more than 1 patient after 5:00 pm. Long call resident may receive overnight overflow if the short call senior medicine is capped (but the admission counts as a long call admission towards the cap of 4).

Allen Pavilion: Max 10 patients on an intern service

Private patients should not be on the ward teams unless the patient's private admitting doctor is also the ward attending at the time.

Short call intern: Up to 2 night resident transfers Monday-Friday

Long call intern: Up to 4 patients from 8:00 am-2:00 am Monday-Friday (this may be expanded to 5 patients at the hospitalist's request) and 5-6 patients on Saturday, Sunday, and holidays (1-2 night resident transfers plus 4 primary admissions.)

Night Resident: May admit up to 2 patients on their own until 5:00 am. No more than 2 patients after 3:00 am and no more than 1 patient after 4:00 am.

Medical Intensive Care Unit – Milstein (MICU): Max 12 patients in the MICU

Private and ward patients are cared for in a closed order-book fashion by the managing MICU service.

Short call resident/intern: Up to 2 admissions (may be either primary work-ups or transfers from the inpatient medical services) from 6:00 am – 1:00 pm.

Long call resident/intern: Up to 5 new admissions from either: a) 1:00 pm – 6:00am the following morning or b) from the time the short call team has capped until 6:00am the following morning. Resident-intern teams may admit an additional 2 patients to the Milstein MICU during this period if they are transfers of care for patients currently on a medical service.

In circumstances where additional patients need to be admitted to the MICU before 6:00am the long call overnight resident will triage/stabilize the patient, including initial

admission orders, prior to the arrival of the short call resident who will complete the evaluation and stabilization of that admission.

Allen Pavilion Intensive Care Unit (AICU): Max 12 patients in the AICU

Private and ward patients are cared for in a closed order-book fashion by the managing AICU service.

Short call intern: Up to 2 admissions (may be either primary work-ups or transfers from inpatient medical services) from 6:00 am – 1:00 pm.

Long call intern: Up to 5 new admissions from either: a) 1:00 pm – 6:00 am the following morning or b) from the time the short call team has capped until 6:00 am the following morning. The long call AICU intern may accept an additional patient, but only if it is a transfer of care from a medical service.

AICU Resident: There are two residents in the AICU rotating on shift schedule. One resident supervises the AICU from 7:45 am – 3:00 pm. The second resident arrives at 11:00 am for teaching and management rounds and remains in the unit until 8:00 pm.

Cardiology Care Unit (CCU): Max 18 patients in the CCU

Private and ward patients are cared for in a shared order-book fashion by the managing CCU service.

Short call resident/intern: Up to 2 admissions (may be either primary work-ups or transfers from the inpatient medical services) from 6:00 am – 1:00 pm.

Long call resident/intern: Up to 5 new admissions from either: a) 1:00 pm – 6:00 am the following morning or b) from the time the short call team has capped until 6:00 am the following morning. Residents may admit an additional 2 patients to the CCU during this period if they are transfers of care for patients currently on a house-staff service.

In circumstances where additional patients need to be admitted to the CCU before 6:00 am the long call overnight resident will triage/stabilize the patient, including initial admission orders, prior to the arrival of the short call resident who will complete the evaluation and stabilization of that admission.