


Name of Policy: ED Transitional Admissions Policy Number: 3364-100-53-25 Approving Officer: Chief Executive Officer, Chief of Staff Responsible Agent: Medical Director, Emergency Department Scope: University of Toledo Medical Center		 Effective date: Original effective date: 7/28/2010	
Key words: Emergency Department (ED), Assessment, Treatment, Admit to Inpatient, Beds			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

It is the policy of the University of Toledo Medical Center to support and facilitate efficient assessment, treatment, and transition of admitted patients from the ED to inpatient beds by instituting and enforcing the following procedure for Emergency Department (ED) generated admissions.

(B) Purpose of Policy

1. Decrease the waiting time in the ED for patients who are to be admitted to nursing units to be moved to an inpatient bed.
2. Improve utilization and turnaround of ED bed space to enhanced patient access.

(C) Procedure

1. Upon the patient's arrival, the ED physician will initiate a work-up of the patient.
2. If the ED physician determines that admission is indicated, the admitting service will be notified.
3. These admission orders will be entered into EPIC by the Admitting Service. ~~will be verbal/telephone orders from the Admitting Attending to the ED nurse.~~
4. The admission orders are good for two hours.
5. The hospital/floor RN may contact the resident or APP once the first hour has passed to remind the resident or APP of the patient's presence.

6. The resident or APP may provide the nurse with a “*one time*” renewal of the Transitional Admission Orders which will span an additional 2 hours provided the patient’s condition is stable and no untoward effects will be incurred.
7. If, in the judgment of the hospital/floor RN, the patient status changes requiring additional orders or assessment by a physician, the resident for the attending will be contacted.
8. Once consultation has taken place, the consulted service has 60 minutes to finalize their treatment plan, discuss the plan with the ED attending, and place admission orders.
9. Once a patient has admission orders, the admitting service will assume all care of the patient.

<p>Approved by:</p> <p>_____</p> <p>Daniel Barbee Chief Executive Officer</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Puneet Sindhwani, MD Chief of Staff</p> <p>_____</p> <p>Date</p> <p><i>Review/Revision Completed by: Medical Director, Emergency Department</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: 7/28/2010</p> <p>Review/Revision Date:</p> <p>7/28/2010 11/1/2013 11/1/2016 4/1/2017 4/1/2020 6/1/2021</p> <p>Next review date:</p>
---	--