Pediatric Consultative and Referral Service (PCRS) Direct Admission with Quick Look Algorithm

**Direct admissions: 512-324-3262  **
calls processed via transfer center

PCRS attending takes call for Direct Admit from transfer center

Does patient need quick assessment in ED to determine safest admission location: floor vs intermediate care unit (IMC)?

**NO**

Normal process without stop in ED; Transfer center assigns bed; Patient is transported to bed by EMS or checked in at admissions if self-transport

**YES**

PCRS attending requests quick look from transfer center nurse then notifies the ER charge nurse, gives brief summary and callback #

Patient arrives via EMS/transport to the ER (not roomed).
A complete set of vitals are obtained while the PCRS attending is called. Response time is within 5 minutes.

PCRS attending assesses the patient in ED. Is the patient stable and appropriate for admission to the floor versus IMC?

**NO**

PCRS attending notifies ED charge nurse that patient is not stable or appropriate for floor or IMC bed. Patient registered as an ED patient, roomed, seen by ED provider for treatment and disposition. EMS/transport gives report to ED nurse taking the patient. Chart placed in rack and seen based on ESI acuity.

**YES**

Patient is transported to assigned room by EMS who will give report to bedside nurse. No report from ED is given. Patient is not seen or charged by ED physicians.

**Inclusion:**
1. Direct admissions to the floor / IMC that have been vetted by phone triage by PCRS attending.
2. PCRS attending feels patient needs to be seen in the ED to ensure they are stable and “as billed”

**Exclusion (would be seen as ED patients):**
1. Any patient that is felt to be unstable or in need of immediate assessment upon arrival to DCMC
2. Concern disease process is unstable or worsening
3. Discretion of PCRS attending to have patient seen in the ED because of unclear disease severity.