

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.