

## ED Referrals for Medical West Admissions

Specialty-specific responses to the question of what medical conditions or diagnoses are not appropriate for referral for admission to our community hospital.

Specialty/Service	Inappropriate Conditions for Referral to Medical West
Cardiology	<ol style="list-style-type: none"> <li>1. STEMI</li> <li>2. ACS with active CP or ventricular arrhythmias</li> <li>3. VT/VF or need for ICD</li> <li>4. Cardiac arrest</li> <li>5. NSTEMI at risk for occlusive disease/need for PCI</li> <li>6. Symptomatic Aortic stenosis</li> </ol>
Pulmonary/ Critical Care	<ol style="list-style-type: none"> <li>1. Severe ARDS</li> <li>2. Need for thoracic surgery</li> </ol>
Gastroenterology	<ol style="list-style-type: none"> <li>1. Patients already being cared for by gastroenterology at UAB</li> <li>2. Patients needing “middle of the night” procedures (esophageal obstruction, acute GI bleeding)</li> <li>3. Patients needing EUS (endoscopic ultrasound)</li> <li>4. Patients needing emergent ERCP</li> </ol>
General Surgery	<ol style="list-style-type: none"> <li>1. Esophageal/tracheal surgical pathology</li> <li>2. Bleeding complications in setting of cirrhosis</li> <li>3. UE/LE extremity compartment syndrome</li> <li>4. Hand pathology—traumatic/infectious</li> <li>5. Recent surgical complications from UAB or other hospitals</li> <li>6. Bariatric surgical complications</li> <li>7. Level 1 trauma</li> <li>8. Necrotizing fasciitis in decompensated patient</li> </ol>
Hospitalist Service	<ol style="list-style-type: none"> <li>1. Complicated Infectious disease or rheumatology cases (Complex infections in immunocompromised, HIV/AIDS patients)</li> <li>2. Complex dermatology patients</li> <li>3. Emergent need for neurosurgical care (OK if Neurosurgery is available and will admit patients)</li> </ol>
Neurology	<ol style="list-style-type: none"> <li>1. Status epilepticus</li> <li>2. Prolonged post-ictal period requiring continuous EEG monitoring</li> <li>3. Intracerebral hemorrhage</li> <li>4. Subarachnoid hemorrhage</li> <li>5. Ischemic stroke receiving tPA</li> <li>6. Ischemic stroke with suspected large vessel occlusion</li> <li>7. Ischemic stroke with confirmed/suspected basilar artery occlusion</li> <li>8. Large posterior fossa/cerebellar ischemic infarct</li> <li>9. Myasthenia gravis crisis or exacerbation with respiratory failure</li> <li>10. Guillain-Barre if concern for autonomic or respiratory involvement</li> </ol>

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Neurosurgery	<ol style="list-style-type: none"> <li>1. Willing to accept selected emergency transfers on an individual basis after consultation with Neurosurgeon</li> </ol>
Orthopedic Surgery	<ol style="list-style-type: none"> <li>1. High-level/multiple trauma</li> <li>2. Orthopedic injury with associated neurovascular injury,</li> <li>3. Prior joint reconstruction with infection or other complication</li> <li>4. Complex open fractures</li> <li>5. Compartment syndromes</li> <li>6. Traumatic amputations</li> <li>7. Major orthopedic injuries in patients under the age of 14</li> </ol>
Otolaryngology	<ol style="list-style-type: none"> <li>1. Mastoiditis or trauma with facial nerve weakness requiring surgical decompression</li> <li>2. Subglottic or tracheal stenosis</li> <li>3. Facial fractures</li> <li>4. Abscess of face or neck from dental origin</li> <li>5. Upper airway compromise due to malignancy</li> </ol>
Geriatric Psychiatry	<ol style="list-style-type: none"> <li>1. Patients under the age of 60</li> <li>2. Placement problems – especially those from nursing homes</li> <li>3. Medically-ill patients with concurrent psychiatric problems</li> <li>4. Psychiatrist on call must agree to any accept psych transfers</li> </ol>