

# Cardio-Hospitalist Admissions

## Inclusion Criteria:

- NSTEMI unlikely to be Type I with stable/downward trending troponin
- Rate controlled Atrial Fibrillation
- New onset CHF
- Chief complaint consistent with CHF exacerbation – worsening dyspnea on exertion, orthopnea, PND.
- Evidence of volume overload – elevated JVP, BNP or BNP above baseline, documented weight gain, evidence of pulmonary edema or severe peripheral edema
- Systolic blood pressure greater than 90 mm Hg or less than 200 mm Hg
  - Systolic blood pressure between 90 mm Hg and 105 mg Hg will require conversation between Hospital Medicine (Pager #8074) and Cardiology Attending
- Heart Rate less than 130 bpm after stabilization in the Emergency Department
  - Heart Rate between 110 bpm and 130 bpm will require conversation between Hospital Medicine (Pager #8074) and Cardiology Attending
- Patient requires chronic or stable inotrope drip, with non-cardiac issue (Must be admitted to W6N)
- Patient requires less than 4L of oxygen and has been off bipap for at least one hour

## Exclusion Criteria:

- CHF with suspected Type I MI
- Hypertensive urgency requiring IV drip at time of admission
- Systolic blood pressure less than 90 mm Hg or greater than 200 mm Hg
  - Systolic blood pressure between 90 mm Hg and 105 mg Hg will require conversation between Hospital Medicine (Pager #8074) and Cardiology Attending
- Heart Rate greater than 130 bpm after stabilization in the Emergency Department
  - Heart Rate between 110 bpm and 130 bpm will require conversation between Hospital Medicine (Pager #8074) and Cardiology Attending
- Upward trending Troponin – Troponin value doubled within 2 hours
- Lactic acid greater than 4 mmol/L
- Patient requires bipap or greater than 4L of oxygen above baseline
- Patient requires acute inotrope drip