Admission Guidelines to Le Bonheur Unit – Jackson-Madison County General Hospital

Purpose

- To ensure all patients are appropriately and adequately placed according to diagnosis and status.

General information

- The decision to admit a pediatric patient to the Le Bonheur Unit of West Tennessee or to transfer should be based both on these guidelines and clinical judgment. Consideration should be given to the capabilities of Le Bonheur at West Tennessee to meet the patient's needs as well as other factors such as likelihood of deterioration and need for PICU and/or care by subspecialists.
- These guidelines are not all inclusive and the ultimate medical decision of whether or not to transfer rests with pediatric hospitalist on duty. Involvement of the medical director is encouraged if there are concerns.

Procedure

- **Patients may be admitted with the following diagnosis/conditions**:

  1. Hyperbilirubinemia
  2. Newborn that is stable requiring antibiotics
  3. Babies with feeding difficulty or oliguria (there is limited assistance available from speech pathology, PT, OT)
  4. Bronchiolitis without worsening respiratory distress after initial interventions and requirement of high flow <10L, 40%FiO2. Patients with preterm birth and/or underlying comorbidities require careful consideration
  5. Need for supplemental O2 less than 40% via face mask or 4L BNC.
  6. Dehydration with decreased UOP and improvement of vital signs after NS bolus.
  7. Cellulitis (except orbital and periorbital at risk for advancing to orbital)
  8. Isolated long bone Fractures in patients > 2 years of age without concern for non-accidental trauma (with orthopedic consult already in place)
  9. Surgical patients who are medically stable and unlikely to deteriorate, require ICU level care or further surgical intervention.
  10. Previously diagnosed diabetic patients with blood glucose <500, pH >

7.32 and normal mental status.

11. Patients with ingestions of non-vasoactive agents that are hemodynamically stable without risk of apnea or evidence of end organ dysfunction.

12. Patients with other diagnosis that are not on the exclusion list in consultation with the pediatric hospitalist on duty.

- **Patients not routinely accepted:**

1. Pregnant or postpartum patients
2. Patients with primary psychiatric or behavioral conditions.
3. Febrile infants with signs suggestive of sepsis not improved after initial ED intervention
4. Patients with DKA, new onset diabetes or known diabetic patients with blood glucose level > 500, pH <7.32, or mental status changes.
5. Chest tubes
6. Orbital cellulitis
7. Anticipated in person pediatric specialty consult (particularly Neuro, Cardiac, GI, Ophthalmology – especially if unable to reasonably manage remotely via telemedicine)
8. ED patients with labored breathing, retracting, marked tachypnea and increasing O2 requirements.
9. Signs suggestive of GI obstruction (persistent vomiting without diarrhea, vomiting in patients with prior history of GI surgeries)
10. Burns requiring admission (these patients frequently require specialized burn care and are typically admitted to Pediatric General Surgery)
11. Asthmatic patients with a history of previous PICU admission with or without intubation or those requiring increasing levels of support including continuous or q1 hr Albuterol and/or supplemental O2 > 40% or 4L/BNC without improvement.
12. Patients with tracheostomy.
13. Patients with underlying structural airway abnormalities.
14. Patients with sickle cell disease with suspected acute chest syndrome or fever with signs of sepsis.

3/15/2022