Banner Admit/Transfer Pager

Goal

- Work with wheel to allocate patients to most appropriate service for safest care

Things to consider

- Vital signs
    - **Think**: is this person appropriate for medicine floor?
- Labs
    - **Think**: are there critical labs that should be immediately addressed in ED or in hospital of origin?
    - **Think**: Are there labs missing that we should ask to have ordered?
    - **Ask** for repeat or additional labs.
- Pertinent imaging/diagnostics
    - **Ask** for additional tests to be completed
- Provider history
    - Look at PCP in chart: IM? FM? Neither?
    - Look at recent hospital stays: bounce back to any of the services?
- <u>If in our ED:</u>
    - **Ask** for updated vitals, updated labs, additional labs, etc prior to accepting
    - **Ask** ED to reach out to specialty provider prior to accepting, if needed.
    - Ok to lay eyes on patient in ED before accepting if seems semi-ICU
- <u>If transferring from outside hospital:</u>
    - If specialty patient:
        - **Confirm** with caller that they have spoken to service to which they would like to transfer, and that that service has accepted patient. *Unless rheumatologic patients
    - **Ask** for estimated time of arrival?

Accept the following patients:

- VS stable with medical issue requiring hospital care
- Even when The Wheel is closed:
    - Banner IM clinic patients seen in clinic within 5 years, even if Observation status
    - Rheumatology, GI and Dermatology transfers overnight (no call needed)
    - Anyone on transfer list

Direct to direct care (BMG):

- Observation patients, unless Banner IM clinic patients seen within 5 years
- Post-op in PACU if no acute medical issues

Direct to family medicine wards team:

- Family medicine clinic patient seen within 5 years

Direct to ICU:

- Unstable vital signs
- Requiring Q1-2 HR neurochecks
- Requiring frequent repeat labs
    - Ex: severe hyponatremia
- Caution with lactic acidosis > 4
    - Can come to floor. Keep close eye.

Direct to SICU or Surgery:

- Surgical issues not requiring medical management

General

- If patient is urgent/emergently going to OR overnight, direct care provider needs to lay eyes prior to intervention for surgical risk stratification
- If questions during day: ask attending.
- If after hours, err on side of caution. In addition, ok to reach out to direct care provider if need additional insight.
- Direct care provider point person: Cheryl Pendergrass, MD
- “The Wheel” is known at the “List Holder” to the BMG service