MSH ED's Intra-MSHS Transfer Criteria for Oncology Patients

Level 1	
Intra-MSHS Transfer Protocol	**Clinical Criteria**
Unless an oncology attending states otherwise, the ED clinician can transfer the patient and communicate to the patient that the primary oncologist approves of the transfer	Solid tumor patient with a non-primary oncologic or non-acute primary oncologic reason for admission who does not meet any of the exclusion criteria in Level 3. Non-primary and non-acute primary oncologic reasons include, but are not limited to: ○ Cardiac dysrhythmias ○ Chest pain ○ CHF ○ COPD exacerbation ○ Diabetes mellitus with complications ○ Failure to thrive ○ Fractures not related to mets ○ Infections (including sepsis, UTI, PNA, viral, etc.) ○ Skin and subcutaneous tissue infections ○ Symptom management due to disease but not chemotherapy (including pain, nausea, vomiting, diarrhea, and constipation)
Level 2	
Intra-MSHS Transfer Protocol	**Clinical Criteria**
Will need sign-off from primary oncologist before transfer *If primary oncologist is unavailable, solid tumor oncology patients can be escalated to Dr. Cardinale Smith and malignant hematology patients to Dr. Luis Isola*	Any cancer patient with primary oncologic reason for admission who does not meet any of the exclusion criteria in Level 3. Primary oncologic reasons include, but are not limited to: ○ Complications directly related to active chemotherapy, for example neutropenic sepsis ○ Complications directly related to oncologic diagnosis, for example pathologic fracture ○ Newly suspected metastasis referred for management
Level 3	
Intra-MSHS Transfer Protocol	**Clinical Criteria**
Not suitable for transfer and should be flagged for immediate admission at MSH	• New acute leukemia or other new malignant hematology diagnosis • Research patient • Patient who requires titration of vents, increased vent requirements, frequent suctioning • Patient who received a transplant (Allo/Auto/CAR-T) within last year • Patient acutely ill with unstable vital signs and severe, symptomatic lab abnormalities or cancer sequelae presenting as: ○ Acute kidney failure ○ Acute liver failure ○ Acute mental status change/neurologic symptoms ○ Cord Compression ○ Cytokine release syndrome ○ Disseminated intravascular coagulation ○ GI bleed requiring repeat Hgb checks more often than Q8 hours ○ GVHD ○ Hyperviscosity syndrome ○ Leptomeningeal disease ○ Multifocal PNA with SpO2 <90% on room air ○ Tumor lysis syndrome