

MSH Emergency Department

MSHS Load-Level Transfer Program

Transfer Candidates



Date Created: 08/03/2022
Date Reviewed: 08/05/2022
Reviewed By: Dr. Jolion McGreevy

All patients being admitted to the hospital should be considered for transfer to expedite bed assignment and decrease boarding time in the Emergency Department

Patient Eligibility For Transfer

- **Medicine patients**
 - **Exclusion Criteria:**
 - Age under 18
 - Pregnant (must be cleared by OB prior to transfer)
 - Patient is closely followed by IBD, Transplant, or Liver Medicine (must be cleared by consulting services)
 - For patients being followed by other services – reach out to these services and confirm if there is any contraindication to the patient being transferred
- **GI Patients**
 - Patients Requiring GI consult and/or GI intervention CAN be transferred (MSM and MSBI)
 - **Exclusion Criteria:**
 - Patients who are unstable or at high-risk for decompensation due to bleeding, as determined by the treating clinicians (ED, Medicine, GI).
 - Inflammatory Bowel Disease
 - Bleeding likely due to esophageal varices
 - Patients who require advanced endoscopy
- **Cardiology Medicine**
 - Heart failure patients should be transferred to MSM
 - **Exclusion Criteria:**
 - Cardiogenic Shock
 - Acute Pulmonary Edema
 - Uncontrolled ventricular or atrial arrhythmias
 - Heart transplant patient (or listed for transplant)
 - LVAD patient (or being evaluated for LVAD)
 - Participation in HF clinical trial
 - General cardiology patients can be transferred as well
 - If they do not follow with a specific MSH cardiologist they can be transferred
 - If they follow with a specific MSH cardiologist – reach out to their cardiologist and confirm they have no contraindication to patient being transferred
- **Oncology**
 - Oncology patients who are admitted for a non-primary oncologic reason can be transferred
 - **Exclusion Criteria**

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- New Leukemia or other new malignant hematology diagnosis
- Research patient
- Patients who have received transplant within last year
- Acutely ill patients with cancer sequelae such as
 - Acute kidney failure
 - Acute liver failure
 - AMS
 - Cord compression
 - Cytokine release syndrome
 - DIC
 - GI bleed requiring more than Q8 CBC
 - GVHD
 - Hyperviscosity syndrome
 - Leptomeningeal disease
 - Multifocal PNA with SpO₂ <90% on RA
 - Tumor lysis syndrome
- EPIC documents has a flowsheet with further information for oncology transfers