



TIP SHEET – Admission Documentation

ABDOMINAL PAIN

- ✓ Severe pain requiring acute inpatient management (q2 to 4 hours pain meds)
- ✓ Severe electrolyte abnormalities, IVF administered
- ✓ Peritoneal signs present (rebound tenderness and rigidity)
- ✓ Absent bowel sounds with complete ileus
- ✓ Hemodynamic instability (vital sign abnormality, lactate, metabolic acidosis, leukocytosis, abnormal cap refill, reduced urine output, mental status change)

CHEST PAIN

- ✓ New onset or progressive; prolonged at rest
- ✓ Hemodynamic Instability (v/s abnormality, lactate)
- ✓ Risk factors (EF, tele, SIGNIF CARDIAC HX)
- ✓ Cardiac arrhythmias. EKG changes, positive biomarkers (trop, CKB, D-dimer)
- ✓ Respiratory distress
- ✓ Angina with acute coronary syndrome

PAIN

- ✓ Severe pain requiring acute inpatient management
- ✓ IV pain medications
- ✓ Pain causing debilitation (deconditioning)
- ✓ Patient unable to function or limited support due to pain

CELLULITIS

- ✓ Failed outpatient Tx, inability to adhere to outpatient antibiotic
- ✓ Length of IV Abx;
- ✓ High-risk comorbid conditions

PNEUMONIA

- ✓ Failed outpatient tx
- ✓ O₂ Sat; ABG
- ✓ Chest X-ray results

ASTHMA

- ✓ Vital signs abnormality/tachypnea, continued accessory muscles/retractions, O₂ Sat, changes in mental status
- ✓ Hx. of intubation
- ✓ Failed outpatient tx/home tx/not responsive to tx in ER
- ✓ Inadequate access to medical care, meds
- ✓ Current use of corticosteroids for asthma
- ✓ Hospitalization for asthma within the past year
- ✓ Patient unable to complete full sentences in one breath
- ✓ Hemodynamic instability

ALTERED MENTAL STATUS

- ✓ Deviation from baseline
- ✓ ELECTROLYTE IMBALANCES
- ✓ Inpatient evaluation to rule out etiologies

UNSTEADY GAIT/ FALLS/MECHANICAL/SYNCOPE

- ✓ Underlying factors
- ✓ Change from baseline
- ✓ Number of falls
- ✓ Injury caused by falls
- ✓ Abnormal labs (e.g., Rhabdo and UTI)
- ✓ Cardiac arrhythmias
- ✓ Dehydration that is severe or persistent

FAILURE TO THRIVE

- ✓ Weight loss (less than 60% of 50th percentile weight for age)
- ✓ Significant electrolyte abnormality (abnormal labs/vital signs)
- ✓ Unable to tolerate PO
- ✓ Failed outpatient treatment
- ✓ Suspected abuse or neglect
- ✓ Medical instability such as hypothermia, bradycardia, hypotension

SICKLE CELL

- ✓ IV PCA (IVF standing)
- ✓ Documentation reflecting that patient will need pain medication for more than 48hrs

INFECTIOUS WORK UP/SEPSIS

- ✓ Abnormal vital signs (Tachy, fever, labs results/Retic count, cultures)

HEADACHE

- ✓ Lactate > 4
- ✓ Immunocompromised
- ✓ Hemodynamic instability

