MOUNT SINAI BETH ISRAEL
PATIENT CARE SERVICES

POLICY: **Mount Sinai Beth Israel** **Emergency Department**	**GUIDELINES FOR THE TRANSFER OF PEDIATRIC PATIENTS TO MOUNT SINAI BETH ISRAEL**	Date Issued: June 2017

Guideline regarding indications for the appropriate transfer of children to the Pediatric Emergency Department at Mount Sinai Beth Israel for evaluation and potential admission into the Short Stay Unit.

The criteria listed below are to be utilized as a guideline for appropriate pediatric transfers for evaluation in the Pediatric Emergency Department and potential admission to the Pediatric Short Stay Unit at MSBI. Ultimately, the disposition of patients is at the discretion of the PED attending at MSBI.

The Attending Physician in the originating Emergency Department should call the transfer center at **1-800-TO-SINAI**, who will then connect him or her with the appropriate receiving physician at MSBI.

Consider the BI Short Stay Unit for the following conditions

1. Respiratory Illnesses (Asthma, Bronchiolitis, Croup, Pneumonia)
2. Dehydration
3. Skin and Soft Tissue Infections (Cellulitis; Abscess s/p PED drainage)
4. Anaphylaxis
5. Febrile Infants <56 days old
6. Urinary tract infection/pyelonephritis
7. Head Trauma (Closed Head Injury, Concussion)
8. Hyperbilirubinemia
9. Toxic Ingestion, Toxic Exposures and Drug Overdoses

Pediatric Short Stay Unit Admission Guidelines by Diagnosis

Respiratory Illnesses (Asthma, Bronchiolitis, Croup, Pneumonia)

Admission Criteria	Exclusion Criteria

• > 3 months old
• Not requiring nebulized therapy more frequently than every 90 min
• Likely to transition to PO medications in 24h
• Does not have more than two symptoms below:
  - Persistent hypoxia
  - persistent tachypnea, retractions, or nasal flaring
  - pleural effusion on imaging (CXR not mandatory)
  - Requiring IV antibiotics or rehydration therapy
	• Suspicion for airway foreign body, epiglottitis, tracheitis, deep neck space infection
	• Received:
	  - More than 2 epinephrine IM doses
	  - more than 2 racemic epinephrine treatments in 2h period
	  - Terbutaline SC
	• Significant comorbidities – extreme prematurity, chronic lung disease, congenital heart disease

Dehydration

Admission Criteria	Exclusion Criteria

• >3 months old
• Inability to maintain hydration by PO intake alone
• Hemodynamically stable throughout PED course
• Parents are able to care for child upon discharge
	• Significant metabolic derangements
	• Requires >40cc/kg isotonic fluid resuscitation PED
	• Suspicion for surgical condition
	• Significant comorbidity
	• Concurrently has more than one of the following
	  ○ acute respiratory condition
	  ○ urinary tract infection
	  ○ head trauma

Skin and Soft Tissue Infections (Cellulitis; Abscess s/p PED drainage)

Admission Criteria	Exclusion Criteria

• >6 months old with primary vaccination series completed
• No significant residual abscess collection following I&D or if imaging obtained
• Likely to transition to PO medications in 24-36h
	• Suspicion for:
	  ○ Bacteremia
	  ○ Necrotizing fasciitis
	  ○ Fournier's gangrene
	  ○ Ludwig's angina
	• Potentially requiring surgical intervention – circumferential, tenosynovitis
	• Involves the following locations
	  ○ Neck
	  ○ Genital/Perineum/Perianal Area
	  ○ Trunk
	  ○ Joints
	• No significant comorbidities (i.e., sickle cell, chemotherapy, immunocompromise)

Anaphylaxis

Admission Criteria	Exclusion Criteria
• Following initial management, asymptomatic for 2 hours in PED • Likely to be discharged in 24 hours • Parents with ability to obtain maintenance medications	• Requires >2 doses of epinephrine in PED • Primary reaction involves upper airway or hypotension • Persistent hypoxia • Significant comorbidities

Febrile Infants <56 days old

Admission Criteria	Exclusion Criteria

• ≥ 29 days old
• Non-toxic appearing
• Blood and urine cultures pending
• No signs focal bacterial infection
• UA<10 WBC/hpf, Nit/LE negative
• CBC WBC >5K and <15K, absolute bands <1000, Immature to Total neutrophil ratio (I/T) < 0.2
• If done
  ○ CSF WBC <8, no pleocytosis after RBC correction
  ○ stool leukocytes <5 WBC/hpf
  ○ CXR normal
• Parental/social concern and/or unable to follow up with PMD within 24 hours
	• Ill appearance, concern for SBI
	• <36 week GA
	• Significant comorbidity
	• Concern for HSV infection
	• Condition requiring surgical intervention
	• Requiring more than 20cc/kg fluid resuscitation
	• Persistent supplemental oxygen requirement

Urinary tract infection/pyelonephritis

Admission Criteria	Exclusion Criteria
• >3 mos old • Likely to transition to PO antibiotics in 24 h • Acceptable vital signs throughout PED course, with tachycardia appropriate to temperature elevation, and normal mentation • Has not attempted outpatient management with PO antibiotics • No history of previous pyelonephritis with complex or prolonged hospitalization	• Unvaccinated • Evidence of acute kidney insufficiency (AKI) • Suspicion for urosepsis or bacteremia • Dehydration with significant metabolic derangement • On antibiotic prophylaxis for UTI • Patient with congenital or urinary tract anomalies • Patient with indwelling urinary devices or history of urological surgery • Pregnancy

Head Trauma (Closed Head Injury, Concussion)

Admission Criteria	Exclusion Criteria
• >1 year old • Presenting GCS >13 • Negative CT in patient who is clinically stable with persistent headache or vomiting • Non-displaced, linear skull fracture without intracranial hemorrhage and	• Presents with seizure (not contact), persistent visual deficits, or other focal neurological deficits • Concern for non-accidental trauma • Significant comorbidities (i.e., bleeding disorder, OI)

with agreement of neurosurgical attending	

Hyperbilirubinemia

Admission Criteria	Exclusion Criteria
• ≥ 37 weeks gestational age • No other medical conditions • <14 days old • Well-appearing • Tolerating feeds • So signs of infection • Required Labs: CBC with differential, Reticulocyte count, Blood Type, Coomb's Test, Total and direct bilirubin	• Suspected sepsis • Metabolic derangement • Abnormal Newborn Screen • Direct hyperbilirubinemia >20% of total bilirubin level • Significant risk to require exchange transfusion - Within 2 mg/dL of exchange transfusion level for age • Focal neurological signs • Poor feeding with IVF requirement

Toxic Ingestion, Toxic Exposures and Drug Overdoses

Admission Criteria	Exclusion Criteria
• Low suspicion for actual ingestion • Mild toxicity with projected recovery within 24-48 hours • Alcohol, caustic or poison ingestions not requiring specialty care • Low suspicion for acute decompensation • NYC Poison Control notified (212-764-7667 / 212-POISONS) • Stable vital signs	• Does not maintain protective airway reflexes • Seizures • EKG changes • Metabolic derangement • Focal deficits on neurological examination • Multiple co-ingestions • Persistent toxidrome requiring continuous ICU monitoring • Requiring continuous or recurrent IV antidote administration