

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

In the setting of a potentially communicable illness including respiratory illnesses (including r/o Tuberculosis) those patients can be safely transferred if an appropriate bed is available at another site

Patients with HIV should be considered for transfer based on the following criteria:

Level 1	
Protocol	Clinical Criteria
Action: Offer transfer to patient. No approval needed	<p>Patient has well controlled HIV (CD4 >200, undetectable viral load) and is being admitted for an unrelated issue such as:</p> <ul style="list-style-type: none"> • Cellulitis • CHF • Fluid overload • Osteomyelitis • Chronic ulcer/wound infection • Bacterial community acquired pneumonia
Level 2	
Protocol	Clinical Criteria
Action: Consider transfer but obtain consult from HIV attending	<p>CD 4<200 at risk for opportunistic infection</p> <ul style="list-style-type: none"> • ESRD with suspected line infection • Decompensated cirrhosis • Immunosuppressive therapy (ie: high dose steroids, biologics for autoimmune diseases) • Suspected PCP pneumonia • Suspected viral or fungal pneumonia
Level 3	
Protocol	Clinical Criteria
Do NOT approach for transfer	<p>Below are reasons why transfer is <u>NOT</u> appropriate:</p> <ul style="list-style-type: none"> • Patients unstable or at high risk for decompensation • High suspicion for an Opportunistic Infection / management that would necessitate an ID consult at another facility • Age under 18 • Pregnant (must be cleared by OB prior to transfer) • HIV transplant patients regardless of when they received the transplant (Please note - patients who have received an organ transplant within the past two years are admitted to the transplant team) • Patient on MSH Clinical Trial • If listed under-, or closely followed, by a service other than Silver Medicine with another specialty contraindication for transfer.