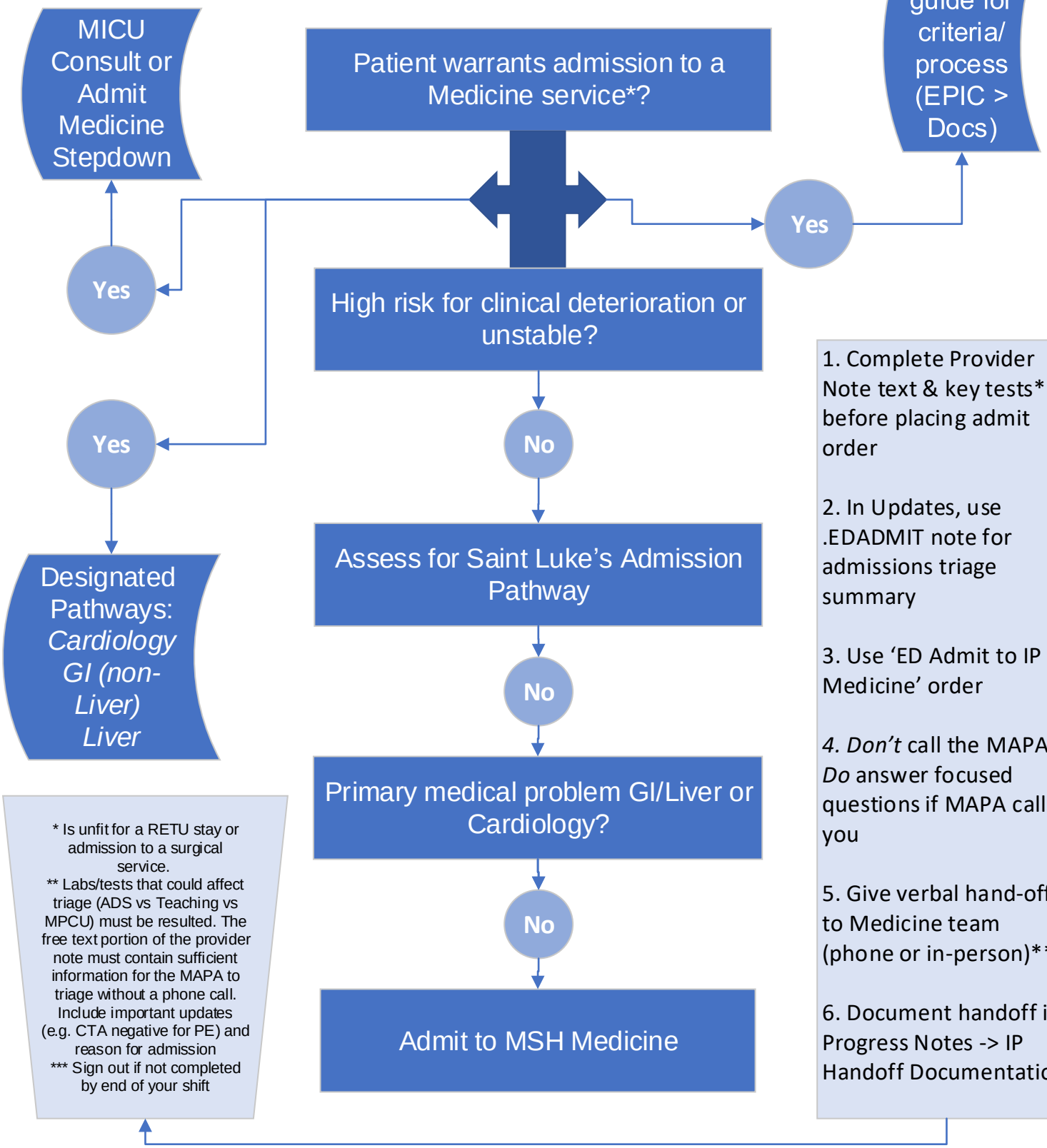
MSH Emergency Department Workflow Document, last reviewed xx.xx.xx

ED to MEDICINE ADMISSION GUIDE



1. Complete Provider Note text & key tests** before placing admit order

2. In Updates, use .EDADMIT note for admissions triage summary

3. Use 'ED Admit to IP - Medicine' order

4. *Don't* call the MAPA. *Do* answer focused questions if MAPA calls you

5. Give verbal hand-off to Medicine team (phone or in-person)***

6. Document handoff in Progress Notes -> IP Handoff Documentation

* Is unfit for a RETU stay or admission to a surgical service.
** Labs/tests that could affect triage (ADS vs Teaching vs MPCU) must be resulted. The free text portion of the provider note must contain sufficient information for the MAPA to triage without a phone call. Include important updates (e.g. CTA negative for PE) and reason for admission
*** Sign out if not completed by end of your shift

MSH Emergency Department Workflow

ED to Medicine Oncology Admission Guide - Revised

Patient warrants admission to a Medical Oncology Service*+

Oncology Fellows consulted for acute ED management questions only

ED Admits Patient to Oncology via Medicine Admission Pathway

- Complete Provider Note and Repeat VS (<2hrs) -
- Complete .EDADMIT note -
- Place order to admit to Oncology -

MAPA Triages patient to (1) Solid Onc, BMT, Leukemia, Lymphoma or Myeloma Services and (2) determines ADS or Teaching.** They notify team.

MAPA triage questions answered by Oncology sub-service POC***

Medicine resident or Oncology NP calls ED Provider for hand-off after reviewing chart.

* General criteria for medicine oncology admissions (vs Gen Med admission) to be provided by Oncology
+ Patients warranting stepdown or ICU level care will have an MPCU consult called and the respective Fellow notified if appropriate
** MAPA will possess criteria reviewed by Oncology specialties that guide which sub-specialty should be the primary team and ADS vs Teaching criteria (including malignancy-specific rules)
*** MAPA will have access to a point-of-contact for each oncology sub-specialty as a back-up for triage questions.