

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: PATIENT CARE

POLICY: 6.049

SUBJECT: ADMISSION OF PATIENTS WITH MEDICAL PROBLEMS

**POINT PERSON: BRIAN LITTLE
CHIEF OF MEDICINE**

**APPROVED: GREGORY P. ROBERTS
SUPERINTENDENT**

DATE: JANUARY 4, 2012

I. POLICY

Due to limitations in access to services to diagnose and treat certain physical illnesses, Oregon State Hospital cannot assume responsibility for the care of serious or life-threatening conditions until these abate or become stabilized. Patient shall not be refused admission because of medical reasons, but procedures shall be followed to ensure that the hospital is able to care for their physical problems and patient safety is not compromised.

In regards to its medical capabilities, the hospital is able to perform the following:

- A. Routine lab work Monday to Friday, 6:30 a.m. to 1:30 p.m.
- B. Chest, Bone, GI x-rays Monday to Friday 9:00 a.m. to 3:00 p.m.
- C. EKG Monday to Friday 9:00 a.m. to 3:00 p.m.
- D. Certain subspecialty consultations.

However, the hospital does not have the capabilities to perform or provide the following:

- A. Cardiac monitoring (dysrhythmia)
- B. Blood transfusions
- C. Prenatal care (high-risk pregnancies) or deliveries
- D. IV Heparin, Aminophylline, Vasopressors, etc.
- E. Parenteral hyperalimentation
- F. Ventilator assisted patients
- G. Invasive diagnostic studies or stat CT scans and ultrasounds
- H. Alcohol or substance abuse detoxification
- I. Surgical interventions
- J. The influx of potentially infectious patients

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Any pertinent medical information concerning a patient shall be communicated directly from the sending facility to the Oregon State Hospital Admission Coordinator. If there are concerns about the ability of Oregon State Hospital to care for a patient, the medical screening of patients shall be performed by the Chief of Medicine or designee. This screening shall be done through a review of the patient's medical records. If there are further questions or concerns, the Chief of Medicine or designee shall directly contact the sending facility's physician or health care provider.

II. PROCEDURE

A. Communication

1. In order to facilitate transfer of the patient's medical care, and evaluation must be conducted to ensure medical stability before a patient's transfer to Oregon State hospital. By medical stability, it is meant that a diagnosis has been reached or an acute medical illness has been stabilized and the patient can be safely transported to Oregon State Hospital. In this regard, the term, "medically cleared," has no real meaning and should not be used.

Any admission referred to Oregon State Hospital should have the minimum following evaluation completed by the sending facility:

- a. Medical history, review of systems;
- b. Medication reconciliation with diagnosis, dosages, allergies, and side effects. Copies of the MAR must also be included;
- c. Vital signs: Respiration, pulse, temperature, blood pressure for the last 24 hours;
- d. Physician examination;
- e. Minimum of basic metabolic panel, electrolytes, BUN, creatinine, and liver profile (if clinically indicated) CBC, urine drug screen, alcohol level, urine pregnancy test for all females of child-bearing age;
- f. EKG- if clinically indicated;
- g. Reports of any blood work, urine analysis, or x-rays which were clinically indicated and ordered;
- h. PPD if the patient has stayed in jail more than two weeks, or was an inpatient more than two weeks;
- i. Copy of consultation reports, if any;

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- j. Copy of Emergency Room Evaluation form; Discharge summary (when available) when coming from an inpatient setting;
 - k. Discharge summary (when available) when coming from an inpatient setting;
 - l. Any patient on **Clozapine (Clozaril)** must have a Complete Blood Count within five (5) days of admission to Oregon State Hospital;
 - m. Any patient on **Erythropoietin (Procrit, Epogen)** must have a Complete Blood Count within one week of admission to Oregon State Hospital.
2. Oregon State Hospital shall not accept any patient with the following conditions unless stabilized:
- a. Temperature above 100, unless the source of fever has been identified and there are reports to support the source of fever;
 - b. Pulse rate more than 120, unless the source of abnormality is identified;
 - c. Blood pressure more than 160/100 (blood pressure should be less than 160/100 for 12 hours);
 - d. Hemoglobin less than 8, unless stool for occult blood is negative and diagnosis has been made and/or problem corrected;
 - e. WBC more than 14000, unless source is identified;
 - f. Blood sugar more than 300 (must be less than 300 over 12 hours). Patient must be ketone free;
 - g. Bilirubin more than 4 and liver enzymes five (5) times more than normal
 - h. Untreated parasitic infections;
 - i. Acute pulmonary TB – must be treated for a minimum of 10 days and have three (3) negative smears fro AFB;
 - j. Untreated fractures without orthopedic consult;
 - k. Within 24 hours of extubation;
 - l. Any patients with an Insulin Pump must have prior approval from the Chief of Medicine;
 - m. If the patient is requiring BiPAP or CPAP, at least 24 hours notice must be given;
 - n. If the patient is requiring a Wound-Vac, at least 24 hours notice must be given;
 - o. Any patient with untreated Clostridium difficile colitis;

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- p. Any patient with an untreated Vancomycin Resistant Enterococcus infection;
- q. Any patient with an untreated Methicillin-Resistant Staphylococcus Aureus or Multi-Drug Resistant Organism;
- r. Any patient on Peritoneal Dialysis
- s. Any patient demonstrating signs/symptoms of drug/alcohol withdrawal within the last 72 hours;
- t. Any patient on hemodialysis, unless the patient is already established with a Community Hemodialysis Center.