

Clinical Scenario

Social Admission

Scenario:

78 M PMH IDDM, Alzheimer's X5 years to ED from home with wife due to increased difficulty walking/ambulating. Wife states increased falls the last few months. Becoming difficult to care for husband. Eating, drinking, urinating WNL.

ED Course:

Initial VS: 36.9, 75, 16, 130/58.

Mental Status: Alert/Oriented X2 baseline.

Labs: WNL.

At Time of Decision to Admit:

Mental Status: A/OX2, no new neuro deficits.

Documented Principal Problem: Weakness

Plan: PT/OT, CM evaluation.

Recommended Workflow

C- Consider appropriate care setting

- Weakness, unsafe to go home, SNF needed

A- Ask what the principal diagnosis is?

- Any root cause for weakness?

R- Review INPT Guideline of 'Root Cause'

(ie UTI, dehydration, abnormal labs, stroke)

If INPT not met,

- Toggle to OBS GL of 'Root Cause' or General OBS GL

E- Enter bed status / level of care order: IF

INPT or OBS criteria not met, D/C vs 'OP in a bed' order if order available.

D- Document criteria in medical record and 'why' admitting versus discharging.



No Medical Diagnosis



Symptom: General Weakness

Neurology GRG INPATIENT

- Neurologic finding requiring inpatient care:
 - ❖ Citations 34, 35, 36, 37, 38, 39
See teaching points below
 - Weakness that is progressive or severe (eg, inpatient care needed due to functional disability, concern for safety)
- Ataxia:
 - ❖ Citations 8, 21, 36, 38, 49, 50, 51
See teaching points below
 - Functional disability that is severe (eg, inpatient care needed due to concern for safety)

General OBSERVATION

- Clinical care needed beyond the usual emergency department time frame (eg, 3 to 4 hours)
- Clinical care needed is not appropriate for a lower level of care (eg, discharge to outpatient setting not appropriate).
- Patient has clinical condition for which observation care is needed:
 - Neurologic condition or finding (eg, weakness)

If no 'OP in a bed' order available, follow hospital protocol.

Teaching Points:

- When searching '**weakness**' with '**no root cause**' the following Guideline appear with **citations** which are **scientific articles** to support when INPT is appropriate:
- A common Guideline Selected is Neurology due to 'weakness' or 'difficulty ambulating', however this is inappropriate. Beside the criteria is a number corresponding with a citation that is needed to support INPT. Summarized below.

Neurology Guideline Citations Summarized:

Neurologic finding requiring inpatient care: Citations #34 -#39

- Neurologic finding related to "peripheral neuropathy", "paraneoplastic disorders of the central/peripheral nervous systems", "neurologic emergency such as an acute brain Injury", "Acute presentation of new or chronic movement disorders", "neuroblastoma", "brain tumor"

Ataxia: Citations #8, #21, #36, #38, #40, #49, #50, #51

- Ataxia due to 'Demyelinating disorders of the central nervous system causing SEVERE functional disability', "INPT monitoring due to stroke and drug abuse", "ICP required", "Neurologic Emergency with high rates of long-term disability and death", "Brain tumors in Children", "Alcoholic metabolic emergencies", "neuroleptic malignant syndrome and status dystonicus", "Gait disorders in CKD patients"