



The recommended workflow is to review INPT guidelines first to determine if a patient is appropriate for that bed status.

- 60-70% of patients being hospitalized will initially be appropriate for INPT status.
- If an OBS guideline is reviewed first, almost all patients will meet the criteria within these guidelines, which may not be appropriate for your patient's condition.

Example: Chest Pain

- Review INPT guideline first
- If the patient does not meet criteria, the OBS Guideline can be accessed from the links at the top and bottom.

Chest Pain - INPT,

Medical

Inpatient

Adult

GLOS: 2 days

Off

Subsequent review

Note: Some patients may be appropriate for Observation care. For consideration of observation care, see [Chest Pain: Observation Care.](#)

Clinical Indications for Admission to Inpatient Care

Expand All / Collapse All

Admission([A]) is indicated for 1 or more of the following (1){(2)}{(CRI 1)}{(CRI 2)}{(CRI 3)}{(CRI 4)}{(CRI 5)}

▶ Hemodynamic instability

☐ Chest pain indicative of serious diagnosis other than coronary artery disease (eg, aortic dissection, pulmonary embolism)

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CRITERIA NOT MET

Note: Some patients may be appropriate for Observation care. For consideration of observation care, see [Chest Pain: Observation Care.](#)

Review Documentation

Examples of Clinical Indications that are commonly included within INPT and OBS Guidelines:

Inpatient (INPT)	Observation (OBS)
<ul style="list-style-type: none"> • Hemodynamic Instability • Hypoxemia • Respiratory Distress • Severe Pulmonary Edema that requires vent or new O2 to keep sat >90 • Altered Mental Status that is severe or persistent • Unstable cardiac arrhythmias • Acute Renal Failure- GFR >25-50% reduction, rising creatinine++ • Severe electrolyte abnormality • Clinical Indication requiring acute treatment or inpatient care 	<ul style="list-style-type: none"> • Vital Sign Abnormality • Tachypnea • Dyspnea • Pulmonary Edema no change in O2 requirement • Altered Mental Status • Arrhythmia or rate control that requires monitoring • Change in Renal function-reduction in GFR • Abnormal electrolytes • Clinical condition requiring monitoring

***There may be diagnoses (CHF, Afib, etc.) where indications in the INPT column may only qualify for OBS status. As these would potentially improve within 24-48 hours with proper treatment.


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Diagnosis	Additional Criteria to meet INPT status
Syncope	<ul style="list-style-type: none"> Severe injury requiring inpatient care Dehydration with AKI stage 2-3 (document baseline)
Small Bowel Obstruction	<ul style="list-style-type: none"> Requiring NG tube, intractable nausea/vomiting Imaging consistent with bowel obstruction
Cellulitis	<ul style="list-style-type: none"> Limb threatening infection- deep hand space, necrotizing Several oral, orbital, head/neck infection, document well
UTI	<ul style="list-style-type: none"> Pregnancy with suspected pyelonephritis Kidney transplant Indwelling device prosthetic infection
Pneumonia	<ul style="list-style-type: none"> CURB 65 >3, PSI>4 but must document calculation Complicated pleural effusion Risk factor for poor outcome (cystic fibrosis, neuromuscular weakness, etc.)
Confusion / Lethargy / AMS	<ul style="list-style-type: none"> Can be related to many underlying causes, search underlying cause Related to alcohol/sedation withdrawal Prevents performance of life-sustaining functions (feeding, hydration)
Dehydration	<ul style="list-style-type: none"> Dehydration with AKI stage 2-3, document baseline Severe/persistent (projectile, feculent, bilious, coffee ground, bloody) Electrolyte abnormality (w/severe findings – AMS, seizure, arrhythmia)
Weakness (Neurologic cause)	<ul style="list-style-type: none"> Clinically significant neurologic finding CNS infection or mass Neurological diseases (i.e., MS, Guillian-Barre, Myasthenia Gravis, etc.)

Additional Considerations

- If you have an exception, document attestation as to WHY they have an expected 2 MDN LOS.
- Explain why the patient's illness is severe enough to require therapies that cannot be provided outpatient.
- Explain what about the patient's condition warrants higher level of care and may require prolonged hospitalization.

Inpatient (INPT)	Observation (OBS)
<ul style="list-style-type: none"> Most commercial insurance plans and Care Management organizations use commercial screening tools (MCG or Milliman criteria, etc.) to determine if the patient meets indications for an inpatient stay. Inpatient means an illness must be severe enough and the required services intense enough to support a higher payment. The physician's clinical documentation must support criteria selected. Traditional Medicare and Medicare Advantage plans generally require the physician to document his/her expectation that the patient will require care that spans 2 midnights based on the medical necessity needs of that patient. Standardized criteria (such as MCG) can help to make these determinations more objective and support documentation needs. 	<ul style="list-style-type: none"> Spans the gap between ambulatory (clinic) and inpatient care. May be appropriate for patients requiring short-term evaluation for a condition (ex, rule out MI) For treatment of a known condition (ex. Asthma) or monitoring for recovery (ex, drug ingestion) Address care needs for a patient who requires diagnostic testing or treatment that exceeds usual emergency department care. The absence of a specific Observation Guideline for a topic does not mean observation care is not appropriate. In which case, there is a General OBS Guideline that may be applicable.