

Baptist Health System
Dispositions for Most Common Diagnoses and Corresponding Bed Types
Updated August 11, 2017

Cardiac Service Line

1. Chest Pain

- a. Low Risk: Chest Pain-resolved, negative biomarkers – Tele
- b. Medium Risk: Ongoing Atypical CP with Negative EKG and Negative Trop I - Tele
Chest pain, multiple risk factors, no active pain, marginally positive Trop I – Tele
Non-STEMIs: hemodynamically stable with resolved pain but positive Trop I – PCU
- c. High Risk: True STEMI - Cath Lab, CCU
Non-STEMI with ongoing pain or hemodynamically unstable – CCU, Cath Lab

2. CHF

- a. Non Sick: CDU, Obs criteria
- b. Sick: On a vent or BiPAP or vasoactive drips – CCU
Otherwise- PCU

3. A-fib

- a. Controlled rate and not on IV drip – Tele
- b. RVR on drip, otherwise hemodynamically stable- PCU, unless Nassau, then ICU

4. Other Arrhythmia

- a. Atrial Arrhythmias – Hemodynamically stable/Rate controlled, not on IV drips –Tele
Hemodynamically stable and Rate uncontrolled or on IV drips – PCU
Hemodynamically unstable – CCU
- b. Ventricular Arrhythmias – CCU

5. AMI – Cath Lab, CCU

6. Hypertension Urgency

- a. Without drip- Tele
- b. With drip- ICU

Pulmonary

1. Pneumonia

- a. 2L Nasal cannula or room air- Med/Surg Tele
- b. Venti mask or known CO2 retaining COPD'er – PCU
- c. Bi-pap or non-rebreather, call ICU; if unit declines, PCU

2. PE

- a. hemodynamically stable – PCU
- b. non-rebreather or bi-pap vent, unstable-ICU ask

3. COPD

- a. hemodynamically stable on \leq 2L nasal cannula- Tele
- b. hemodynamically stable on venti mask or >2L nasal cannula - PCU
- c. non-rebreather, bi-pap, or vent, or unstable- ICU if approved by Pulm/CC

GI

1. **Undifferentiated abdominal pain**
 - a. Non Toxic - Med/Surg, no Tele unless concerned about ischemia
 - b. Toxic or +Lactic acid – PCU
2. **Nausea, vomiting, diarrhea**
 - a. Non Toxic- M/S, no tele unless concerned about ischemia
 - b. Toxic OR positive lactate- PCU
3. **Chole / Appendectomy** – Med/Surg unless concerned about comorbid conditions, then Tele
4. **GI Bleed**
 - a. Guaiac + Brown Stool with Anemia, Stable- Tele
 - b. Hemodynamically stable with stigmata of recent bleed- PCU
 - c. Needs/Needed IR intervention, +bleeding scan, variceal bleed on IV octreotide, or hemodynamically unstable- ICU

Neuro

1. **TIA/ Non-code stroke:**
 - a. Resolved – Med/Surg Tele
 - b. Recurring TIA/stuttering symptoms- call Neuro Critical Care- may need a drip and intervention
 - c. Ongoing or worsening- Neuro Critical Care
2. **CVA : Code Stroke**- call Neuro Critical Care
3. **Primary Seizures**
 - a. Non-status - Tele
 - b. Status - to unit

ID

1. **UTI**
 - a. without AMS- Med/Surg unless concerned about comorbid conditions, then Tele
 - b. with AMS, Non-toxic- Tele
 - c. Toxic but HD stable- PCU
 - d. Unstable or critical- ICU
2. **Abscess/ Cellulitis**
 - a. Simple (failure of outpatient antibiotics, social issues)- Med/Surg
 - b. Complex:
 - i. Non-toxic- Med/Surg
 - ii. Toxic but Hemodynamically stable- PCU
 - iii. Toxic and unstable- ICU
3. **Sepsis**
 - a. Severe sepsis- Easy fluid resuscitation, Lactic acid <4, and sepsis secondary to UTI- PCU, otherwise ICU
 - b. Septic Shock- ICU

Ortho

1. **Hip or other long bone fracture**- Med/Surg no tele, unless other complicating factor, then Tele
2. **Fractures requiring significant pain management**- if dilaudid per dose > 1 mg or morphine >5 mg, PCU

