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Area Women's Center
Applicability INTEGRIS
Lakeside
Women's
Hospital (LWH)

Inpatient Admission and Transfer Guidance, LWH-PCS-105

1. PURPOSE:

To establish guidelines for inpatient admission and transfer of the obstetrical patient, non-obstetrical patient and newborn.

2. POLICY:

- A. Inpatient services: Inpatient services are located on the first floor and consist of the following. A physician's order for inpatient admission is required.
 - 1. 8 LDRP suites
 - 2. 1 Dedicated Cesarean Section Suite
 - 3. 2 Antenatal testing areas
 - 4. 15 Medical Surgical suites
- B. The following patients are stabilized then transferred to a higher level of care via ambulance transport after evaluation by a physician, consent of the patient and acceptance by the receiving physician. Exceptions are documented in the patient's medical record:
 - 1. Critically ill patients requiring vasopressor drugs to maintain vital signs, multiple invasive lines and/or ventilator support.
 - 2. Patients who are 24.0 – 33.6 weeks pregnant with one or more of the following:
 - a. Active labor
 - b. Preterm premature rupture of membranes (PPROM)
 - c. Clinically abrupting

- d. Severe range blood pressures uncontrolled by antihypertensive medication therapy.
3. Patients who are 34.0 – 35.6 weeks pregnant in active labor and/or PPRM, decision to admit will be made based on the following applicable criteria:
 - a. Maternal utilization of steroids
 - b. Fetal lung maturity
 - c. Estimated fetal weight
4. Patients following cardiac arrest and/or patients requiring telemetry monitoring.
5. Patients with an ASA of 4 or 5
6. Patients under the age of 10
7. Patients whose primary diagnosis is cardiology, nephrology, neurology, trauma or psychiatric.
8. Patients with a BMI \geq 60
9. Patients with an anticipated newborn requirement of Level III

C. Neonatal/Newborn Services

Neonatal services are located on the first floor and consist of:

1. 19 Bassinets
2. Neonatal Levels of Care
 - a. **Level I:** Well newborn infants who complete and maintain transition to the extra-uterine environment without prolonged (greater than four hours) signs and symptoms of system instability.
 - b. **Level II:** Physiologic immaturity or moderately ill infants with problems that should rapidly resolve and are not anticipated needing subspecialty services on an urgent basis. This may also include the growing premature infant requiring frequent observation and nursing care for existing problem(s).
 - c. **Level III:** Neonates requiring ongoing Level III care or higher are stabilized then transferred to a higher level of care after evaluation by a physician, consent of the parent or legal guardian and acceptance by the receiving physician.

3. SCOPE

This policy shall apply to all INTEGRIS Health caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS Health and specifically, the CMS Providers and entities listed in the Applicability section.

4. PROCEDURE:

- A. Transport may be undertaken if the healthcare provider determines that the well-being of the

woman, neonate and/or fetus will not be adversely affected or that the benefits of transfer outweigh the foreseeable risks.

- B. In the event of imminent delivery, transport will need to be held until the delivery of the placenta.
- C. Transfer procedures are completed in collaboration with the INTEGRIS Health Transfer Center and the EMSA Medical Personnel.
- D. The referring hospital and physician maintain responsibility of the patient until they arrive at the receiving hospital.
- E. The patient's RN/LPN caregiver is responsible for completing handoff communication to the receiving facility.
- F. Informed Consent for transfer, transport and admission must be obtained by the patient or patient's representative prior to transport.
- G. Completed transfer forms must be signed by the patient, parent or legal guardian and witnessed. A copy must be placed in the patient's medical record.

Clinical and treatment related policies, procedures and protocols are intended as guidelines. It is recognized that situations can be unique, and caregivers and health care providers are expected to follow established practice and sound clinical judgment in making decisions and practicing safety in their daily activities.

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Approval Signatures

Step Description

Approver

Date

Standards

No standards are associated with this document