**Center for Child and Adolescent Health Direct Admissions Check List**

**Step 1:**

**After 5 PM: SEND DIRECTLY TO ED. Call ED team first @ 6812 to discuss patient and appropriate transport.**

Before 5 PM: CCAH Provider determines if patient appropriate for Direct Admission. Consider consulting Danielle Casher, physician advisor for input on admission if questions ([danielle.casher@drexelmed.edu](https://mail.etenet.com/owa/redir.aspx?C=uR5zk_luKE6FxG6TotKWP46ecnEZcNEIhzamsHThuZYw5DrCmFFvOGu0ky12wydNOcJQ09l-KH0.&URL=mailto%3adanielle.casher%40drexelmed.edu), ph 215-427-3708, cell 267-255-4322)

* Appropriate diagnoses: call 586-1594 or page on call hospitalist to discuss patient and bed eligibility/team placement
	+ Acute newborn issues (significant weight loss, hyperbilirubinemia)
	+ Work-up for chronic/stable condition that has failed documented, extensive outpatient evaluation
		- MUST document WHY admission is necessary and communicate to admit team for certification
	+ Severe constipation or other ACUTE stable condition with low risk for deterioration
* Inappropriate🡪 REFER TO EMERGENCY DEPARTMENT, call 6812 to discuss with ED team. See transport instructions in step 4. Pre-cert NOT needed for ED referral.
	+ Decreased bed availability/hospital full (hospitalist to determine)
	+ Status asthmaticus
	+ Bronchiolitis
	+ Fever in neonate (< 3 months)
	+ Any neurologic deterioration/acute issue
	+ Any other issue where patient could potentially deteriorate in the next 3-4 hours

**Step 2**: For DIRECT admit appropriate patients: Checkout/Referral Team Reps Call Insurance for Pre-Certification

* PROVIDER (MD/DO/NP) must fill out the following information, call Check Out Team @ x8825
	+ Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_
	+ Referring Physician (aka: YOUR NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Referring Physician preferred contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Medical Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Primary Diagnosis (including ICD-9 code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Brief Reason for Admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Anticipated Length of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provider FAXES above check list to TERRONDA/MADDIE in Ambulatory Pediatrics Check out Area @ 6695

**Step 3:** Checkout/Referral Team Calls St Christopher’s Admissions Department @ 427-5353 with Pre-Cert Information

* Pre-Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Check out team scans document with Pre-Cert number into patient chart for permanent record

**Step 4:** Checkout/Referral Team member passes pre-cert info to PCP/admitting doc. Pre cert process complete.

* Provider pages on call resident physician on appropriate team to sign out patient information
* Resident/PCP decide if patient to be evaluated by admission team in CCAH office OR sent to admissions
* Attending MD/DO refers parent to Admissions office, 1st floor, Main hospital.
	+ CCAH escort (RN, resident, attending) for MOST patients (stable)
	+ Transport Team (x6900) if patient needs close monitoring or assistance due to equipment (stretcher, O2). Rapid Response (x80) if patient unstable or deteriorating

**Step 5:** Give completed document to Medical Records Team to Scan into NextGen:

* Categories, Admission Request

***Revised 07/10/2014***