

Triage Criteria for ADS Medicine and General Medicine Teaching
Updated 12/2020

1. Patients with the following should be considered for General Medicine Teaching:

Vitals *after* ED interventions:

- HR >125
- RR >30
- SpO2 <90% on 4L NC
- BP <90 or >200

Labs:

- lactate >4, not due to medications (e.g. albuterol)
- severe laboratory abnormalities requiring >q8 hour labs
- uptrending troponins of >0.1 with chest pain or EKG changes
- AKI with new severe and/or symptomatic electrolyte derangements

General conditions:

- new AMS without a definite source
- GI bleed with unstable vitals or dropping Hgb >1g from baseline requiring repeat Hgb checks more often than Q8 hours
- COVID PNA requiring HFNC, BiPAP, or meeting other teaching criteria
- multifocal NON-COVID PNA with SpO2 <90% on room air
- trach/PEG patients who require titration of vents or increased vent requirements, frequent suctioning and/or other active medical conditions which require closer monitoring
- appears “sick” or “in distress” requiring frequent monitoring

2. Borderline Cases

- MAPA to see and examine borderline cases prior to triage
- You can email # MedicineTriages if you identify any cases where you feel triage was incorrect

3. Stepdown or RESUS Admissions

- In addition to the primary team, MAPA should page the overnight hospitalist at 7662 with any RESUS or Stepdown admissions to general medicine teaching
- The residents should discuss all RESUS and Stepdown admissions to teaching with the overnight hospitalist at p7662, as well with any other patients who require escalation of care

4. Admissions requiring ICU Evaluation

- If you feel an admission meets criteria for ICU care, escalate to the night hospitalist at p7662. The night hospitalist will evaluate the patient and discuss obtaining ICU evaluation with the ED if not already done, or discuss triage with the ICU team if already seen by ICU.