

Pediatric Emergency Room Admissions

Once a patient has been evaluated in the emergency room and it is felt that patient meets the scope of practice for the pediatric unit, the ER physician should follow these steps:

1. Call the patient's PCP (if the patient has no PCP, then call the city call pediatrician) to discuss the case.
2. The patient's PCP may decide to admit patient to PSVMC pediatric unit or to another hospital. That decision is then discussed with the patient and their family to determine final disposition.
3. If the patient is to be admitted to PSVMC and the PCP has pediatric privileges, they may either admit the patient themselves or admit to the pediatric hospitalist.
4. If the patient is to be admitted to the hospitalist, call 216-6338 x 6246 to discuss the case. We strongly prefer to evaluate the patient in the ER and to write admission orders from the ER. Unless directed by the pediatric hospitalist, please do not send the patient to the pediatric ward before first being evaluated by the pediatric hospitalist.

Note: After report is called to pediatric ward charge nurse, the charge nurse will call the pediatric hospitalist. This is to let the hospitalist review all admissions to the pediatric ward to ensure that they meet the scope of practice, and it does NOT imply that the hospitalist will necessarily be consulting/following that patient. If the hospitalist does not feel that admission meets scope of practice, then the hospitalist will call the ER or admitting physician to discuss.

For patients < 28 days: Infants may be admitted directly to the pediatric unit if they meet admission criteria. If there are questions regarding the appropriate unit for admission (NICU vs. pediatric unit), the referring MD (PCP, hospitalist, or ED MD) will initiate discussion with the neonatologist. Decision on placement in NICU or pediatric unit will then be determined by discussion between neonatologist and referring MD.